

COUNSELING CENTER

2011-2012 ANNUAL REPORT

AND

DATA SUMMARY

JOHNS HOPKINS UNIVERSITY

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COUNSELING CENTER: 2011-12 ANNUAL REPORT AND DATA SUMMARY

- ★ The Counseling Center moved into a **new facility** in July 2011. The new facility was constructed to allow for comfortable, private, and quiet space to enhance the quality of services to the University community. Our clients have commented that they enjoy the new space and appreciate that it demonstrates the University's support and commitment to serving the personal growth needs of its students.
- ★ The Counseling Center (CC) completed its **self-study for reaccreditation** and anticipates a site visit in Fall of the 2012.
- ★ The Counseling Center (CC) provided **19,664 hours of overall service** during the Academic Year (September 2011 - May 2012). This compares to 17,952 hours in the previous academic year for an increase of 9.5%. Direct clinical services (individual, group, psychiatric services and case management of direct clinical services) accounted for 70% (compared to 72% the previous year) of all Counseling Center service time.
- ★ **Individual Personal Counseling** was provided to **1,181 students** (compared to 1,051 students the previous year) in **8,112 sessions** (7,420 sessions in the previous year) for an average of **6.9 sessions per client** (7.2 sessions the previous year). This is an **increase of 12.4%** over the previous year in the number of clients seen in individual therapy and a 9.4% increase in the number of sessions.
- ★ **Group Counseling** was provided to **51 students** (48 students the previous year) in **7 groups** (5 groups) totaling **190 sessions** (151 sessions).
- ★ **Psychiatric services** were provided to **433 students** in 1,820 sessions for an average of 4.2 sessions. This represents 37% of all clients served in individual therapy. This compares to 416 students in 1,669 sessions the previous year, for an increase of 4% in the number of students seen and 9% in the number of sessions over the previous year. Further, **372 students received psychotropic medication** (compared to 342 students the previous year). 31% of all clients served in individual therapy received psychotropic medication.
- ★ In addition to Individual, Group, and Psychiatric Services, the CC engaged in **Training and Supervision** (5.3% of time), **Outreach and Workshops** (.9%), **Consultations** (5.5%), **Community Activity and Committees** (2.9%), **Professional Development** (1.9%), **Administrative Activity** (10.7%), and **Professional Activity** including Research and Teaching (1.5%). The CC Director also serves on the Board as the Past-President of the Counseling Center Accrediting Association- the International Association of Counseling Services (IACS).
- ★ The Counseling Center continues to use the **Behavioral Health Monitor (BHM20) to measure client progress** and therapy outcome. For the past 3 years clients utilized net-books in the CC waiting room to complete their BHM20 questionnaires electronically. Counseling Center clients demonstrated significant improvement during treatment from intake to the last session (average score increased from 2.28 to 2.82 on a 5 point scale ranging from 0 (worst health) to 4 (best health) during the period from 2008-12 year. Of the 1,464 distressed clients who had more than one session, (which allows for measurement of behavioral change), 972 (66%) showed improvement including 670 (46%) that indicated full recovery. Also, 365 (25%) of the distressed clients had not changed significantly, while 10% of all clients seen showed deterioration on the BHM.
- ★ The CC continues to engage in **research** to improve monitoring of potentially suicidal clients. The CC continues to work with Dr. David Jobes, a suicidologist at Catholic University. In addition, working with Dr. Mark Kopta, the CC has developed a Suicide Monitoring subscale for use in the Behavioral Health Monitor (BHM20). The CC also implemented an electronic version of the BHM20 that could be administered on a net-book device that allowed for easier use by clients, more efficient scoring of the measure, and more

detailed clinical and administrative reporting. The BHM20 research will continue to focus on improving subscale measures and establishing criteria for recommending and following progress in those clients receiving psychotropic medication.

- ★ The CC averaged **246.6 client sessions per week** (including psychiatrists) in the Fall 2011 semester. This compares to 209.1 client sessions in the Fall of 2010 for an increase of 18%. In the Spring 2012 semester the CC **averaged 264.4 client sessions per week** (including psychiatrists). This compares to 238.2 in the Spring 2011 semester for an increase of 11%.
- ★ In the Fall 2011 semester the CC responded to an average of **19.5 clinical urgent care/emergencies per week** compared to 12.3 the previous year for a **58% increase**. In the Spring 2012 semester the CC responded to 14.6 clinical urgent care/emergencies per week compared to **14.1 clinical urgent care/emergencies per week** the previous Spring. These numbers do not include triage counseling services which were added on a trial basis in late spring to help address the demand for urgent services (see below for details of the triage counseling experience).
- ★ **Triage Counseling.** Because of the enormous and surprising increase in the number of students seeking clinical services the wait time for an appointment increased to unacceptable levels and therefore the demand on staff to provide urgent or emergency services to accommodate students increased dramatically. In an attempt to be more responsive to urgent service demands the Counseling Center employed part-time counselors to provide triage counseling to individuals who expressed urgent care needs either through walk-in or on the phone. During a trial period between April 2, 2012 and May 23, 2012 a total of 33 triage counseling incidents occurred. These included 20 walk-ins and 13 phone calls. The incidents averaged about 35 minutes with a range of 15 to 90 minutes. Most (24) incidents were self-generated by the client, 2 each were generated by residential life staff, parents, faculty, and the Deans' Offices. One incident was by initiated by a student's roommate. 27 incidents were from individuals known to the CC and 6 were brand new. It was determined that 5 needed immediate treatment, 9 needed treatment before the end of the day, 3 needed treatment within 1-3 days, 7 could be channeled to the next regular appointment opening, 1 needed help with medication, and 8 needed no near term follow up treatment. Many students liked the immediate response and quick access provided by the triage services but many indicated that they felt having to repeat "their story" to the on-call counselor who followed up with the most serious issues was difficult.
- ★ The Counseling Center served 549 clients presenting in urgent need (about 46% of clients served). This is an increase of 56% from the previous year when 353 clients (34%) presented in urgent need. The Counseling Center responded to 151 after hour emergency calls serving 106 individuals. This compares to 110 calls serving 74 individuals the previous year for an increase of 37% and 43% respectively. The CC made **13 violence assessments** (compared to 7 the previous year) and monitored **87 students in its suicide tracking system** (compared to 60 students the previous year), recommended 63 mental health leaves (compared to 58 the previous year), and administered 45 readmission evaluations (compared to 31 the previous year). 55 clients were referred off campus for more extensive treatment. The CC played a significant role in preventing 153 students from dropping out of school this past year, while 84 were given assistance in exercising appropriate extensions or withdrawal from classes. There were 38 emergency room visits resulting in 19 hospitalizations. This compares to 26 emergency room visits and 8 hospitalizations the previous year for **an increase of 46% in emergency room visits and 137% increase in hospitalizations.**
- ★ The **most common problems/symptoms** presented by clients during individual therapy include: "feelings of being overwhelmed" (36%) , "time management and motivational issues" (34%), "general anxieties and worries" (36%), "academic concerns" (28%), "lack of self-confidence or self-esteem" (24%), "overly high standards for self" (21%), "generally unhappy and dissatisfied" (22%), "depression" (19%), "lack of motivation, detachment, and hopelessness"(18%) , and "sleep problems"(18%).“ These problems are not mutually exclusive.
- ★ The CC provided 41 **Outreach Activities, Workshops, and Consultation programs** last year serving 2,053 students, 73 faculty and staff, and 1,492 "others" for an overall total of 3,618 individuals.

- ★ The CC **Intake Service Evaluation** Questionnaire, an anonymous survey taken after the initial clinical session, reveals that 63% of clients feel that the personal counseling intake experience is excellent while an additional 35% feel that the experience is good.
- ★ The CC also provided services to the **Peabody Conservatory of Music**. Peabody students completed an anonymous survey, after the initial session, on the quality of the services they received. 57% of the Peabody students reported that they had “an excellent impression” of the CC while 43% indicated a “good impression.”
- ★ The CC **Pre-Doctoral Psychology Training program** had 3 full time interns. The training program included didactic programs and supervision in both individual and group formats. This CC training program is accredited by the American Psychological Association
- ★ The CC employs **staff coordinators** to develop and improve programming for Asian-American students/International students, Minority students, Graduate Students, Outreach/Workshop and Consultative Services, Group Counseling, Professional Development, Substance Abuse Counseling, Peer Counseling (APTT), Research, Peabody Conservatory of Music, Student Advisory Board, Pre-doctoral Psychology Internship Training, Gay/Lesbian/Bisexual/Transgender students, and Eating Disorders.
- ★ CC staff are active in **professional development and professional activity**. Clinical staff participated in 31 professional workshops, conferences, courses, seminars and other educational activities. In addition, professional staff engaged in 19 professional activities (e.g., teaching, professional boards, consultation, and research activities, etc...) and are members of 33 professional organizations.
- ★ The CC continues to foster values of **teamwork** and **collaboration** by participating on 91 Inter-departmental, Divisional or University wide community activities, programs, and committees. In addition, CC staff served on 34 Counseling Center department wide activities or committees.
- ★ The **Counseling Center Student Advisory Board (CCAB)** played an active role in sending email letters to all Homewood/Peabody faculty and staff on “How to recognize and respond to distressed students.” Similarly, the CCAB sent an email letters to all Homewood and Peabody students on “How to recognize and assist distressed students.”
- ★ The CCAB and the Counseling Center also focused on supporting Dr. Justin Halberta and Dr. Mike Yassa of the Psychology Department in revamping the Positive Psychology course to allow for an introductory **positive psychology** class and an advanced positive psychology class in the Fall 2012 semester. It is hoped that these classes will eventually contribute to an enhanced positive campus environment. As part of this effort the Counseling Center cosponsored a campus wide lecture that brought Dr. Tal Ben Shahar, author of the bestselling book *Happier*, to campus to speak about positive psychology.

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| SECTION I. Overview of CC Hours by Service Activity: Academic Year 2011-12 (August 22, 2011- May 20, 2012) and Full Year (May 24, 2011- May 20, 2012) | | |
|--|---|-----------------------------------|
| Function/Activity for 2011-12 Academic Year (AY) | Staff Hours AY 2011-2012 (Full Year) | % Staff Hours AY 2011-2012 |
| 1. Individual Therapy - Counselors | 6,770 (7,917 hours for full year) | 34.4% |
| 2. Psychiatrists' Visits/Medication Checks | 917 (1,056 hours for full year) | 4.7% |
| 3. Group Therapy | 933 (1,154 hours for full year) | 4.7% |
| 4. Clinical Management (Individuals, Psychiatrists & Groups) | 5,044 (6,537 hours for full year) | 25.7% |
| 5. Training & Supervision Activity | 1,034 (1,693 hours for full year) | 5.3% |
| 6. Outreach and Workshops Activity | 186 (217 hours for full year) | .9% |
| 7. Consultation Activity (Including after hour on-call) | 1,087 (1,213 hours for full year) | 5.5% |
| 8. JHU Community Activity | 578 (711 hours for full year) | 2.9% |
| 9. Professional Development Activity | 379 (539 hours for full year) | 1.9% |
| 10. Professional Activity* | 631 (730 hours for full year) | 3.2% |
| 11. Administrative Activity** | 2,105 (2,814 hours for full year) | 10.7% |
| All Services: Total for Academic Year in hours | 19,664 (24,581 hours for full year) | 100.0% |

***Note:** Professional Activity refers to participation in activities that benefit the profession or the wider community such as research, teaching, professional boards, etc... Director accounted for 14% (88 of 631 hours) of all professional activity during the academic year; 14% (101 of 730 hours) during the full year.

****Note:** Administrative Activity includes staff meetings, public relations, budget activity, data management, coordinating activity with Peabody, coordinator responsibilities of professional staff, coordinating and directing internship program, coordinating and training of Peer Counseling program (APTT), marketing, evaluation, planning, and all personnel activity. (784 hours of the 2,105 administrative hours or 37% of all administrative hours were incurred by the CC director during the academic year; 1,031 of 2,814 administrative hours for full year or 37%.)

SECTION II: Individual Psychotherapy Statistics: May 24, 2011 - May 20, 2012

A) Direct Services Caseload Statistics

| 1. General Numbers | # |
|--|---------------------|
| No. of Clients seen in Personal Counseling (Full year) | 1,181 |
| No. of Therapy Sessions (Full Year) - (Not including Consulting Psychiatrists) | 8,112 |
| No. of Clients seen by Consulting Psychiatrists (Full Year) | 433 (37%) |
| No. of Therapy sessions by Consulting Psychiatrists (Full Year) | 1,820 |
| No. of Clients receiving psychotropic medication | 372 (31%) |
| No. of Peabody Conservatory Students served | 72 (6%) |
| No. of Peabody Conservatory Students all sessions | 693 |
| No. of Peabody Conservatory Students served by Consulting Psychiatrists | 29 (45%) |
| No. of Peabody Conservatory Students Consulting Psychiatrist sessions | 134 |
| No. of Clients seen in urgent need/emergency/crisis (Day- Academic Year) | 552 (47%) |
| No. of Clients seen in urgent need/emergency/crisis (Day- Fall Semester) | 303 |
| No. of Clients seen in urgent need/emergency/crisis (Day – Spring Semester) | 249 |
| No. of Emergency clients served after hours by CC staff | 106 |
| No. of Emergency phone calls received after hours by CC staff | 151 |
| No. of Clients that required counselor to come to campus for face-to-face evaluation | 6 |
| No. of Hours spent in after-hours emergencies by CC staff | 98 hours 36 min |
| Avg. Number of minutes spent responding to each after hour emergency call (min – max) | 39 min (1- 500 min) |
| No. of Weeks during year that required after hours emergency response | 43 of 52 |
| No. of Students sent to emergency room and/or hospitalized– after hours plus day | 38 |
| No. of Students hospitalized - after hours plus day | 19 |
| No. of Students sent to emergency room and/or hospitalized– after hours | 21 |
| No. of Students hospitalized - after hours | 9 |
| No. of Clients CC estimated to have helped stay in school | 153 (13%) |
| No. of Clients given CC Mental Health Withdrawal | 63 (5%) |
| No. of Clients given academic assistance (i.e., letter for course withdrawal or extension) | 84 (7%) |
| No. of Clients who received Readmission Evaluation | 45 (4%) |
| No. of Clients in CC Suicide Tracking System | 87 (7%) |
| No. of Clients believe prevented from harming self/others | 133 (11%) |
| No. of Clients assessed for ADHD | 68 (6%) |
| No. of Clients treated or assessed for Substance Abuse | 128 (10%) |
| No. of Clients treated or assessed for Eating Disorders | 56 (5%) |
| No. of Clients given Violence Assessment | 13 (1%) |
| No. of clients who report that “someone in their family owns a gun” | 186(16%) |
| No. of Clients who received counseling for Sexual Assault | 10 (<1%) |
| No. of Clients successfully terminated | 445 (38%) |
| No. of Clients referred off campus | 55 (5%) |

| 2. Intakes (New & Returning Clients) Seen per Week during Academic Year | |
|--|------|
| Average # of Intakes /Week (Fall Semester) | 31.1 |
| Average # of Intakes /Week (Spring Semester) | 20.6 |
| Average # of Intakes /Week (Academic Year) | 25.6 |
| Maximum # of Intakes/Week (Academic Year) – Week of 8/29/11 | 45 |

| 3. Clients Seen per Week during Academic Year (AY) | |
|--|-------|
| Average # of clients seen/Week (Fall - Not including Psychiatrists) | 200.3 |
| Average # of clients seen/Week (Fall - Including Psychiatrists) | 246.6 |
| Average # of clients seen/Week (Spring - Not including Psychiatrists) | 218.1 |
| Average # of clients seen/Week (Spring- Including Psychiatrists) | 264.4 |
| Max # of clients seen/Week (AY- Not include Psychiatrists) -3x – Weeks of: 12/5/11, 4/23/12 & 4/30/12 | 236 |
| Maximum # of clients seen/Week (AY- Including Psychiatrists) - Week of 12/5/11 | 289 |

| 4. Psychiatrist Clients Seen per Week during Academic Year | |
|---|------|
| Average # of Psychiatrist clients seen/Week (Fall Semester) | 46.3 |
| Average # of Psychiatrist clients seen/Week (Spring Semester) | 47.8 |
| Maximum # of Psychiatrist clients seen/Week (Academic Year) – Week of 2/27/12 | 58.0 |

| 5. Emergency Daytime Walk-in Clients Seen per Week during Academic Year | |
|--|------|
| Average # of daytime emergencies seen/Week (Fall Semester) | 19.5 |
| Average # of daytime emergencies seen/Week (Spring) | 14.6 |
| Maximum # of daytime emergencies seen/Week (Academic Year) – Week of 10/17/11 | 29.0 |

| 6. Total # of Individual Clients Seen since 2000 | |
|--|-------|
| Total # Clients Seen for 2011-12 | 1,181 |
| Total # Clients Seen for 2010-11 (Note: Stopped serving Nursing School Students) | 1,051 |
| Total # Clients Seen for 2009-10 | 1,081 |
| Total # Clients Seen for 2008-09 | 972 |
| Total # Clients Seen for 2007-08 | 995 |
| Total # Clients Seen for 2006-07 | 957 |
| Total # Clients Seen for 2005-06 | 1,035 |
| Total # Clients Seen for 2004-05 | 1,083 |
| Total # Clients Seen for 2003-04 | 916 |
| Total # Clients Seen for 2002-03 | 886 |
| Total # Clients Seen for 2001-02 | 802 |
| Total # Clients Seen for 2000-01 | 726 |

| 7. AY Weekly Case Load Comparisons since 2000 (not including Psychiatry Sessions) | |
|--|-----|
| Average Sessions/Week for 2011-12 | 209 |
| Average Sessions/Week for 2010-11 | 185 |
| Average Sessions/Week for 2009-10 | 193 |
| Average Sessions/Week for 2008-09 | 162 |
| Average Sessions/Week for 2007-08 | 140 |
| Average Sessions/Week for 2006-07 | 143 |
| Average Sessions/Week for 2005-06 | 144 |
| Average Sessions/Week for 2004-05 | 163 |
| Average Sessions/Week for 2003-04 | 160 |
| Average Sessions/Week for 2002-03 | 145 |
| Average Sessions/Week for 2001-02 | 144 |
| Average Sessions/Week for 2000-01 | 114 |

| 8. AY Daytime Emergency Sessions per Week -Comparisons since 2000 | |
|--|------|
| Average Sessions for 2011-12 | 17.0 |
| Average Sessions for 2010-11 | 13.3 |
| Average Sessions for 2009-10 | 11.4 |
| Average Sessions for 2008-09 | 9.4 |
| Average Sessions for 2007-08 | 9.8 |
| Average Sessions for 2006-07 | 10.1 |
| Average Sessions for 2005-06 | 9.5 |
| Average Sessions for 2004-05 | 13.3 |
| Average Sessions for 2003-04 | 9.8 |
| Average Sessions for 2002-03 | 7.1 |
| Average Sessions for 2001-02 | 5.8 |
| Average Sessions for 2000-01 | 5.4 |

| 9. # of Appointments per client during past year | (A) Clinical Staff Only (n=1,179) | (B) Psychiatrists Only (n=433) | (C) All Staff incl Psychiatrists (n=1,181) |
|---|--|---|---|
| 1 appointment | 239 (20%) | 84 (19%) | 218 (19%) |
| 2 appointments | 157 (13%) | 71 (16%) | 142 (12%) |
| 3 appointments | 116 (10%) | 66 (15%) | 108 (9%) |
| 4 appointments | 94 (8%) | 53 (12%) | 81 (7%) |
| 5 appointments | 76 (6%) | 40 (9%) | 51 (4%) |
| 6 appointments | 67 (6%) | 40 (9%) | 71 (6%) |
| 7 appointments | 56 (5%) | 31 (7%) | 50 (4%) |
| 8 appointments | 42 (4%) | 14 (3%) | 51 (4%) |
| 9 appointments | 41 (4%) | 3 (1%) | 36 (3%) |
| 10 appointments | 37 (3%) | 6 (1%) | 41 (4%) |
| 11 appointments | 28 (2%) | 13 (3%) | 36 (3%) |
| 12 appointments | 22 (2%) | 1 (<1%) | 25 (2%) |
| 13 appointments | 17 (1%) | 3 (1%) | 23 (2%) |
| 14 appointments | 22 (2%) | 1 (<1%) | 18 (2%) |
| 15 appointments | 24 (2%) | 1 (<1%) | 25 (2%) |
| 16+appointments | 141 (12%) | 6 (1%) | 205 (17%) |

| 9. # of Appointments per client during past year | (A) Clinical Staff Only (n=1,179) | (B) Psychiatrists Only (n=433) | (C) Staff plus Psychiatrists (n=1,181) |
|---|--|---|---|
| 1-5 appointments | 682 (58%) | 314 (73%) | 600 (51%) |
| 6-10 appointments | 243 (21%) | 94 (22%) | 249 (11%) |
| 11-15 appointments | 113 (10%) | 19 (4%) | 127 (11%) |
| 16- 20 appointments | 67 (6%) | 6 (1%) | 75 (6%) |
| 21+ appointments | 74 (6%) | 0 (0%) | 130 (11%) |
| Average # of visits/per client (staff only) | | | 6.9 visits |
| Average # of visits/per client (psychiatrists) | | | 4.2 visits |
| Average # of visits/per client (staff + psychiatrists) | | | 8.4 visits |

| 10. Health Insurance | |
|---|------------------|
| No. of clients who reported having University (Aetna Student Health) Insurance Policy | 455 (39%) |
| No. of graduate student clients who reported having University Health Insurance Policy | 304 of 353 (86%) |
| No. of undergrad student clients with a University Health Insurance Policy | 139 of 802 (17%) |
| No. of international Students who reported having University Health Insurance Policy | 135 of 156 (87%) |
| No. of clients referred to off-campus providers | 55 of 1,181 (5%) |
| No. of clients referred to off-campus providers with University Health Insurance | 25 of 455 (5%) |
| No. of total sessions clients with University Health Insurance seen before referred out | 346 sessions |

B) Individual Psychotherapy: Demographics of Counseling Center Clients (N=1,181)

| <u>1. Gender</u> | <u>Number</u> | <u>Percentage</u> |
|-------------------------|----------------------|--------------------------|
| Male | 483 | 40.9% |
| Female | 697 | 59.0% |
| Transgender | 1 | 0.1% |

| <u>2. School Affiliation</u> | <u>Number</u> | <u>Percentage</u> |
|-------------------------------------|----------------------|--------------------------|
| Arts and Sciences | 845 | 71.5% |
| Engineering | 256 | 21.7% |
| Nursing School | 0 | 0% |
| Peabody Conservatory of Music | 72 | 6.1% |
| Post. Baccalaureate Prog. (Pre-Med) | 5 | 0.4% |
| Institute for Policy Studies | 3 | 0.3% |

| <u>3. Age</u> | | |
|----------------------|-------------|--|
| Age Range | 17-50 years | |
| Mode | 19 years | |
| Mean | 22.4 years | |
| Median | 21.0 years | |

| <u>4. Ethnic Status</u> | <u>Number</u> | <u>Percentage</u> |
|----------------------------------|----------------------|--------------------------|
| African-American | 48 | 4.1% |
| American Indian/Alaskan Native | 4 | 0.3% |
| Arab American | 3 | 0.3% |
| Asian | 183 | 15.5% |
| East Indian | 23 | 1.9% |
| Caucasian | 674 | 57.1% |
| Latino / Hispanic | 73 | 6.2% |
| Native-Hawaiian/Pacific Islander | 2 | 0.2% |
| Multi-Racial | 55 | 4.7% |
| Prefer Not to Answer | 49 | 4.7% |
| Other / No Response | 67 | 5.6% |

| <u>5. Marital Status</u> | <u>Number</u> | <u>Percentage</u> |
|------------------------------------|----------------------|--------------------------|
| Single | 769 | 65.8% |
| Serious Dating / Committed Relat. | 298 | 25.5% |
| Civil Union / Domestic Partnership | 5 | 0.4% |
| Married | 67 | 5.7% |
| Separated | 4 | 0.3% |
| Divorced | 3 | 0.3% |
| No Response | 23 | 2.0% |

| <u>6. Class Year</u> | <u>Number</u> | <u>Percentage</u> |
|-------------------------------|----------------------|--------------------------|
| Freshman | 142 | 12.0% |
| Sophomore | 218 | 18.5% |
| Junior | 213 | 18.0% |
| Senior | 229 | 19.4% |
| Graduate Student | 353 | 29.9% |
| Post-Bac Program-Premed | 7 | 0.6% |
| Post-Doctoral Student/Fellow | 1 | 0.1% |
| Other / No Response / Missing | 18 | 1.5% |

| <u>7. Academic Standing</u> | <u>Number</u> | <u>Percentage</u> |
|--|----------------------|--------------------------|
| Good Standing | 1075 | 91.0% |
| Academically dismissed | 8 | 0.7% |
| Reinstated | 10 | 0.8% |
| On Probation | 64 | 5.4% |
| Other / No Response | 24 | 2.0% |
| <u>8. Other Items</u> | <u>Number</u> | <u>Percentage</u> |
| International Students | 156 | 13.3% |
| Transfer Students | 27 | 2.3% |
| Physically Challenged Students | 17 | 1.5% |
| Students concerned about Attention Deficit Disorder (ADD) | 240 | 20.3% |
| <u>9. Academic Major</u> | <u>Number</u> | <u>Percentage</u> |
| Undeclared/ Undecided | 24 | 2.0% |
| No Response | 16 | 1.4% |
| <u>Arts and Science Totals (Some students report more than one major)</u> | <u>892</u> | <u>75.1%</u> |
| Anthropology | 23 | 1.9% |
| Behavioral Biology | 12 | 1.0% |
| Biology | 76 | 6.4% |
| Biophysics | 11 | 0.9% |
| Chemistry | 36 | 3.0% |
| Classics | 9 | 0.8% |
| Cognitive Science | 26 | 2.2% |
| Comparative American Cultures | 0 | 0% |
| Earth & Planetary Science | 11 | 0.9% |
| East Asian Studies | 8 | 0.7% |
| Economics | 30 | 2.5% |
| English | 26 | 2.2% |
| Environmental Earth Sciences | 10 | 0.8% |
| Film and Media Studies | 5 | 0.4% |
| French | 5 | 0.4% |
| German | 6 | 0.5% |
| History | 38 | 3.2% |
| History of Art | 9 | 0.8% |
| History of Science, Medicine, & Technology | 6 | 0.5% |
| International Studies | 56 | 4.7% |
| Italian Studies | 6 | 0.5% |
| Latin American Studies | 2 | 0.2% |
| Mathematics | 17 | 1.4% |
| Music | 65 | 5.5% |
| Near Eastern Studies | 11 | 0.9% |
| Neuroscience | 63 | 5.3% |
| Philosophy | 19 | 1.6% |
| Physics & Astronomy | 34 | 2.9% |
| Political Science | 38 | 3.2% |
| Pre-Med Cert (Post-Baccalaureate) | 6 | 0.5% |
| Psychological and Brain Sciences | 53 | 4.5% |
| Public Health | 69 | 5.8% |
| Public Policy | 10 | 0.8% |
| Romance Languages | 0 | 0% |
| Science, Medicine, & Technology | 1 | 0.1% |
| Sociology | 16 | 1.4% |
| Spanish | 7 | 0.6% |
| Writing Seminars | 64 | 5.4% |
| Other Arts & Sciences | 8 | 0.7% |

| <u>Engineering Totals</u> | <u>241</u> | <u>20.4%</u> |
|---------------------------------------|-------------------|---------------------|
| Biomedical Engineering | 49 | 4.1% |
| Chemical Engineering | 50 | 4.2% |
| Civil Engineering | 13 | 1.1% |
| Computer Engineering | 7 | 0.6% |
| Computer Science | 32 | 2.7% |
| Electrical Engineering | 13 | 1.1% |
| Engineering Mechanics | 1 | 0.1% |
| General Engineering | 3 | 0.3% |
| Geography & Environmental Engineering | 18 | 1.5% |
| Materials Science & Engineering | 14 | 1.2% |
| Mathematical Sciences | 7 | 0.6% |
| Mechanical Engineering | 26 | 2.2% |
| Other Engineering | 8 | 0.7% |

| <u>10. Medical Information/History</u> | <u>Number</u> | <u>Percentage</u> |
|---|----------------------|--------------------------|
| Previously received counseling elsewhere | 412 | 34.9% |
| Currently taking medication | 503 | 42.6% |
| Experiencing medical problems | 232 | 19.6% |
| Medical problem in family | 437 | 37.0% |
| Emotional problem in family | 470 | 39.8% |
| Alcoholism / Substance Abuse in family | 333 | 28.2% |

| <u>11. Residence</u> | <u>Number</u> | <u>Percentage</u> |
|---------------------------------|----------------------|--------------------------|
| On-Campus Residence Hall / Apt. | 403 | 34.1% |
| Fraternity / Sorority House | 15 | 1.3% |
| On / off Campus Co-operative | 15 | 1.3% |
| Off-campus Apartment / House | 688 | 58.3% |
| Other Housing | 54 | 4.5% |
| No Response | 6 | 0.5% |

| <u>12. How first heard of Counseling Center</u> | <u>Number</u> | <u>Percentage</u> |
|--|----------------------|--------------------------|
| Brochure | 81 | 6.9% |
| Career Center | 8 | 0.7% |
| Faculty | 48 | 4.1% |
| Flyer | 27 | 2.3% |
| Friend | 271 | 22.9% |
| Relative | 40 | 3.4% |
| Residence Hall Staff | 46 | 3.9% |
| Contact w/ Center Staff | 62 | 5.2% |
| Newsletter | 10 | 0.8% |
| Saw Location | 24 | 2.0% |
| Student Health & Wellness | 112 | 9.5% |
| JHU Publication | 28 | 2.4% |
| Peabody Publication | 14 | 1.2% |
| Word of Mouth | 138 | 11.7% |
| Dean of Students | 41 | 3.5% |
| Security Office | 5 | 0.4% |
| Other | 193 | 16.3% |
| No Response | 31 | 2.8% |

| 13. Referral Source | Number | Percentage |
|----------------------------|---------------|-------------------|
| Myself | 575 | 48.7% |
| Friend | 201 | 17.0% |
| Relative | 62 | 5.2% |
| Residential Life Staff | 42 | 3.6% |
| Faculty | 28 | 2.4% |
| Staff | 28 | 2.4% |
| Student Health & Wellness | 85 | 7.2% |
| Career Center | 2 | 0.2% |
| Academic Advising | 43 | 3.6% |
| Dean of Students | 48 | 4.1% |
| Security Office | 2 | 0.2% |
| Other | 50 | 4.2% |
| No Response | 15 | 1.3% |

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

| # | Presenting Concern | # | % |
|----|--|-----|-------|
| 1 | Feeling overwhelmed by a number of things; hard to sort things out (Item #19) | 419 | 36.1% |
| 2 | Anxieties, fears, worries (Item #18) | 412 | 35.5% |
| 3 | Time management, procrastination, motivation (Item #3) | 399 | 34.3% |
| 4 | Academic concerns; school work / grades (Item #1) | 322 | 27.7% |
| 5 | Self-confidence / Self-esteem; feeling inferior (Item #16) | 278 | 24.0% |
| 6 | Generally unhappy and dissatisfied (Item #21) | 249 | 21.5% |
| 7 | Overly high standards for self (Item #5) | 246 | 21.2% |
| 8 | Depression (Item #26) | 221 | 19.0% |
| 9 | General lack of motivation, interest in life; detachment and hopelessness (#25) | 213 | 18.4% |
| 10 | Thoughts of ending your life (BHM item #10) (including Sometimes and A Little Bit) | 211 | 18.0% |
| 11 | Sleep problems (can't sleep, sleep too much, nightmares) (Item #36) | 210 | 18.1% |
| 12 | Loneliness, homesickness (Item #9) | 187 | 16.1% |
| 13 | Test anxiety (Item #2) | 178 | 15.3% |
| 14 | Decision about selecting a major / career (Item #8) | 163 | 14.1% |
| 15 | Stage fright, performance anxiety, speaking anxiety (Item #4) | 149 | 12.8% |
| 16 | Pressure from family for success (Item #7) | 129 | 11.2% |
| 17 | Concern regarding breakup, separation, or divorce (Item #13) | 121 | 10.5% |
| 18 | Pressures from competition with others (Item #6) | 118 | 10.2% |
| 19 | Relationship with romantic partner (Item #12) | 118 | 10.2% |
| 20 | Concern over appearances (Item #17) | 116 | 10.0% |
| 21 | Relationship with friends and/or making friends (Item #11) | 107 | 9.3% |
| 22 | Shy or ill at ease around others (Item #15) | 105 | 9.1% |
| 23 | Conflict / argument with parents or family member (Item #14) | 103 | 8.9% |
| 24 | Physical stress (Item #35) | 98 | 8.5% |
| 25 | Concern that thinking is very confused (Item #40) | 95 | 8.2% |
| 26 | Shy or ill at ease around others (Item #15) | 84 | 8.0% |
| 27 | Have been considering dropping out or leaving school (Item #44) | 75 | 6.5% |
| 28 | Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39) | 73 | 6.3% |
| 30 | Problem adjusting to the University (Item #20) | 65 | 5.6% |
| 31 | Eating problem (overeating, not eating or excessive dieting) (Item #29) | 63 | 5.4% |
| 32 | Concerns about health; physical illness (Item #34) | 56 | 4.9% |

| | | | |
|----|--|----|------|
| 33 | Grief over death or loss (Item #27) | 55 | 4.8% |
| 34 | Confusion over personal or religious beliefs and values (Item #22) | 45 | 3.9% |
| 35 | Sexual matters (Item #37) | 38 | 3.3% |
| 36 | Fear of loss of contact with reality (Item #42) | 32 | 2.8% |
| 37 | Alcohol / drug problem in family (Item #31) | 29 | 2.5% |
| 38 | Relationship with roommate (Item #10) | 28 | 2.4% |
| 39 | Physically or emotionally abused, as a child or adult (Item #33) | 28 | 2.4% |
| 40 | Issue related to gay / lesbian identity (Item #24) | 22 | 1.9% |
| 41 | Sexually abused or assaulted, as a child or adult (Item #32) | 21 | 1.8% |
| 42 | Violent thoughts, feelings, or behaviors (Item #43) | 19 | 1.6% |
| 43 | Concerns related to being a member of a minority (Item #23) | 17 | 1.5% |
| 38 | Fear that someone is out to get me (Item #41) | 16 | 1.4% |
| 44 | Alcohol and/or drug problem (Item #30) | 16 | 1.4% |
| 45 | Feel that someone is stalking/harassing me (item #45) | 8 | 0.7% |
| 46 | Problem pregnancy (Item #38) | 3 | 0.3% |

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

| <u>Career Issues</u> | <u>Number</u> | <u>%</u> |
|--|----------------------|-----------------|
| Decision about selecting a major / career (Item #8) | 163 | 14.1% |
| <u>Academic Issues</u> | | |
| Time management, procrastination, motivation (Item #3) | 399 | 34.3% |
| Academic concerns; school work / grades (Item #1) | 322 | 27.7% |
| Overly high standards for self (Item #5) | 246 | 21.2% |
| Test anxiety (Item #2) | 178 | 15.3% |
| Stage fright, performance anxiety, speaking anxiety (Item #4) | 149 | 12.8% |
| Pressure from family for success (Item #7) | 129 | 11.2% |
| Pressures from competition with others (Item #6) | 118 | 10.2% |
| Have been considering dropping out or leaving school (Item #44) | 75 | 6.5% |
| <u>Relationship Issues</u> | | |
| Loneliness, homesickness (Item #9) | 187 | 16.1% |
| Concern regarding breakup, separation, or divorce (Item #13) | 121 | 10.5% |
| Relationship with romantic partner (Item #12) | 118 | 10.2% |
| Relationship with friends and/or making friends (Item #11) | 107 | 9.3% |
| Shy or ill at ease around others (Item #15) | 105 | 9.1% |
| Conflict / argument with parents or family member (Item #14) | 103 | 8.9% |
| Relationship with roommate (Item #10) | 28 | 2.4% |
| <u>Self-esteem Issues</u> | | |
| Self-confidence / Self-esteem; feeling inferior (Item #16) | 278 | 24.0% |
| Concern over appearances (Item #17) | 116 | 10.0% |
| Shy or ill at ease around others (Item #15) | 84 | 8.0% |
| <u>Anxiety Issues</u> | | |
| Feeling overwhelmed by a number of things; hard to sort things out (Item #19) | 419 | 36.1% |
| Anxieties, fears, worries (Item #18) | 412 | 35.5% |
| Problem adjusting to the University (Item #20) | 65 | 5.6% |
| <u>Existential Issues</u> | | |
| Generally unhappy and dissatisfied (Item #21) | 249 | 21.5% |
| Confusion over personal or religious beliefs and values (Item #22) | 45 | 3.9% |
| Issue related to gay / lesbian identity (Item #24) | 22 | 1.9% |
| Concerns related to being a member of a minority (Item #23) | 17 | 1.5% |
| <u>Depression</u> | | |
| Depression (Item #26) | 221 | 19.0% |
| General lack of motivation, interest in life; detachment and hopelessness #25) | 213 | 18.4% |
| Grief over death or loss (Item #27) | 55 | 4.8% |
| <u>Eating Disorder</u> | | |
| Eating problem (overeating, not eating or excessive dieting) (Item #29) | 63 | 5.4% |
| Eating problem (overeating, not eating or excessive dieting - including moderate concern) (Item #29) | 169 | 14.6% |
| <u>Substance Abuse</u> | | |
| Alcohol / drug problem in family (Item #31) | 29 | 2.5% |
| Alcohol and/or drug problem (Item #30) | 16 | 1.4% |
| <u>Sexual Abuse or Harassment</u> | | |
| Physically or emotionally abused, as a child or adult (Item #33) | 28 | 2.4% |
| Sexually abused or assaulted, as a child or adult (Item #32) | 21 | 1.8% |
| <u>Stress and Psychosomatic Symptoms</u> | | |
| Sleep problems (can't sleep, sleep too much, nightmares) (Item #36) | 210 | 18.1% |
| Physical stress (Item #35) | 98 | 8.5% |
| Concerns about health; physical illness (Item #34) | 56 | 4.9% |
| <u>Sexual Dysfunction or Issues</u> | | |
| Sexual matters (Item #37) | 38 | 3.3% |
| Problem pregnancy (Item #38) | 3 | 0.3% |

| Unusual Thoughts or Behavior | | |
|--|----|------|
| Concern that thinking is very confused (Item #40) | 95 | 8.2% |
| Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39) | 73 | 6.3% |
| Fear of loss of contact with reality (Item #42) | 32 | 2.8% |
| Violent thoughts, feelings, or behaviors (Item #43) | 19 | 1.6% |
| Fear that someone is out to get me (Item #41) | 16 | 1.4% |
| Feel that someone is stalking/harassing me (item #45) | 8 | 0.7% |

| 16. Behavioral Health Monitor by Item at Intake (N=1,181) | # Reporting Extremely or Very Serious Problem (+moderate Problem) | % |
|---|--|-----------------|
| 1) How distressed have you been? | 433 | 36.9% |
| 2) How satisfied have you been with your life? | 391 | 33.3% |
| 3) How energetic and motivated have you been feeling? | 483 | 41.2% |
| 4) How much have you been distressed by feeling fearful, scared? | 217 | 18.5% |
| 5) How much have you been distressed by alcohol/drug use interfering with your performance at school or work? | 25 | 2.1% |
| 6) How much have you been distressed by wanting to harm someone? (Including 'Sometimes' and 'A Little Bit') | 6 (71) | 0.5% (6.1%) |
| 7) How much have you been distressed by not liking yourself? | 295 | 25.1% |
| 8) How much have you been distressed by difficulty concentrating? | 474 | 40.4% |
| 9) How much have you been distressed by eating problems interfering with relationships with family and or friends? | 43 | 3.7% |
| 10) How much have you been distressed by thoughts of ending your life? Almost Always, Often (Including 'Sometimes' and 'A Little Bit') | 29 (211) | 2.5% (18.0%) |
| 11) How much have you been distressed by feeling sad most of the time? | 297 | 25.3% |
| 12) How much have you been distressed by feeling hopeless about the future? | 276 | 23.5% |
| 13) How much have you been distressed by powerful, intense mood swings (highs and lows)? | 242 | 20.6% |
| 14) How much have you been distressed by alcohol / drug use interfering with your relationships with family and/or friends? | 11 | 0.9% |
| 15) How much have you been distressed by feeling nervous? | 336 | 28.7% |
| 16) How much have you been distressed by your heart pounding or racing? | 175 | 14.9% |
| 17) Getting along poorly or terribly over the past two weeks: work/school (for example, support, communication, closeness). | 174 | 14.8% |
| 18) Getting along poorly or terribly over the past two weeks: Intimate relationships (for example: support, communication, closeness). | 288 | 24.6% |
| 19) Getting along poorly or terribly over the past two weeks: Non-family social relationships (for example: communication, closeness, level of activity). | 251 | 21.8% |
| 20) Getting along poorly or terribly over the past two weeks: Life enjoyment (for example: recreation, life appreciation, leisure activities). | 346 | 21.6% |
| 21) Risk for Suicide (Extremely High, High, Moderate Risk) (Including Some Risk) | 6 (37) | 2.9% (17.8%) |

C) Individual Psychotherapy: Intake Service Evaluation Survey.

1) Respondents' Characteristics: (N=811) (69% return rate)

| | | | | | |
|------------------------------|-------|-------------------------|-------|----------------------|-------|
| 1) Race: | | 2) Class Status: | | 3) Residence: | |
| African-American | 5.3% | Freshman | 13.4% | On-campus | 36.6% |
| Asian-American | 16.4% | Sophomore | 17.4% | Off-campus w family | 6.9% |
| Caucasian | 62.5% | Junior | 17.5% | Other off-campus | 55.9% |
| Latino | 6.3% | Senior | 18.4% | NR | 0.6% |
| Other | 8.5% | Graduate Student | 31.1% | | |
| NR | 1.0% | Alumni | .7% | | |
| | | Other/NR | 1.5% | | |
| 4) School Affiliation | | 5) Gender: | | 6) Status: | |
| Arts and Sciences | 71.8% | Male | 41.1% | Student | 97.9% |
| Engineering | 20.8% | Female | 58.9% | Staff Member | 0.2% |
| Nursing School | 0.5% | | | Faculty Member | 0.1% |
| Peabody Conservatory | 6.0% | | | Other/NR | 1.8% |
| Other/NR | 0.9% | | | | |

2) Respondents' Evaluation and Comments:

| | |
|--|--|
| 7) I was able to see a therapist for my first appointment within a reasonable amount of time: | |
| Yes ----- 96.1% | No ----- 2.6% Unsure----- 1.3% |
| 8) I found the receptionist to be courteous and helpful: | |
| Yes ----- 97.4% | No ----- 0.8% Unsure----- 1.8% |
| 9) I felt comfortable waiting in the reception area: | |
| Yes ----- 96.0% | No ----- 1.3% Unsure ----- 2.7% |
| 10) Do you feel the therapist was attentive and courteous? | |
| Yes ----- 99.1% | No ----- 0.1% Unsure ----- 0.7% |
| 11) Do you feel the therapist understood your problem(s)? | |
| Yes ----- 95.3% | No ----- 0.6% Unsure----- 4.1% |
| 12) Did the therapist give you information about the services of the Counseling Center? | |
| Yes ----- 95.1% | No ----- 2.5% Unsure ----- 2.4% |
| 13) Do you plan to continue with additional services at the Center? | |
| Yes, I was satisfied with service ----- | 81.1% |
| Yes, If I can get a convenient appointment ----- | 5.9% |
| Yes, but I'm not sure this is the best place ----- | 3.5% |
| Yes, if----- | 1.4% |
| No, because problem was solved----- | 3.0% |
| No, because I don't have a problem----- | 1.1% |
| No, because I don't like the therapist----- | 0.0% |
| No, the hours are not convenient----- | 0.0% |
| No, not eligible----- | 0.7% |
| No, they cannot help me----- | 0.1% |
| No, not now ----- | 1.4% |
| No, because ----- | 1.7% |
| No Response (NR)----- | 0.1% |
| 14) Overall Impression of Counseling Center? | |
| Excellent -----62.7% | Good ----- 35.2% Fair ----- 2.0% Poor ----- 0.1% |

15) Comments. There were 157 comments from 156 clients on the Counseling Center Service Evaluation Forms. 118 comments (75%) were viewed as positive, 28 comments (18%) were assessed as somewhat negative, and 11 comments (7%) were considered neutral. A few of the negative comments are associated with the Counseling Center when it was located in Garland Hall – prior to its move to its new facility in July 2011 on Charles Street. These comments pertained to a “drab waiting room,” “having to stand to complete paperwork on computers,” and “lack of privacy due to proximity between waiting room and receptionists.” These issues have been resolved with the move to the new facility. More current issues, since the move, included “need for water in the reception area,” “difficulty finding the center because of lack of clear instructions on the CC web page, and a need for better decorations in the waiting area.” These issues have subsequently been addressed. More challenging concerns included “difficulty in scheduling follow-up appointments (because of the volume of student demand),” “better street signage,” and addressing heating/cooling issues in the therapy rooms.”

| Comment # | Evaluation # | COMMENTS | Pos. | Neu. | Neg. |
|-----------|--------------|---|------|------|------|
| 1 | 1 | Pleasantly surprised, very professional, kind, efficient. | 1 | | |
| 2 | 4 | Essential Campus Resource! | 1 | | |
| 3 | 6 | The time I've spent here has been incredibly useful. Thank you for everything! | 1 | | |
| 4 | 11 | I like biweekly meetings! | 1 | | |
| 5 | 16 | I recently switched from Doctor number 41 to doctor number 6. I switched because my appointments w/ Doctor number 41 were often cancelled and it was difficult to reschedule. I did not feel I had a clear picture of issues and goals w/ Doctor number 41. I also did not like the way Doctor number 41's group was run. When issues were clearly taken out of bounds Doctor number 41 did not step in. We often would concentrate on one person's issues for several groups in a row. My lack of individual appointments and lack of group support due to group format was disappointing. | | | 1 |
| 6 | 22 | Doctor number 26 (a CC psychiatrist) was very rude and condescending and led me to discontinue treatment for a while. I expected a lot better. | | | 1 |
| 7 | 29 | Doctor number 61 is a fantastic therapist. He is extremely patient, understanding, and caring. I am very grateful that such high-quality service is offered by the counseling center. | 1 | | |
| 8 | 32 | Staff very professional and courteous | 1 | | |
| 9 | 34 | Everything is wonderful here ☺ | 1 | | |
| 10 | 36 | Lately I've had more contact with other sad people and I've been recommending the Counseling Center to them. | 1 | | |
| 11 | 41 | I have had an excellent experience and it has been incredibly helpful thus far. | 1 | | |
| 12 | 45 | I'm very impressed w/ not only my therapist Doctor number 61, but also the other therapists and the counseling center as a whole. | 1 | | |
| 13 | 52 | Some of the protocol seems more inhibitory than helpful but I guess I understand why things are like that. | | 1 | |
| 14 | 66 | Transitions due to graduation may be bigger than anything faced while taking classes. If possible, it would be very helpful to many if opened to alumni for over one year past graduation. | | 1 | |
| 15 | 69 | Doctor number 82 was amazing! She really helped me this year | 1 | | |
| 16 | 70 | I've worked with 6 diff. counselors in the past 3 years in individual and group settings; I've found everyone very competent and helpful. | 1 | | |
| 17 | 75 | I am by nature a relentless complainer and hysterical whiner, but I can neither complain nor whine about anything. It's confusing but it's rather a good problem to have. JHU Counseling Center "ROOOOLZ!" | 1 | | |
| 18 | 87 | Great service since I first started coming | 1 | | |
| 19 | 90 | Good service | 1 | | |
| 20 | 94 | Couldn't have finished my dissertation without Doctor number 61's awesome support! | 1 | | |
| 21 | 99 | Doctor number 61 is great | 1 | | |

| | | | | | |
|----|-----|--|---|---|---|
| 22 | 106 | Doctor number 41 is very helpful and insightful | 1 | | |
| 23 | 119 | Thank you for saving my life. I don't know where I would be today without your help and care. | 1 | | |
| 24 | 122 | Sometimes need to wait for extended time (15 min) for therapy appt. which then cuts into the time for my session! | | | 1 |
| 25 | 125 | The counseling center provided me with great help about the difficulties that I am having in my life | 1 | | |
| 26 | 127 | Therapist was perfect actually, exactly what I wanted | 1 | | |
| 27 | 132 | Great | 1 | | |
| 28 | 135 | Therapist was attentive & understanding, but I would like to receive more advice regarding my situation. | | 1 | |
| 29 | 136 | Awesome | 1 | | |
| 30 | 139 | Standing at the computers can be somewhat irritating. Perhaps sitting with them? (Note: This refers to set up in Garland – Computers in new facility have chairs.) | | | 1 |
| 31 | 144 | Love Doctor number 35, receptionist number 7, everyone here so warm + welcoming. The waiting room is drab-could be spruced up, made to feel more welcoming. (Note: This pertains to Center in Garland before move.) | 1 | | 1 |
| 32 | 149 | Continued great experience | 1 | | |
| 33 | 155 | It's difficult to schedule an appointment with a counselor; my counselor and I could not schedule a follow-up for a week and a half. | | | 1 |
| 34 | 158 | My therapist helped me a lot. She listened to me and helped me work through my feelings. | 1 | | |
| 35 | 161 | More anonymous way of greeting client and more discrete way of telling receptionist about needed referrals (that others in waiting room do not hear). "Other" category when asking about religious background & ethnicity. (Note: This refers to arrangement in Garland – new facility allows for more distance from reception area to waiting room area.) | | | 1 |
| 36 | 172 | I was concerned about the security of the laptop used to fill out the intake form, both Bluetooth and wireless were on but it did not appear to be needed because the Ethernet cable was connected. Also, a privacy filter on the screen would make me feel safer. | | | 1 |
| 37 | 176 | This service is really helpful | 1 | | |
| 38 | 177 | Exactly as it should be. On time, convenient, responsive staff is great. | 1 | | |
| 39 | 179 | Thank you. | 1 | | |
| 40 | 189 | Very nice, friendly staff | 1 | | |
| 41 | 190 | LOVE the new building | 1 | | |
| 42 | 194 | He was nice but didn't tell me anything I didn't already know. He gave me very good advice, but nothing I hadn't tried already. Guess it can't be helped. | | 1 | |
| 43 | 196 | Love the new space! | 1 | | |
| 44 | 199 | The directions on the front page weren't specific enough. Took me 3 tries to figure which entrance of the 3003 building to use. | | | 1 |
| 45 | 214 | Nice new place | 1 | | |
| 46 | 230 | New center is very nice | 1 | | |
| 47 | 231 | Excellent! | 1 | | |
| 48 | 233 | Doctor number 2 is awesome. | 1 | | |
| 49 | 235 | Doctor number 88 is great | 1 | | |
| 50 | 241 | I'm very satisfied w/ the services the center offers as far as they go, but I will have to go elsewhere to address some of my needs. | 1 | | |
| 51 | 254 | Thank You! Great service + help! | 1 | | |
| 52 | 255 | I appreciated the promptness of the staff to arrange my first counseling session. I feel safe here and I feel like my first appointment went very well. | 1 | | |
| 53 | 257 | The new office looks really great!! | 1 | | |

| | | | | | |
|----|-----|---|---|---|---|
| 54 | 260 | Really cool new building | 1 | | |
| 55 | 263 | Never had a bad experience | 1 | | |
| 56 | 268 | Thank you for helping me steer through grad school. Even if the result wasn't optimal (I'm dropping out), the counseling center helped me through some of my darkest moments. Also, thanks to wonderful administrative staff, esp. receptionists number 1 & 7. | 1 | | |
| 57 | 271 | Next time I will try to be here a little early for check-in. (Is that possible the CC would make a reminder call for app'ts?) | | 1 | |
| 58 | 272 | I prefer the old location | | | 1 |
| 59 | 277 | The new space needs to be made more welcoming & less clinical & stark. (Note: Pictures and Decorations have been added.) | | | 1 |
| 60 | 280 | Nice new location | 1 | | |
| 61 | 281 | Thanks so much-I appreciate the center being able to see me so quickly. | 1 | | |
| 62 | 282 | It was very difficult to find the center, and this might be helped by updating the contact page with the new address, directions & map. (Note: CC has since updated and modernized its web page.) | | | 1 |
| 63 | 288 | It's much nicer/more comfortable than the old facilities in Garland Hall. I think this environment is much more conducive to healing. | 1 | | |
| 64 | 291 | LOVED the meeting w/ my therapist. I feel hopeful and encouraged already. | 1 | | |
| 65 | 292 | The outside door was locked when I arrived at 8:30 (A buzzer has been installed in case of such a problem.) | | | 1 |
| 66 | 301 | It's always a pleasure to work with you guys 😊 | 1 | | |
| 67 | 302 | Couldn't have asked for a more attentive/helpful/sympathetic/knowledgeable listener. Thank you! | 1 | | |
| 68 | 304 | Love the new space! | 1 | | |
| 69 | 316 | Depressing radio music playing in waiting area – BAD IDEA | | | 1 |
| 70 | 319 | The waiting area might seem a little more friendly if there were music playing 😊 | | 1 | |
| 71 | 320 | 😊 | 1 | | |
| 72 | 321 | The counselor I saw was so nice! (88) | 1 | | |
| 73 | 326 | Very good | 1 | | |
| 74 | 344 | If a student is coming in for a walk-in appointment chances are they've looked at all the info online and know that those are only for emergencies and have determined their situation to be such. The receptionists shouldn't try to discourage people or make them feel like they aren't justified or worth the time. | | | 1 |
| 75 | 346 | Water in waiting room. Also, please let patients know that the counselor they'll be seeing is a doctoral student BEFORE they come. (Note: A water fountain for student use was added to the waiting room area.) | | | 1 |
| 76 | 349 | It was good to talk to someone. | 1 | | |
| 77 | 357 | The constraints of the counseling center's ability to see patients long term are a concern but Doctor number 62's willingness to work with me as much as possible and on a flexible basis is a lifesaver. Also, the front desk staff are much better these days! | 1 | | |
| 78 | 361 | The problem is I didn't even get feedback. | | | 1 |
| 79 | 365 | Really helpful! | 1 | | |
| 80 | 366 | The air smells like new furniture, maybe better air circulation in door, otherwise I feel like about getting headache because of this. | | | 1 |
| 81 | 368 | The design of the waiting area is very calming and I really appreciate that. Everyone here seems very kind and professional. | 1 | | |
| 82 | 372 | Thanks! | 1 | | |
| 83 | 379 | Counseling Center is overwhelmed with appointments; have to wait two weeks before my next appointment. Can't really accelerate process. | | | 1 |

| | | | | | |
|-----|-----|--|---|---|---|
| 84 | 384 | Therapist (62) was very kind, genuine, understanding, and patient. I really appreciated her kindness and help. | 1 | | |
| 85 | 387 | Very receptive and helpful – first time doing this and I feel like I made the right choice coming in. | 1 | | |
| 86 | 388 | ☺ | 1 | | |
| 87 | 390 | Thank you! | 1 | | |
| 88 | 396 | I liked my counselor (80) but I feel like meeting only once every 2 weeks is not enough. I realize this is not my counselor's fault; I will try to get an appointment every week if possible. | | 1 | |
| 89 | 397 | I like the new location. Much more comfortable. Nicer overall. | 1 | | |
| 90 | 412 | Difficult to find a time to fit my schedule; receptionist helpful in getting me an appointment | 1 | | 1 |
| 91 | 414 | There really should be a water cooler of some sort. (Note: Water cooler was added.) | | | 1 |
| 92 | 429 | I found the session very helpful and I feel much better on my approach to my situation. Thank you! | 1 | | |
| 93 | 430 | This is a much nicer place for the center. All y'all need now is a nice water cooler for the waiting area and you'll be set. Also, this stationary is lovely. I appreciate that the university has invested in this center. (Water cooler has been added.) | 1 | | |
| 94 | 442 | Made an appointment a few weeks ago for next month ended up here w/an emergency appt. | | 1 | |
| 95 | 447 | Thanks! | 1 | | |
| 96 | 453 | Thank you | 1 | | |
| 97 | 479 | Thanks a lot for the help! | 1 | | |
| 98 | 480 | The amount of time between when I first called and when I could see a counselor was slightly disconcerting. | | | 1 |
| 99 | 484 | Thank you! | 1 | | |
| 100 | 485 | Doctor number 80 was very understanding, cordial, and informative. | 1 | | |
| 101 | 497 | Loved Doctor number 88, she's a sweetheart. (Like the fact that she is a student, makes her relatable!) | 1 | | |
| 102 | 498 | I think it is really bad that when you call for a first appointment you have to wait about 2 wks to see a counselor. Sometimes problems feel like they shouldn't wait 2 weeks. I hope this is improved for others in the future. | | | 1 |
| 103 | 503 | Doctor number 6 was really nice + helpful. She is a great listener. | 1 | | |
| 104 | 512 | I was quite impressed with the Counseling Center | 1 | | |
| 105 | 517 | The new building is a real improvement | 1 | | |
| 106 | 526 | This was more helpful than I anticipated. I wasn't planning on returning but now I will. | 1 | | |
| 107 | 527 | I feel very determined to overcome my problem and I have the resources to make it happen. | 1 | | |
| 108 | 528 | I've heard really good things about the counseling center and it well exceeded my high expectations. | 1 | | |
| 109 | 533 | I was not able to make an appointment until 3 weeks after the date I called for. This is a long time. | | | 1 |
| 110 | 534 | Therapist #86 was really great, put me at ease & gave me good advice. I plan to come back again next week. | 1 | | |
| 111 | 539 | Thank you. | 1 | | |
| 112 | 541 | Really felt helpful. I plan on using this. | 1 | | |
| 113 | 543 | Doctor number 88 was very considerate, helpful and understanding, but also helped me express myself | 1 | | |
| 114 | 545 | Felt very comfortable | 1 | | |
| 115 | 554 | Great job today | 1 | | |

| | | | | | |
|-----|-----|---|---|---|---|
| 116 | 556 | This was my first time at the Center since its move to the new location and I noticed that with the increased space, there is less oppressive atmosphere, and I felt very comfortable. | 1 | | |
| 117 | 560 | I think the services here are extremely helpful and I will definitely continue to come here. | 1 | | |
| 118 | 576 | I feel coming here over the semester will be very helpful in my abilities to succeed academically | 1 | | |
| 119 | 588 | Better directions online. Walked into wrong side of building | | | 1 |
| 120 | 598 | Great psychologist, soft spoken but direct, likeable, honest. | 1 | | |
| 121 | 599 | Thank you | 1 | | |
| 122 | 600 | GREAT SPACE | 1 | | |
| 123 | 608 | I feel much better after having met with Doctor number 89. I am excited to start meeting with her regularly. | 1 | | |
| 124 | 617 | I feel relieved to have someone to talk to. | 1 | | |
| 125 | 620 | Therapists should be careful recommending external services-not all students have the money for such options. | | 1 | |
| 126 | 621 | Friendly, understood my problems | 1 | | |
| 127 | 627 | I'm glad I decided to try this out. | 1 | | |
| 128 | 636 | First time here, we'll see how things go. | | 1 | |
| 129 | 649 | Looking forward towards working w/ Doctor number 61 | 1 | | |
| 130 | 656 | My counselor was very helpful | 1 | | |
| 131 | 657 | Everything was good! | 1 | | |
| 132 | 660 | I love the new interns – what an excellent person/program. | 1 | | |
| 133 | 669 | Surprising progress for a first meeting | 1 | | |
| 134 | 670 | Doctor number 78 was extremely kind and understanding. I really enjoyed my experience and will come back. | 1 | | |
| 135 | 683 | I feel better after talking about the situation I'm going through. Since I'm new to this, I'm still unsure what the next session will be like but I feel comfortable talking about anything. This has been helpful. | 1 | | |
| 136 | 685 | I can't wait to come back. It is so nice to have someone to talk to and help me with all my issues. Thanks! | 1 | | |
| 137 | 686 | Thanks! | 1 | | |
| 138 | 687 | I really felt a connection and that someone cared about what I had to say. | 1 | | |
| 139 | 689 | I think the session was helpful and will go on with the future sessions to overcome what is bothering me at this time | 1 | | |
| 140 | 718 | It was wonderful! | 1 | | |
| 141 | 727 | My therapist was great, she was very kind and understanding. | 1 | | |
| 142 | 728 | Looking forward to coming back. I should have done this sooner! | 1 | | |
| 143 | 731 | I was definitely apprehensive about coming here, having never done therapy/counseling before, but the CC and the way everything was definitely calmed my worries | 1 | | |
| 144 | 732 | Very great places to work through issues | 1 | | |
| 145 | 737 | Very satisfied with the service (the psychologist), very attentive, felt comfortable sharing and talking | 1 | | |
| 146 | 740 | She was nice and non-judgmental. | 1 | | |
| 147 | 753 | Wished I've gotten more feedback | | 1 | |
| 148 | 760 | Therapist running late was annoying | | | 1 |
| 149 | 777 | Good Job!! 😊 | 1 | | |
| 150 | 783 | Room is really hot. (Note: CC working to correct Heating system issues.) | | | 1 |
| 151 | 786 | Appointments were scarce | | | 1 |
| 152 | 791 | Doctor number 62 was excellent. | 1 | | |
| 153 | 805 | I felt comfortable. | 1 | | |
| 154 | 807 | I feel so much better now | 1 | | |
| 156 | 808 | Did not feel very comfortable in the waiting room, however I thought it was a good service. | 1 | | |

SECTION III: Research Projects

A) The Behavioral Health Monitor (BHM20).

1) Background.

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

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

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

2) BHM20 Research Findings: 2002-07.

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

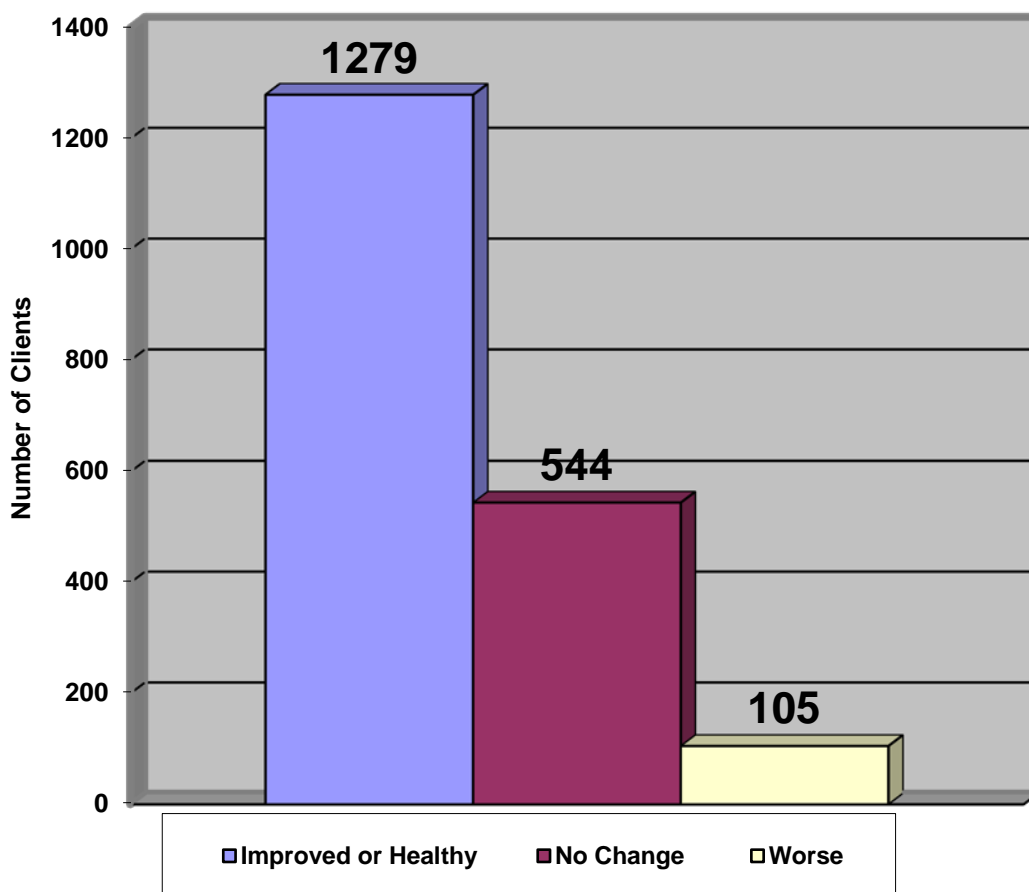
| BHM20 Score | Mental Health Category |
|-------------|---|
| 2.93 – 4.00 | Indicates positive mental health for college students |
| 2.10 - 2.92 | Indicates mild illness or adaptive difficulty |
| 0.00 - 2.09 | Is symptomatic of serious illness |

Over a 5 year period, from 2002- 2007, all clients were given the BHM20 prior to every session. A comparison of the mean BHM20 scores of all new clients at intake and at their last session is shown below in Table 1. This table shows that approximately 1/3 of the clients who arrive at the Counseling Center for assistance are basically in good mental health, about ½ are experiencing mild or adaptive difficulties and about 1/5 are experiencing serious mental health problems. After counseling there is an increase to 59% in those reporting positive mental health and a decrease to 7% in those reporting serious mental health illness (See Table 1 below).

| Table 1. Mental Health Status: 2002-2007 | Intake Session: No. of Clients 2002-07 (N =1,928) | Last Session: No. of Clients 2002-07 (N =1,928) |
|---|---|---|
| Positive Mental Health (BHM > 2.92) | 670 (34%) | 1137 (59%) |
| Mild Illness or Adaptive Difficulties (BHM = 2.10 - 2.92) | 883 (46%) | 654 (34%) |
| Serious Mental Health Illness (BHM < 2.10) | 375 (19%) | 137 (7%) |

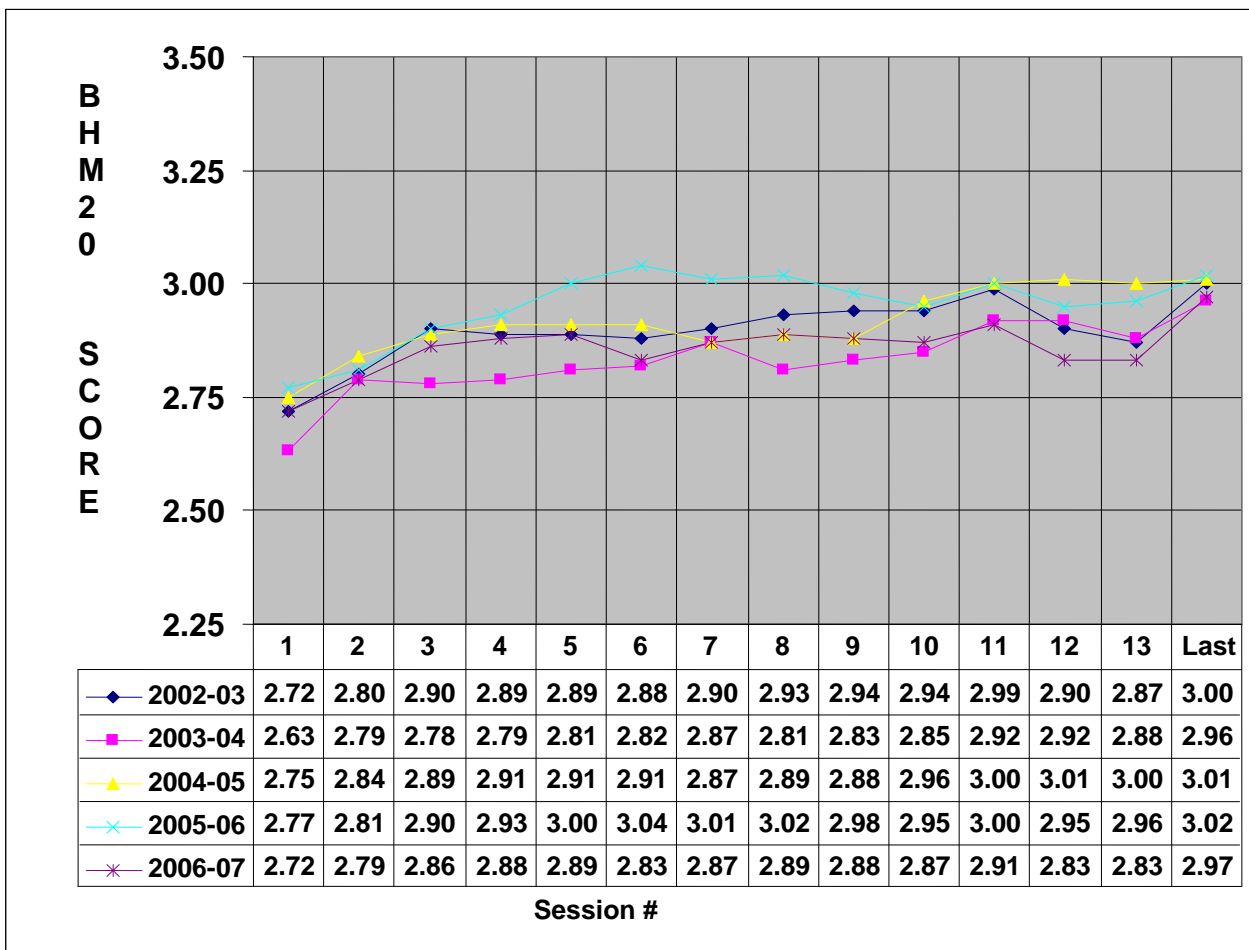
Figure 1 below indicates the number of clients who reported significant improvement, no change, or worse mental health as measured by the BHM20 for new CC clients over this 5 year period. While Table 1 above shows initial and final mental health status it does not include significant change for student clients within a status category. For example, students at intake who reported being “healthy” may have improved to an even “healthier” level (i.e., BHM20 score increased by a score of .63 which is equal to one standard deviation). Likewise, student clients who were in the “serious illness” category may have gotten significantly worse even if they did not change their mental health status. Figure 1 therefore indicates the student clients who demonstrated significant improvement or deterioration even if they did not change mental health categories. It can be observed that for this 5 year period 66% of all student clients had improved significantly/or were in the “healthy” category. Approximately 28% of student clients showed no significant change and 5% of clients indicated significant deterioration.

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



The change in the mean BHM20 scores for Johns Hopkins University Counseling Center clients across sessions for these same groups of new clients over 5 years (2002-03, 2003-04, 2004-05, 2005-06, and 2006-07) is shown in Figure 2 below. It can be seen that significant improvement across sessions has occurred for all 5 client groups from the initial intake through the last session of therapy. In all 5 years the average score for the clients in the intake session was in the “mild illness or adaptive difficulty” range. Average BHM20 scores for the last session for all 5 years, regardless of the number of sessions, are in the “healthy” range. It has been hypothesized that the average BHM20 score improves only modestly across sessions because the most improved clients leave therapy as their illness abates leaving the less improved clients to continue in therapy. A more in depth analysis of the data is anticipated in separate reports or articles. (Note: The analysis below includes only “new” clients that were seen at the Center that year. Clients returning from previous years are excluded from the data analysis as their session numbers are not continued between years.)

Figure 2. Average BHM20 scores for new CC clients over a 5 year period across 13 sessions and the last session.



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

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

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

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

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

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

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

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

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

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

Table 4 below shows the mean BHM20 scores across sessions through session 12 and for the last session for “all clients” (new and returning), “new clients” and “returning clients.” The mean BHM20 scores at the initial session for all, new, and returning clients were respectively 2.83, 2.80, and 2.86. The mean BHM20 score at the last session of the year for all clients, new clients, and returning clients were respectively were 3.06, 3.10, and 3.01. For all client groups the initial session on average was in the “mild illness or adaptive difficulty” range. Average BHM20 scores for all client groups in the last session of the year, regardless of the number of sessions, were in the normal or healthy range. As noted with previous years data it has been hypothesized that the average BHM20 score improves only modestly across sessions because the most improved clients leave therapy as their illness abates leaving the less improved clients to continue in therapy. A more in depth analysis of the data is anticipated in separate reports or articles.

Table 4: Average BHM20 scores and standard deviation for clients seen during 2008-09 from initial session of year through session 12 and for the last session of the year.

| Session # (2008-09) | Int 1 | Ses 2 | Ses 3 | Ses 4 | Ses 5 | Ses 6 | Ses 7 | Ses 8 | Ses 9 | Ses 10 | Ses 11 | Ses 12 | Last Session |
|-----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------------|
| N- All Clients | 913 | 737 | 601 | 508 | 448 | 390 | 339 | 304 | 260 | 225 | 191 | 162 | 932 |
| N- New Clients Only | 507 | 400 | 310 | 250 | 219 | 190 | 170 | 143 | 116 | 97 | 81 | 62 | 516 |
| N- Returning Clients Only | 391 | 326 | 285 | 251 | 222 | 194 | 163 | 157 | 141 | 127 | 109 | 99 | 397 |
| Mean Score –All Clients | 2.83 | 2.88 | 2.93 | 2.97 | 3.01 | 3.03 | 3.01 | 3.02 | 3.00 | 3.05 | 3.01 | 3.00 | 3.06 |
| Mean Score - New Only | 2.80 | 2.86 | 2.95 | 3.01 | 3.04 | 3.09 | 3.06 | 3.03 | 3.04 | 3.10 | 2.98 | 2.99 | 3.10 |
| Mean Score-Ret Clients Only | 2.86 | 2.91 | 2.91 | 2.92 | 2.97 | 2.96 | 2.98 | 3.00 | 2.97 | 3.01 | 3.03 | 3.02 | 3.01 |
| SD- All Clients | .60 | .56 | .53 | .56 | .53 | .55 | .57 | .58 | .59 | .60 | .61 | .58 | .58 |
| SD-New Clients Only | .59 | .55 | .51 | .54 | .54 | .55 | .57 | .56 | .59 | .58 | .66 | .59 | .56 |
| SD-Ret Clients Only | .60 | .58 | .56 | .58 | .52 | .56 | .58 | .61 | .60 | .62 | .57 | .58 | .60 |

Table 5 below shows a comparison of BHM20 average scores at the initial session of the year and at the last session of the year for selected populations. Improvements were noted for virtually all categories of clients. Students who presented on emergency, as expected, had a more serious average score at intake. Clients referred by the Dean of Students Office and by faculty presented with more severe intake scores than other groupings.

Table 5: Comparison of initial BHM20 scores last session BHM20 scores of clients during 2008-2009. Positive mental health for college students is 2.93 and above.

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

4) BHM20 Data Results: 2009-10

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

| | Change in mental health category between Intake Session and Last Session | # New Clients | % New Clients | Healthy (Normal) or Improved Significantly | No Change & in Unhealthy Range | In Unhealthy Range or got Significantly Worse |
|-----------|--|---------------|---------------|--|--------------------------------|---|
| Improved | 1) Severe to Moderate (1 to 2) | 9 | 1.30% | 544 78.7% | | |
| | 2) Severe to Mild (1 to 3) | 22 | 3.18% | | | |
| | 3) Severe to Healthy (1 to 4) | 48 | 6.95% | | | |
| | 4) Moderate to Mild (2 to 3) | 13 | 1.88% | | | |
| | 5) Moderate to Healthy (2 to 4) | 41 | 5.93% | | | |
| | 6) Mild to Healthy (3 to 4) | 101 | 14.62% | | | |
| | 7) Improved signif. In categ. (>.63) | 7 | 0.01% | | | |
| | TOTAL IMPROVED | 241 | 34.88% | | | |
| No Change | 8) Healthy to Healthy (4 to 4) | 313 | 45.53% | | 107 15.5% | |
| | 9) Mild to Mild (3 to 3) | 63 | 9.12% | | | |
| | 10) Moderate to Moderate (2 to 2) | 17 | 2.46% | | | |
| | 11) Severe to Severe (1 to 1) | 27 | 3.91% | | | |
| | TOTAL NO CHANGE | 107 | 15.48% | | | |
| Worse | 12) Healthy to Mild (4 to 3) | 7 | 0.01% | | | 40 5.8% |
| | 13) Healthy to Moderate (4 to 2) | 5 | 0.01% | | | |
| | 14) Healthy to Severe (4 to 1) | 0 | 0.00% | | | |
| | 15) Mild to Moderate (3 to 2) | 10 | 1.45% | | | |
| | 16) Mild to Severe (3 to 1) | 7 | 0.01% | | | |
| | 17) Moderate to Severe (2 to 1) | 2 | 0.01% | | | |
| | 18) Signif. Worse in category (>.63) | 9 | 1.30% | | | |
| | TOTAL WORSE | 40 | 5.79% | | | |

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

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

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

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

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

5) **BHM20 Data Results: 2010-11**

During 2010-11 the Counseling Center served 1,051 clients in individual therapy. Of these, 594 were new clients. The following analysis is based on these new clients. As with every client seen at the CC each new client completed a BHM20 self-assessment at intake and a self assessment prior to every therapy session thereafter. These self assessments are completed electronically on netbooks located in the waiting area of the Counseling Center. The results of the self assessments are immediately available to the therapist prior to the session. The therapist obtains this information by logging onto to the CC BHM20 data at the CelestHealth web site. In addition, the CelestHealth web site allows for administrative reports that summarize the self assessment data for all the Center's new clients. The CelestHealth administrative report shows that during this past year the Center's new clients averaged 5.45 therapy sessions with an average intake score of 2.25 (in the moderately distressed range) and an average final score as of May 23, 2011 of 2.78 (mildly distressed range). It should be noted that the scores were taken at the end of the academic year and do not necessarily reflect the completion of therapy. In fact, it is anticipated that while some clients will return for the summer session many who left for the summer will likely return in the Fall 2011 semester to continue their therapy.

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

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

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

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

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

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

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

Table 11: Cutoff Criteria for the BHM20 Subscales.

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

6) **BHM20 Data Results: 2011-12**

During 2011-12 the Counseling Center served 1,181 clients in individual therapy. Of these, 636 were new clients with an average of 5.35 sessions. The following analysis is based on these new clients. As with every client seen at the CC each new client completed a BHM20 self-assessment at intake and a self assessment prior to every therapy session thereafter. These self assessments are completed electronically on netbooks located in the waiting area of the Counseling Center. The results of the self assessments are immediately available to the therapist prior to the session. The therapist obtains this information by logging onto the CC BHM20 data at the CelestHealth web site. In addition, the CelestHealth web site allows for administrative reports that summarize the self assessment data for all the Center's new clients. The CelestHealth administrative report shows that during this past year the Center's new clients averaged 5.35 therapy sessions with an average intake score of 2.25 (in the moderately distressed range) and an average final score as of May 20, 2012 of 2.73 (mildly distressed range). It should be noted that the scores were taken at the end of the academic year and do not necessarily reflect the completion of therapy. In fact, it is anticipated that while some clients will return for the summer session many who left for the summer will likely return in the Fall 2012 semester to continue their therapy.

Table 12 below shows the mental health category distribution of new clients at the initial and at their last therapy session of the 2011-12 year. The table shows that at intake 37% of the 636 new students were in the

healthy/normal range, 30% of the students were mildly distressed, and 32% were in the moderately or severely distressed range. Table 12 also shows that of these students 481 students completed at least two sessions before the end of the 2011-12 year. As can be seen there was considerable improvement of clients in their mental health status between the first and last session of the year with a 17% increase of clients in the normal range and a corresponding decrease in the percentage of clients remaining in the distressed ranges.

Table 12: Distribution and Change of Client BHM20 Scores at the Initial and Last Session in 2011-12 by Mental Health Category.

| BHM20 Health Category | # of Students at Initial Session of 2011-12 Year (n=636) | % | # of Students at Last Session of 2011-12 Year (n=481) | % | % change |
|--|--|-------------|---|-------------|----------|
| Normal range (BHM= 2.94 - 4.00) | 238 | 37% | 261 | 54% | +17% |
| Mildly distressed range (BHM=2.38 – 2.93) | 192 | 30% | 134 | 28% | -2% |
| Moderately distressed range (BHM= 2.09 - 2.37) | 76 | 12% | 38 | 8% | -4% |
| Severely distressed range (BHM= <2.09) | 130 | 21% | 48 | 10% | -11% |
| TOTALS | 636 | 100% | 481 | 100% | |

Another way to assess client change in this data is to review only those clients in the distressed ranges at intake (plus those that also deteriorated in subsequent sessions) who had at least 2 sessions of therapy to review whether they recovered, improved, stay unchanged or deteriorated. In 2011-12 there were 326 such clients. Table 13 below shows on the BHM20 Global Health Measure that 202 (62%) clients showed improvement including 128 (39%) clients that indicated full recovery. Table 13 also shows (as of May 20, 2012) that 101 (31%) of the distressed clients had not changed significantly as of end of the academic year while 47 clients (7%) showed deterioration.

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

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

Table 13 above also summarized client changes on 4 subscales including anxiety, depression, suicide risk, and alcohol. As can be seen improvement, as measured by these subscales, is substantial including improvement rates of 63% for depression and 81% for suicidality. It should be noted that total recovery for suicidal clients is 69%. (Table 11 above provides the actual cutoff scores for each of the subscales).

7) **BHM20 data 2008-12 Cumulative results**

Since 2008, 2,882 different Counseling Center clients have completed the BHM20 electronically on 6 netbooks located in the waiting area of the Counseling Center. These clients have averaged 10.1 sessions over the past 4 years. The average score at intake was reported to be 2.28 (in the moderately distressed range) on the Global Mental Health (BHM20) score with an average last session score of 2.82 (mildly distressed range) as of May 20, 2012. It should be noted that the last score represents only a snap shot of client mental health and does not necessarily reflect the completion of therapy. A snapshot measure is typically taken at the end of the each academic year as many clients are leaving for the summer break or are graduating. It is anticipated that some clients will continue therapy during the summer while many more will return to complete their therapy in the Fall 2012 semester.

Table 14 below shows the distribution of mental health categories for all clients at intake between 2008 through May 2012. The table shows that 41% the clients reported that they were in the normal range while 29% indicated that were mildly distressed range and 30% were in the moderately or severely distressed range at intake. Table 14 also shows that of these students 2,321 students completed at least one additional session before the end of the 2011-12 year. As can be seen there was considerable change of clients' mental health status between their first and last session- with an 18% increase of clients in the normal range and a similar decrease in the percentage of clients remaining in the distressed ranges.

Table 14: Distribution and Change of Client BHM20 Scores at their Initial and Last Session by Mental Health Category.

| BHM20 Health Category | # of Students at Initial Session | % | # of Students at Last Session | % | % Change |
|--|----------------------------------|-------------|-------------------------------|-------------|----------|
| Normal range (BHM= 2.94 - 4.00) | 1167 | 41% | 1,363 | 59% | +18% |
| Mildly distressed range (BHM=2.38 – 2.93) | 829 | 29% | 590 | 25% | -4% |
| Moderately distressed range (BHM= 2.09 - 2.37) | 354 | 13% | 184 | 8% | -5% |
| Severely distressed range (BHM= <2.09) | 491 | 17% | 184 | 8% | -9% |
| TOTALS | 2,841 | 100% | 2,321 | 100% | |

Another way to assess client change in this data is to review only those clients in the distressed ranges at intake (plus those that also deteriorated in subsequent sessions) who had at least 2 sessions of therapy in order to review whether they recovered, improved, stay unchanged or deteriorated. Between 2008 and 2012 there were 1,464 such clients. Table 15 below shows that on the BHM20 Global Health Measure 972 (66%) clients showed improvement including 670 (46%) clients that indicated full recovery. Table 15 also shows that 365 (25%) of the distressed clients had not changed significantly by the end of the current academic year (May 20, 2012) while 298 clients (10%) showed deterioration (as of May 20, 2012).

Table 15: Client Change in Mental Health Status in CC Clients seen more than 1 session: 2008-12

| BHM Measure | n | Intake Score | End of Year Score | Improved | Recovered | Unchanged | Deteriorated |
|----------------------|-------|--------------|-------------------|-----------|-----------|-----------|--------------|
| Global Mental Health | 1,464 | 2.28 | 2.82 | 972 (66%) | 670 (46%) | 365 (25%) | 298 (10%) |
| Anxiety | 1,258 | 1.69 | 2.46 | 848 (67%) | 593 (47%) | 282 (22%) | 363 (13%) |
| Depression | 1,540 | 1.95 | 2.66 | 994 (65%) | 656 (43%) | 419 (27%) | 301 (10%) |
| Suicidality | 444 | 2.38 | 3.62 | 373 (84%) | 326 (73%) | 54 (12%) | 96 (3%) |
| Alcohol | 371 | 2.89 | 3.56 | 269 (73%) | 225 (61%) | 65 (18%) | 164 (6%) |

Table 15 above also summarized client changes on 4 subscales including anxiety, depression, suicide risk, and alcohol. As can be seen improvement, as measured by these subscales, ranges from 65% for depression to 84% for suicidality. Total recovery for suicidal clients is 73%. (See Table 11 above for cutoff scores for each subscale.) Future work will assess cumulative changes on the other subscales offered by the BHM20.

B) Suicide Tracking.

In the Fall of 1996 the Counseling Center began a Suicide Tracking System (STS) for students considered to be at risk for suicide. The program was developed, in part, as a research project working with Dr. David Jobes, a suicidologist at Catholic University. It was designed: 1) to assure close monitoring of suicidal clients by Counseling Center staff (Managerial) and 2) to collect data that would allow for an analysis of treatment outcomes for potentially suicidal clients (Research). Since the project began 756 students have been monitored through our suicide tracking system.

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

During 2010-2011, 170 clients (16%) of 1,051 clients presenting at the Counseling Center reported some suicidal content at intake. This included 93 females and 77 males. Also, 30 were international students. Of these 170 clients, 77 (7.3% of all student clients) reported moderate, serious, or severe suicidal thoughts (35 males, 42 females, 20 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts, 47 were enrolled in Arts and Science, 20 were enrolled in Engineering, and 9 were enrolled at Peabody. One identified as African- American, 30 as Asian, 1 as East Indian, 2 as Latino, 34 as Caucasian and 5 as Biracial. Nineteen reported they were freshmen, 12 were sophomores, 16 were juniors, 10 were seniors and 18 were graduate students.

Sixty clients who met the criteria for risk for suicidality were placed in the Center’s Suicide Tracking System (STS). This accounted for 5.8% of all student clients seen at the Counseling Center in 2010-11. This is a 25% increase from 48 Suicide Tracking System Clients tracked in 2009-10. These 60 clients were followed closely with weekly staff reviews at the Center case management meetings including the monitoring of their Behavioral Health Monitor (BHM20) scores. (The BHM20 scores range from 0, severely distressed, to 4, healthy with 2.93 as the cut-off point for

healthy college students.) Table 14 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the table 16 below, 16 of the 60 STS clients (27%) completely resolved their suicidality in an average of 11.1 sessions. Fifteen suicidal clients (25%) continue in treatment as the academic year ended, 4 suicidal clients was referred out, 11 clients withdrew from the University, 3 clients graduated before their suicidality was resolved completely, 10 clients dropped out of treatment, and 1 stopped treatment at the Counseling Center because of hospitalization. Again, as shown in the table, it is noted that all categories of STS clients showed improvement between their first and last session on the STS at the Counseling Center.

Table 16: Summary of Change in Suicide Tracking Clients for 2010-11.

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

Table 17 below compares STS clients who received medication with those that did not receive medication in 2010-11. The results indicate that both groups improved. It is interesting to note that the clients not treated with medication had more severe initial intake scores than the clients who went on medication. However, it should also be noted that the clients on medication also received on average more therapy sessions.

Table 17: Summary of Change for Suicide Tracking Clients by Medication: 2010-11

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

Table 18 below shows that for the 16 clients who successfully resolved their suicidality the improvement in both groups was about the same whether they were treated with medication or not.

Table 18: Summary of Change in Resolved Clients Suicide Tracking Clients by Medication: 2010-11.

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

2) Data for Clients Indicating Suicidality: 2011-12.

During the past year 211 clients (18%) of 1,811 clients presenting at the Counseling Center reported some suicidal content at intake. This included 122 females and 89 males. Also, 40 were international students. Of these 211 clients, 89 (7.5% of all student clients) reported moderate, serious, or severe suicidal thoughts (40 males, 49 females, 14 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts, 64 were enrolled in Arts and Science, 19 were enrolled in Engineering, and 6 were enrolled at Peabody. Two identified as African- American, 1 as American Indian, 25 as Asian-American/Asian, 1 as East Indian, 5 as Hispanic/Latino, 40 as European American/White/Caucasian, 7 as Multiracial, 1 Other, and 6 Preferred Not to Answer. Thirteen reported they were freshmen, 23 were sophomores, 19 were juniors, 17 were seniors and 17 were graduate students.

Eighty seven clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). This accounted for 7.4% of all student clients seen at the Counseling Center in 2011-12. This is a 45%

increase from 60 Suicide Tracking System Clients tracked in 2010-11. These 87 clients were followed closely with weekly staff reviews at the Center case management meetings including the monitoring of their Behavioral Health Monitor (BHM20) scores. (The BHM20 scores range from 0, severely distressed, to 4, healthy with 2.93 as the cut-off point for healthy college students.) Table 19 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the table, 26 of the 87 STS clients (30%) completely resolved their suicidality in an average of 12.0 sessions. Twenty four suicidal clients (28%) continue in treatment as the academic year ended, 7 suicidal clients was referred out, 15 clients withdrew from the University, 7 clients graduated before their suicidality was resolved, 7 clients dropped out of treatment, and 3 clients have incomplete data at the time of this report. Again, as shown in the table, it is noted that all categories of STS clients showed improvement between their first and last session on the STS at the Counseling Center except those clients whose therapy was interrupted by graduation from the University.

Table 19: Summary of Change in Suicide Tracking Clients for 2011-12.

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

3) Continuing Suicide Tracking Efforts.

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

Additionally, the Counseling Center working closely with Dr. Mark Kopta has incorporated the Suicide Tracking Questions into a Suicide Monitoring Scale which was added to the Behavioral Health Monitor (BHM20) Scale – a measure that monitors mental health across treatment sessions. Most recently efforts are underway to determine if the BHM20 can be used to determine whether a suicidal client should be prescribed medication and the Counseling Center may serve as beta test site for this next year.. Finally, the Counseling Center continues to successfully utilize netbooks to allow for efficient electronic entry of client information including level and risk for suicide, easy tracking of client suicidality by the therapists, and comprehensive administrative summary reports on the Center’s work with suicidal clients.

SECTION IV: Summary of Group Psychotherapy Provided by Counseling Center Staff: 2011-12

The Counseling Center offers a variety of groups each year. In the past year the Counseling Center conducted 7 psychotherapy groups for a total of 190 group sessions/282 hours of group therapy. A total of 51 students participated in group therapy.

| # | Therapy Group | # of Sessions | # of Clients Seen | Length of Each Session | Total Hours of Group |
|---|------------------------------|---------------|-------------------|------------------------|----------------------|
| 1 | Dissertation Support | 47 | 12 | 90 minutes | 70.5 |
| 2 | Graduate Student Therapy I | 41 | 9 | 90 minutes | 61.5 |
| 3 | Graduate Student Therapy II | 40 | 10 | 90 minutes | 60.0 |
| 4 | Graduate Student Therapy III | 29 | 6 | 90 minutes | 43.5 |
| 5 | Undergraduate Therapy I | 20 | 6 | 90 minutes | 30.0 |
| 6 | Undergraduate Therapy II | 7 | 5 | 90 minutes | 10.5 |
| 7 | Body Image Group | 6 | 3 | 60 minutes | 6.0 |
| | TOTALS | 190 | 51 | | 282.0 |

SECTION V: Summary of Counseling Center Pre-Doctoral Internship Training Program 2011-12

Dr. Matthew Torres is the Director of the Counseling Center’s American Psychological Association accredited Training program. He arranges for individual supervision of the interns by the professional staff, coordinates the Training Seminars series, manages case conferences for interns, leads the Training Committee, provides supervision of supervisors and directs the development of the program. There were three full time interns at the Counseling Center who received training and provided professional services during 2011-2012.

Below is a description of the 2011-2012 training program including: (1) a summary of the interns and supervisors for 2011-2012, (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 2012-2013, and (6) a description of the ongoing development and changes to the Pre-Doctoral Psychology Internship Program.

A. Trainees and Supervisors

- Director of Training – Matthew Torres, Ph.D.
- Three Pre-Doctoral Psychology Interns:
Heidi DeLoveh, M.Phil. (George Mason University)
Liesel Fischer, M.A. (Argosy University, Chicago)
Jodi Pendroy, M.A. (University of Saint Thomas)
- Clinical Supervisors:

| Supervisor Name | Primary Supervisor for: | Group Therapy Supervisor | Supervision Group Supervisor | Daytime On-Call Supervisor |
|-------------------------|---------------------------------|--------------------------|------------------------------|--------------------------------|
| Larry David | Heidi – Fall Liesel - Spring | | | |
| Doug Fogel | Heidi – Spring | Heidi – Fall & Spring | | Heidi - Spring |
| Sheila Graham | | | Fall & Spring | |
| Garima Lamba | | Liesel – Fall & Spring | | Heidi- Fall |
| Wendy Kjeldgaard | | | | Liesel - Spring |
| Matt Torres | | Jodi – Fall & Spring | Fall & Spring | |
| Michael Varhol | Liesel -Fall Jodi - Spring | | | Liesel – Fall Jodi - Spring |
| Shelley Von Hagen-Jamar | Jodi – Fall | | | Jodi - Fall |

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

B. The Training Program

- Interns provided **intake and individual counseling services** to Homewood and Peabody students under staff supervision. The 2011-2012 interns performed 231 intake evaluations, including 42 emergency intakes, during the Fall and Spring semesters. During that period they saw 275 clients for 1518 sessions, including 74 emergency sessions.
- All interns co-led at least one **group** for students with a professional staff member. Heidi DeLoveh co-led a Graduate Student Therapy Group in the Fall and Spring, Jodi Pendroy co-led a Graduate Student Therapy Group in the Fall and Spring, and Liesel Fischer co-led an Undergraduate Therapy Group during the Fall and Spring semesters. Interns co-led a total of 55 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 74 emergency sessions (42 emergency intakes and 32 emergency sessions). They also were on-call for **consultation** with students, parents, faculty, and staff during walk-in hours.
- For the first time, this Spring each intern was asked to provide 2 weeks of **after-hours on-call emergency coverage** with senior staff back-up. Interns received considerably more after-hours emergency calls this year than in previous years when they provided coverage during the summer.
- Interns were involved in a variety of Center **outreach activities** (see Outreach Coordinator's Report for further detail).
- Interns received two and one-half hours of scheduled **individual supervision** per week during the internship year, one and one-half hours per week of **supervision group** during the internship year, one hour of **support group**, and additional individual supervision as needed. Weekly **supervision for group services** was provided weekly by the staff member with whom groups were co-led. (See section on clinical supervisors above.)
- Interns participated in weekly center **staff business meetings** and **case management meetings**.

C. Training Program Assessment

- **Mid-term assessments** of intern performance were held in November and May with input from all staff involved in intern training. **Formal written assessments** are made at the end of each supervision term (January and August) by individual and group supervisors. Both mid-term and end-of-term assessments are reviewed with interns.
- The method for providing **feedback to primary supervisors** was continued whereby written feedback for individual supervisors will be given to the Director of Training to be reviewed with primary supervisors at a date following the year in which the feedback is provided.
- **An assessment of the training program** was completed in writing by interns in August 2011 by the 2010-2011 internship class and this feedback was discussed with the Counseling Center's training staff.

D. Contact with Academic Training Programs

- **Contacts were made with the academic programs** with which the 2010-2011 and 2011-2012 interns were associated. These contacts included feedback to the programs regarding intern performance and notification of completion of internship.

E. Recruitment and Selection of 2012-2013 Interns

- **Received 165 completed applications.** Consistent with the previous year, there was significant representation of ethnic minorities and those with a minority sexual orientation in the applicant pool, considerable geographic representation, and strong representation from both clinical and counseling

psychology academic programs, as well as from both Ph.D. and Psy.D. programs.

- **Interviewed 29 candidates.** The group of interviewees was very diverse in the same ways as the entire applicant pool, i.e., representation of ethnic minorities, geographic locations of academic programs, and applicants from both counseling and clinical psychology academic programs. Of the 29 interviewees, 7 self-identified as members of an ethnic or sexual minority group, and 2 were international students. Fifteen were from clinical psychology graduate program, 12 were from counseling psychology programs, one was from a combined Counseling Psychology/School Psychology program, and one was from a combined Counseling Psychology/School Psychology Program. The majority of the interviewees were from outside of the immediate Baltimore-Washington, D.C. area.
- **Participated in the match program** of the Association of Psychology Post-doctoral and Internship Centers (APPIC). For the 2012/2013 internship year, we increased the number of interns from 3 to 4.
- **Successfully matched** for all four offered positions for pre-doctoral psychology interns. The following interns will be joining us in August 2012: **Tanisha Joshi, M.A.** (SUNY Buffalo); **Heidi Mattila, M.A., MBA** (Fielding Graduate Institute); **La Toya Smith, M.S., Ed.S.** (University of Kentucky); and **Jaime Grisham, MPH., M.A.** (Virginia Consortium Program in Clinical Psychology).

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

- **Number of Interns.** As noted above, we increased from 3 to 4 intern positions for the 2012/2013 internship year.
- **Continued diversity of applicant pool.** The applicants to the internship program continued to be very diverse in terms of minority membership and geographical representation of applicants, and number of applicants from clinical and counseling psychology programs. This translated into substantial minority, geographical, and programmatic diversity in the interview pool. The internship program continues to attract a national level of attention, consistent with the University's status as a "national university."
- **Intern Alumni Survey.** For the second year we sent a follow-up survey to interns who are 1 and 3 years out of the program and the information from this survey will be shared with the Counseling Center's training staff and included in the process of evaluating the internship and decision-making about any potential improvements that can be made.

SECTION VI: Summary of Outreach/Workshops and Consultation by CC Staff: 2011-12.

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

| # | Name of Program | Department Served | Date of Program | # Students Served | # Fac./Staff Served | # Others Served |
|----|--|--|-----------------|-------------------|---------------------|-----------------|
| 1 | Black & Latino Students Graduate Celebration | Office of Multicultural Student Affairs | 05/25/2011 | 150 | 30 | 0 |
| 2 | CC Introduction to Post-Bac Premeds | Post-Bac Premed | 06/01/2011 | 29 | 1 | 0 |
| 3 | Introduction to College Life | SEED School of MD | 06/22/2011 | 12 | 2 | 0 |
| 4 | Presentation on CC for Summer R.A.'s | Residential Life | 06/30/2011 | 25 | 0 | 0 |
| 5 | Peabody RA Training | Peabody Conservatory | 08/19/2011 | 6 | 1 | 0 |
| 6 | RA orientation to Counseling Center | Residential Life | 08/22/2011 | 70 | 3 | 0 |
| 7 | Orientation for Graduate Students | Student Affairs | 08/23/2011 | 20 | 0 | 0 |
| 8 | Orientation for New Graduate Students | Student Orientation | 08/23/2011 | 390 | 0 | 0 |
| 9 | Parenting a Freshman | Student Affairs | 08/24/2011 | 0 | 0 | 120 |
| 10 | Parents' Assembly | Freshman Orientation Weekend | 08/25/2011 | 0 | 0 | 1200 |
| 11 | Parenting Freshman: Issues of Diversity | Student Orientation | 08/25/2011 | 100 | 0 | 0 |
| 12 | CC Introduction for New Writing Seminar Graduate Students | Writing Seminars | 08/26/2011 | 16 | 0 | 0 |
| 13 | Presentation to PEEP's | Student Health & Wellness/Students | 08/26/2011 | 10 | 2 | 0 |
| 14 | Teaching Assistant Orientation: Relating to your Students | Homewood Graduate Students | 08/26/2011 | 300 | 0 | 0 |
| 15 | CC Introduction to Freshmen | HOP 101 | 09/01/2011 | 5 | 0 | 0 |
| 16 | Peabody Health Fair | Peabody Conservatory | 10/04/2011 | 44 | 0 | 0 |
| 17 | JHU Family Weekend I | Student Affairs | 10/14/2011 | 0 | 0 | 27 |
| 18 | JHU Family Weekend II | Student Affairs | 10/14/2011 | 0 | 0 | 50 |
| 19 | MOCHA Reception | Alumni & Students | 10/22/2011 | 100 | 0 | 50 |
| 20 | Presentation to DSAGA | DSAGA | 10/24/2011 | 33 | 1 | 0 |
| 21 | Crisis Management and Test Anxiety | Residential Life | 11/08/2011 | 13 | 0 | 0 |
| 22 | Setting Limits/Dealing with Conflict | Workshop for Study Consultants and Tutoring Services | 11/10/2011 | 8 | 2 | 0 |
| 23 | Crisis Management and Test Anxiety | Residential Life | 11/15/2011 | 9 | 0 | 0 |
| 24 | Depression Awareness/Screening Day | Campus Wide | 11/17/2011 | 100 | 0 | 0 |
| 25 | Sleep Hygiene | Campus Wide | 11/17/2011 | 10 | 0 | 0 |
| 26 | Crisis Management and Test Anxiety | Residential Life | 11/29/2011 | 18 | 0 | 0 |
| 27 | Finishing the Ph.D. | Graduate Board | 12/15/2011 | 30 | 2 | 0 |
| 28 | Eating Disorders and Body Image in the Athletic Training Setting | Athletics and Recreation | 01/25/2012 | 20 | 0 | 0 |

| | | | | | | |
|----|---|---|------------|-----|----|----|
| 29 | Recognizing and Assisting Depressed/Suicidal Students | Academic Advising, Pre-Professional Advising, Engineering Academic Advising | 01/26/2012 | 0 | 11 | 0 |
| 30 | Discussion with Black Student Union (BSU) Leaders | BSU | 02/09/2012 | 2 | 0 | 0 |
| 31 | Completing the Dissertation | Graduate Students | 02/21/2012 | 20 | 1 | 0 |
| 32 | 'America the Beautiful' Film and Panel Discussion | Campus Wide | 02/25/2012 | 18 | 1 | 1 |
| 33 | Eating Disorder Awareness | Campus Wide | 02/28/2012 | 7 | 0 | 0 |
| 34 | Media Watchdog for National Eating Disorders Awareness Week (NEDAW) | Athletics and Recreation | 02/29/2012 | 10 | 0 | 0 |
| 35 | Recognizing and Responding to Warning Signs of Depression and Suicide - Part II | Academic Advising, Pre-Professional Advising, Engineering Academic Advising | 03/01/2012 | 0 | 6 | 0 |
| 36 | Women's History Month: Miss Representation | Other | 03/12/2012 | 130 | 5 | 0 |
| 37 | Panel with FAME Student Group | High School Students | 03/18/2012 | 0 | 5 | 35 |
| 38 | Empathic Listening Skills | Center for Social Concern - Camp Kesem staff | 04/07/2012 | 22 | 0 | 0 |
| 39 | CC Introduction for Admitted Students | Admissions | 04/11/2012 | 6 | 0 | 9 |
| 40 | Relaxation Fair | Campus Wide | 05/04/2012 | 300 | 0 | 0 |
| 41 | Orientation Table | Admissions | 07/15/2012 | 20 | 0 | 0 |

| | |
|---|--------------|
| No. Workshop/Outreach and Community Consultation Programs | 41 |
| No. of Students served | 2,053 |
| No. of Faculty and Staff served | 73 |
| No. of "Other People" served | 1,492 |
| Total No. of People served in Outreach and Community Consultation Programs | 3,618 |

SECTION VII: Summary of JHU Community Activity by Counseling Center Staff: 2011-12

Counseling Center staff are committed to participating in activities that serve and enrich the Johns Hopkins University community. This includes not only activities at the “departmental level” (Counseling Center) but also at the “Inter-departmental/divisional” level (HSA), the University wide level, and external level representing the University. Overall, CC staff participated in: 1) 34 intra-departmental committees or projects, and 2) 91 inter-departmental/divisional, university-wide, and external involvements. They are listed below:

| # | 1) Departmental Level Community Activity/Project Involvement |
|----|---|
| 1 | Associate Director of Outreach Search Committee |
| 2 | Baby shower for Amy Svrjcek |
| 3 | Counseling Center Budget Committee |
| 4 | Counseling Center Computer Committee |
| 5 | Counseling Center Copier Committee |
| 6 | Counseling Center Executive Committee |
| 7 | Counseling Center HIPAA Committee |
| 8 | Counseling Center Holiday Party Planning Committee |
| 9 | Counseling Center Informed Consent Committee |
| 10 | Counseling Center Intern Training Committee |
| 11 | Counseling Center Kitchen Committee |
| 12 | Counseling Center Medical Leave of Absence Committee |
| 13 | Counseling Center New Facility Committee |
| 14 | Counseling Center Paperwork Committee |
| 15 | Counseling Center Peer Supervision |
| 16 | Counseling Center Performance Evaluation Committee |
| 17 | Counseling Center Student Advisory Board Committee |
| 18 | Emergency Room and Hospitalization Committee |
| 19 | Farewell Lunch for 2010-11 Interns |
| 20 | Intern lunch for 2011-12 Interns |
| 21 | Intern Recruitment and Selection Committee |
| 22 | International Association of Counseling Services (IACS) Reaccreditation Committee |
| 23 | JHU Psychiatric Fellow Selection Committee |
| 24 | New Facility Furniture/Pictures Project |
| 25 | Positive Psychology Project |
| 26 | Staff Psychologist Group Coordinator Search Committee |
| 27 | Substance Abuse Counselor Search Committee |
| 28 | Suicide Tracking and Research Committee |
| 29 | Supervisors' Training Subcommittee |
| 30 | Website Revision Project |
| 31 | Wedding shower for Amy Waggoner |
| 32 | Welcome Breakfast for 2011-12 Interns |
| 33 | Welcome breakfast for Wendy Kjeldgaard |
| 34 | Work-study Student Training Project |

| # | 2) Interdepartmental/Divisional/University Wide/External Community Involvement |
|----|---|
| 1 | Admissions Spring Open House |
| 2 | Athletics Drug Testing Policy |
| 3 | Attended 2011 JHU Commencement |
| 4 | Attended 2011 SON Commencement |
| 5 | Benefits Fair |
| 6 | Black Faculty & Staff (BFSA)'s Juneteenth Celebration |
| 7 | Black Faculty & Staff Association (BFSA) Meetings |
| 8 | Black History Month Closing Ceremonies |
| 9 | Black Men's Support Group Meeting |
| 10 | Black Students Cultural Awareness Panel |
| 11 | Body Image Roundtable Meeting |
| 12 | Camp Kesem/ Center for Social Concern |
| 13 | Campus Conversations on Diversity and Inclusion |
| 14 | Career Center/Academic Advising farewell party for CC |
| 15 | CC Director's Meetings with Dean Boswell |
| 16 | CC Tours of New Facility |
| 17 | CC/SHW Shared Space Committee Meeting |
| 18 | CC/SHWC Open House for New Facility |
| 19 | Co-sponsored Tal Ben-Shahar- <i>Happiness</i> Lecture |
| 20 | Counsel of Homewood Advisors |
| 21 | Counseling Center meeting Graduate Board (Bruce Barnett) |
| 22 | Counseling Center meeting with Graduate Board administrators (Dan Horn and Anna Qualls) |
| 23 | Counseling Center Student Advisory Board |
| 24 | Cultural Awareness Panel (Asian Students) |
| 25 | Cultural Block Party |
| 26 | Cultural Programming Advisory Board to Office of Multicultural Affairs (OMA) - Member |
| 27 | Degree Completion Committee |
| 28 | Diversity Leadership Awards Ceremony |
| 29 | Diversity Leadership Conference |
| 30 | Diversity Leadership Council (DLC) Meetings |
| 31 | Diversity Leadership Council Retreat |
| 32 | East Siders Project |
| 33 | Eating Orders Team Discussion Meeting |
| 34 | Graduate Board Mentoring Consultation Meeting |
| 35 | Green Dot Bystander Training |
| 36 | Hispanic/Latino Staff Association Meeting |
| 37 | Holistic Hopkins Committee |
| 38 | Homewood Student Affairs Breakfast |
| 39 | Homewood Student Affairs Business/Budget Meetings |
| 40 | Homewood Student Affairs Directors Retreat |
| 41 | Homewood Student Affairs Human Resources Meetings |
| 42 | HSA/Business Office/Academic Advising Directors Meetings |
| 43 | HVAC Team |

| | |
|----|--|
| 44 | Interns Visit to Academic Advising |
| 45 | Interns Visit to Athletics Head Trainer |
| 46 | Interns Visit to Athletics |
| 47 | Interns Visit to Campus Security |
| 48 | Interns Visit to Career Center |
| 49 | Interns Visit to Engineering Advising |
| 50 | Interns Visit to Health Education and Wellness |
| 51 | Interns Visit to International Students Office |
| 52 | Interns Visit to Office of Multicultural Affairs (OMA) |
| 53 | Interns Visit to Peabody Dean (Katsura Kurita) |
| 54 | Interns Visit to Pre-professional Advising |
| 55 | Interns Visit to Residential Life |
| 56 | Interns Visit to Residential Life Senior Staff |
| 57 | Interns Visit to Student Health and Wellness |
| 58 | Interns Visit with Dean of Students - Susan Boswell |
| 59 | Introduction of new staff to Office of Dean of Students |
| 60 | Johns Hopkins University Insurance Committee |
| 61 | Joint Student Health/Counseling Center Kitchen Committee |
| 62 | Judge auditions for Culture Show |
| 63 | Legal Issues meetings with University Attorney |
| 64 | LGBT Resource Center Working Group |
| 65 | LGBT Resource Meetings & Proposal Prep |
| 66 | LGBT Safe Zone Meeting |
| 67 | Martin Luther King Jr. Convocation |
| 68 | Meeting with Alain Joffe and Diane Blahut |
| 69 | Meeting with Allison Boyle of Office of Institutional Equity |
| 70 | Meeting with Anne Tillinghast to discuss ED policy and referrals |
| 71 | Meeting with Athletics Department |
| 72 | Meeting with BSU President |
| 73 | Meeting with Center of Africana Studies Office |
| 74 | Meeting with CHEW to discuss ED outreach |
| 75 | Meeting with Disabilities Services |
| 76 | Meeting with Dr. Tan Weiboon (Singapore Liaison @ Peabody) |
| 77 | Meeting with DSAGA Board and Dean Boswell |
| 78 | Meeting with Student Health and Wellness |
| 79 | Meeting with Student Health and Wellness Director |
| 80 | Meetings with DSAGA and DSAGA Board Members |
| 81 | Meetings with JHU Psychiatry Fellowship Program |
| 82 | Meetings with Office of Institutional Equity |
| 83 | Meetings with Official Multicultural Affairs |
| 84 | Meetings with the Directors of Student Life |
| 85 | MOCHA Meetings |
| 86 | Positive Psychology Meetings/Discussions |
| 87 | Retirement party for Sandy Angell at SON |
| 88 | Risk Assessment Team Meetings |
| 89 | Sexual Assault Work Group |
| 90 | Student Emergency Preparedness Committee |
| 91 | Women's History Month Planning Committee/Lecture |

SECTION VIII: Summary of Professional Development, Professional Activity, and Professional Memberships by CC Staff: 2011-12

Counseling Center staff participated in professional development activities including conferences, workshops, seminars and courses to enhance their professional skills. Clinical staff attended or participated in 33 development / educational activities (see Section A below). Counseling Center staff were also actively engaged in 19 professional activities and involvements that contribute to the betterment of the profession such as research, teaching, etc... (See Section B below). Finally, Counseling Center staff have memberships in 33 professional organizations (see Section C below).

| # | A) Professional Development - Conferences, Workshops, Seminars, Courses, Lectures attended and other activities to enhance skills or to train colleagues, and education. |
|----|--|
| 1 | Asian American Psychological Association (AAPA) Conference |
| 2 | Acceptance and Commitment Therapy in Psychotherapy (ACT) |
| 3 | Acceptance and Commitment Therapy Workshop |
| 4 | American Psychological Association (APA) Convention |
| 5 | American University of Counseling Center Directors Conference (AUCCCD) |
| 6 | Association for the Coordination of Counseling Center Clinical Services (ACCCCS) Conference |
| 7 | Cognitive Behavioral Techniques to Empower Patients |
| 8 | Cultural Awareness Training |
| 9 | Developmental, Systems and Actual Aspects of Assessing Risk |
| 10 | Dialectical Behavior Therapy - I |
| 11 | Dialectical Behavior Therapy - II |
| 12 | ECP Seminar |
| 13 | EMDR 8 Stage Protocol for Reprocessing Traumatic Memories |
| 14 | Ethics |
| 15 | Harnessing Mindfulness in Clinical Practice |
| 16 | Imago Couples Therapy |
| 17 | Imposter Syndrome |
| 18 | Integrating Evidence Based Practice into Clinical Practice |
| 19 | Marijuana Use: Acute and Chronic Effects |
| 20 | Maryland Psychological Association (MPA) Multicultural Conference |
| 21 | Mid-Atlantic Intern Conference |
| 22 | Neuroscience of trauma and EMDR for Stabilization |
| 23 | Participated on LGBT Health Conference Call |
| 24 | Positive Psychology Conference |
| 25 | Psychopharmacology |
| 26 | Psychotherapy Networker Symposium |
| 27 | Sheppard Pratt Eating Disorders Conference |
| 28 | Supporting the College Student with Asperger's Disorder |
| 29 | Tal Ben-Shahar Campus Presentation about his bestselling book <i>Happier</i> on Positive Psychology |
| 30 | Treating Eating Disorders on College Campuses |
| 31 | Work: The Respectable Addiction |
| 32 | Working with Jewish Clients |
| 33 | Yoga, Mindfulness, and Compassion: Clinical Interventions for Anxiety and Depression |

| # | B) Professional Activities |
|----|---|
| 1 | Addiction in Young Adults talk as part of service on Recovery for Unitarian Universalist Congregation of Columbia |
| 2 | Behavioral Health Measure 20 (BHM20) and Suicide Tracking Research |
| 3 | Class Lecture at School of Education Diversity Course |
| 4 | Intern Case Presentation to Staff |
| 5 | Intern Doctoral Dissertation Activity |
| 6 | Intern Job and Post-doctoral position search activity |
| 7 | Intern Topic Seminar to Staff (research, preparation and presentation) |
| 8 | Internship Directors Panel- Maryland Psychological Association for Graduate Students (MPAGS) Annual Convention |
| 9 | Maryland Ethics and Law Seminar for interns |
| 10 | Mock interviews for 2 professional school applicants (for Office of Pre-professional Counseling.) |
| 11 | Offered Assessment of Trauma Disorders Seminar |
| 12 | Participant in Washington-Baltimore Area Counseling Center Directors Association |
| 13 | Preparing for Licensure as Psychologist in Maryland |
| 14 | Presentation on Counseling Center to Careers in Psychology class |
| 15 | President of the International Association of Counseling Services (IACS) |
| 16 | Provided interview re adolescent stress for JHU School of Public Health magazine |
| 17 | Published a Book Chapter in the book titled Working with Immigrant Families |
| 18 | Substance Abuse in College Students seminar for interns |
| 19 | Towson "Previous Intern" Panel |

| # | C) Professional Memberships |
|----|--|
| 1 | Advisory Board Member of CHAI (Counselors Helping South Asian Indians) |
| 2 | American Association of Suicidology (AAS) |
| 3 | American College Counseling Association (ACCA) |
| 4 | American College Personnel Association (ACPA) |
| 5 | American Counselors Association (ACA) |
| 6 | American Psychological Association - Division 17 (Counseling Psychology) |
| 7 | American Psychological Association - Division 29 (Psychotherapy) |
| 8 | American Psychological Association - Division 35 (Psychology of Women) |
| 9 | American Psychological Association – Graduate Affiliate |
| 10 | American Psychological Association (APA) |
| 11 | Asian American Psychological Association (AAPA) |
| 12 | Association for Counseling Center Coordinators of Clinical Services (ACCCCS) |
| 13 | Association of Counseling Center Training Agencies (ACCTA) |
| 14 | Baker- King Foundation Board Member |
| 15 | Baltimore Mental Health Association -Board Member |
| 16 | Baltimore Psychological Association (BPA) |
| 17 | Board Member, Baltimore General Dispensary Foundation |
| 18 | Board Member, Maryland Mental Health Association |
| 19 | College Eating Disorder Hope |
| 20 | Division of South Asian Americans (DoSAA) |
| 21 | Eating for Life Alliance |
| 22 | edreferral.com |
| 23 | International OCD Foundation |

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|----|---|
| 24 | International Positive Psychology Association |
| 25 | Maryland Coalition Against Sexual Assault (MCASA) |
| 26 | Maryland Psychological Association (MPA) |
| 27 | Minnesota Psychological Association |
| 28 | Minnesota Women in Psychology |
| 29 | National Alliance for Mental Health |
| 30 | National Association of Social Workers |
| 31 | National Latino/a Psychological Association (NLPA) |
| 32 | National Register of Health Service Providers in Psychology |
| 33 | President of International Association of Counseling Centers (IACS) |

A) African American Student Programs 2011-12 Coordinator Report (Dr. Sheila Graham)

Dr. Graham has continued to build and maintain relationships with students, faculty and staff in the Black community at JHU. In addition to coordinating services for African American Students, Dr. Graham has also considered the needs of the Latino/a community and Black community at large. With this goal in mind, Dr. Graham has met with individuals and attended events sponsored by the Office of Multicultural Affairs, Black Student Union, Black Graduate Student Association, Office of Institutional Equity, The Center for Africana Studies, Black Faculty and Staff Association (BFSA), and the Diversity Leadership Council Conference. Dr. Graham also served on the executive committee of a group aimed at the support and retention of male students of color. The efforts of this committee resulted in the revival of a group entitled M.O.C.H.A. (Men of Color Hopkins Alliance). A reception connecting Hopkins alumni of color who volunteered to mentor current students was held successfully in the fall semester.

Dr. Graham was also appointed by President Daniels to a three year term on the Diversity Leadership Council. As a member of this organization addressing diversity related issues across the institution, Dr. Graham contributed to the development of new initiatives such as the proposal for an LGBT Resource Center. The proposal was accepted in April by President Daniels, who expressed that creating this center is a priority for the university.

Dr. Graham has also contributed to the training of doctoral-level interns by providing two training seminars (i.e., Multicultural Counseling Competence & Awareness and Counseling Black Students). In addition to the above mentioned Dr. Graham has reached out to communities outside of Hopkins, attending a Multicultural Conference sponsored by the Maryland Psychological Association (MPA) and connecting with other psychologists in the area that serve college students and are passionate about multicultural competence.

B) Eating Disorder (ED) Program 2011-12 Coordinator Report (Dr. WENDY KJELDGAARD)

Client and Treatment Statistics

- 56 students with Eating Disorders were seen by Counseling Center staff for individual therapy
- 19 of these Eating Disorder clients were seen by the Eating Disorder (ED) Coordinator for assessment and individual therapy
- 22 total clients were referred to Student Health & Wellness for medical management of their Eating Disorder
- 11 clients were referred to the Counseling Center by Student Health & Wellness for their Eating Disorder
- The Eating Disorder coordinator and the Student Health & Wellness nutritionist collaborated on 10 Eating Disorder cases

Programming and Community Activity

- The ED Coordinator offered the Body Image Group during the Spring 2012 Semester.
- The ED Coordinator developed a lecture on Eating Disorder and Body Image in the personal training setting and presented it to a personal training class of Hopkins students at the Fitness Center.
- The ED Coordinator planned and presented a two-part training on Eating Disorders Assessment and Treatment to the interns.
- The ED Coordinator worked with Barbara Gwinn of The Center for Health Education and Wellness to organize and develop activities for National Eating Disorders Awareness Week. These included a film screening of "America the Beautiful" and follow-up panel discussion, the campus-wide "Operation Beautiful" outreach campaign and the Media Watchdog and Advocacy event.
- The ED Coordinator developed and a Media Watchdog and Advocacy tabling event and represented the Counseling Center at the event as part of ED Awareness Week.
- The ED coordinator attended a day-long conference on treatment of ED at Sheppard Pratt Hospital
- The ED coordinator a meeting at Sheppard Pratt with ED specialists who work in the college setting to discuss outreach and policies.
- The ED coordinator attended the Body Image roundtable meeting with various members of Hopkins staff.

- The ED coordinator developed a comprehensive, multidisciplinary ED treatment referral list
- The ED coordinator met and consulted with the Head Trainer, Barbara Gwinn, Alain Joffe and Anne Tillinghast regarding development of policies and procedures for ED referrals and treatment at Hopkins

C) Group Therapy Coordinator 2011-12 Report (Dr. Doug Fogel)

See Section IV of this report.

D) International Students and Students of Asian Origin 2011-12 Coordinator Report (Dr. Garima Lamba)

- Dr. Lamba continued in her sixth year as the coordinator and liaison for international students and the students of Asian origin.
- In that role, Dr. Lamba continued as the coordinator and liaison to the Peabody Conservatory and coordinated the half day clinic on Tuesdays on as needed basis.
- Consultation and support was offered throughout the year for international students and students of Asian origin. A number of individuals contacted the coordinator via telephone or email.
- The coordinator provided training seminars to the pre-doctoral interns on counseling and working with international students and students of Asian origin.
- In addition to providing on-going consultations for Counseling Center staff on a case-by-case basis, the coordinator continued consultative relationships with the staff members at the International Students and Scholar Services and the staff at the Peabody Conservatory of Music.
- The coordinator continued her involvement with Counselors Helping South Asian Indians, Inc. (C.H.A.I.) as an Advisory Board member. C.H.A.I. is a not for profit organization that addresses the mental health needs of the South Asian community in the Baltimore/DC/Virginia area. Although this is not directly related to the JHU community, the coordinator was able to find referral resources for a student who was looking for a South Asian therapist in the community when their relationship at the counseling center ended (upon graduation). C.H.A.I. serves as a valuable resource for limited mental health resources for South Asian community seeking similar values, including cultural background, in their therapist.
- The coordinator continued her professional membership with the Asian American Psychological Association and the Division of South Asian Americans.

E) LGBT 2011-12 Coordinator Report (Dr. Michael Varhol)

- The Counseling Center has continued to be an important and heavily-used resource for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) undergraduate and graduate students. Common concerns of LGBTQ students have included problems with self-esteem; feelings of alienation and isolation; anxiety about coming out to friends and family; difficulty reconciling sexual orientation with religious beliefs; substance abuse and other self-destructive behaviors; frustrations about the climate of acceptance on campus; and discrimination and harassment outside of Hopkins. A large number of students came to the Counseling Center on their own for support; many others were either referred or walked over by concerned peers; and several were referred by Hopkins faculty and staff, including the Dean of Students.
- Dr. Michael Varhol, the Counseling Center's coordinator of services for LGBTQ students, enhanced the Center's partnership with DSAGA (Diverse Sexuality and Gender Alliance) the LGBTQ undergraduate organization on the Homewood campus. Dr. Varhol was invited once again by the DSAGA Board of Directors to lead the discussion at one of the group's general meetings; he was assisted this year by pre-doctoral intern Liesel Fischer. Topics of discussion included the climate of acceptance of LGBTQ students at Hopkins; obstacles that can keep LGBTQ students from reaching out for support; thoughts, feelings and common misconceptions about counseling; and how we might make the campus safer and more comfortable for all students, regardless of sexual orientation, gender identity or lifestyle. After the meeting, several DSAGA members approached Dr. Varhol and Ms. Fischer to ask about scheduling intake appointments at the Counseling Center.

- Dr. Varhol and Ms. Fischer collaborated weekly with Dean Boswell, the DSAGA Board of Directors and DSAGA Faculty Advisor Michael Falk on the mission of bringing the Safe Zone program back to the Homewood campus. The Safe Zone program offers campus community members (students, faculty and staff) formal training on understanding, assisting and advocating for LGBTQ undergraduate and graduate students. The program is intended to create and nurture a campus-wide network of “allies” who are publically identifiable and active in helping support students with concerns about sexual orientation and/or gender identity.
- Dr. Varhol, Dr. Graham and Ms. Fischer were part of the institution-wide working group that put together a formal request for the creation of an LGBTQ Resource Center that would serve all Johns Hopkins campuses, as well as the Applied Physics Lab in Laurel, MD. The request was submitted to President Daniels on March 16th, 2012 and subsequently approved by him.
- David Haltiwanger, PhD, Director of Clinical Programs and Public Policy at Chase-Brexton Health Services, visited the Counseling Center and trained the pre-doctoral interns in the assessment and treatment of LGBT student mental health concerns.

Future Plans

- Continue to enhance the Counseling Center’s partnership with DSAGA, and build new relationships with other LGBTQ campus groups
- Continue to assist in the development and implementation of the Safe Zone program on the Homewood campus
- Offer a weekly support group for LGBTQ undergraduate and graduate students
- Continue to provide consultation and outreach programming aimed at supporting LGBTQ students on campus

F) Outreach/Workshop Program 2011-12 Coordinator Report (Dr. Barbara Baum)

See Section VI of this report for more details.

G) Peabody Conservatory of Music 2011-2012 Coordinator Report (Dr. Garima Lamba)

(See separate 2011-12 Peabody Conservatory Annual Report for a more detailed report.)

Peabody students continued to benefit from the full range of services offered by the Counseling Center on the Homewood campus as well as the on-site services offered at Peabody one-half day per week on as needed basis. Individual counseling continued to be the most utilized service, while a small number of students were also seen individually for career counseling. After-hours on call services continued to be utilized for emergency situations on weekends and evenings. A number of therapy, skill development, and support groups were offered on the Homewood campus.

Consultation was available on an ongoing basis to faculty, staff, and administrators regarding psychological issues. In addition to the consultation and on-site counseling services, the coordinator also provided the following outreach and workshops:

- At the beginning of the academic year, the coordinator provided training and information to the Peabody RAs’ on recognizing and dealing with distress in their residents along with dealing with other mental health issues in the residence hall.
- The coordinator and our doctoral level interns also participated in Peabody Health Fair and provided information to the students on a variety of mental health concerns along with how to access services at the counseling center.

H) Peer Counseling- A Place To Talk (APTT) and Sexual Assault Response Unit (SARU) 2011-12 Coordinator Report (Clare King)

APTT had a busy and productive year, with almost 60 active members. There was a renewal of the original values and purpose of APTT, and many discussions about the philosophy of the group. The Fall semester saw a dramatic rise in numbers of visits to the APTT room, but Spring semester was less busy for the group.

There has been growing interest in combining Positive Psychology with peer counseling. This was reflected in a new training curriculum that included Positive Psychology exercises, and plans for a campus-wide initiative promoting positivity and a campaign of "You Are Not Alone."

SARU saw some dramatic changes, with expansion of the group to include students outside of APTT. This has turned out to revitalize the group, and new members seem to add a much needed dimension. There has never been a more dedicated and committed membership. Following up on the SARU work group last year, there was ongoing discussion about how to improve the sexual assault policy on campus. With the hiring of Youngjoo Kang as Victim Advocate and Sexual Assault Response Coordinator, there was a new Orientation program on sexual assault, an awareness campaign, "Got Consent?," and programs with Athletics to raise awareness about sexual assault. The most impressive, and successful, was a presentation by the group *Men Can Stop Rape*, which included every male athlete on campus.

A bystander-intervention program was developed, based on the Green Dot training, and has been presented to student groups with great response.

I) Counseling Center Advisory Boards (CCAB) 2011-12 Coordinator Reports (Clare King)

This year, our Fall meetings were focused on planning a collaboration with Dr. Jen Neeman. Our goals were to select and train Group Facilitators for a Positive Psychology course. While this turned out to be short-lived, we had an exciting opportunity to work closely with the Psychology Department to plan a new course and a new direction for Positive Psychology on campus. We learned of the confidence the Department had in the CCAB students and the commitment to find ways to shape a new course, with student input. The first semester ended with the announcement that the Psychology Department had invited Tal Ben-Shahar to campus for a March talk. His visit to Hopkins was planned to be the start of a campus-wide happiness effort that centers on the introduction of two new positive-psychology courses inspired by and modeled after Ben-Shahar's class at Harvard. This began collaboration with CCAB and Psi Chi, the Psychology Honor Society.

Future CCAB meetings included discussions on Meditation, and we heard from many students, passionate about bringing a meditation experience to Hopkins. Out of this discussion came plans for a meditation course, and a new collaboration with a Holistic Hopkins Committee, made up of some CCAB student members, Barbara Gwinn Schubert, Anne Irwin Tillinghast, and Kathy Schnur. We interviewed over 10 candidates, in an effort to find a teacher for a course in Meditation. We hope to continue the interviews through the summer. We remain committed to bringing a Meditation course to JHU next year.

J) Professional Development 2011-12 Coordinator Report (Dr. Matt Torres). (See Section VIII for more details)

The Counseling Center offered State Board approved CE credits to professional staff members for preparing and presenting, as well as simply attending, intern training seminars. The Counseling Center offered State Board approved CE credits to professional staff members for attending Counseling Center sponsored CE presentations. This year the following professional development programs were sponsored by the Counseling Center:

March 14, 2012 Supporting the College Student with Asperger's Disorder (4 CEUs) Eve Band, PhD

April 18, 2012 Integrating Evidence Based Practice Into Clinical Training (6 CEUs) Shannan Smith Janik, PhD

March 3, 2012. The Counseling Center also co-sponsored a university wide presentation on Positive Psychology by Tal Ben-Shahar, PhD

K) Research Program 2011-12 Coordinator Report (Dr. Michael Mond)

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

L) Substance Abuse 2011-12 Coordinator Report (Dr. Shelley Von Hagen Jamar)

- There were 128 students seen in counseling for substance abuse issues during the school year 2011-2012. Of the students who addressed substance use in therapy, 38 were mandated referrals, 1 was a referral from Student Health, and 35 self-reported substance abuse as a presenting problem. For 53 other students, substance abuse emerged as a problem during the course of therapy although it was not the presenting problem. The number of mandated students included the addition of mandated referrals from the Athletic Department from the implementation of drug testing for athletes.
- The substance abuse services coordinator trained the pre-doctoral interns and interested staff in the brief assessment and motivational enhancement intervention protocol for substance abuse problems.
- The Counseling Center provided the e-CHUG online assessment which may be accessed by any student from our website. This instrument was used in counseling sessions to conduct alcohol assessments and to provide personalized written feedback to students.
- The coordinator stayed abreast of current research on substance abuse issues and provided information and consultation to the Deans and other staff when requested.
- The coordinator presented a workshop for parents during Freshman Orientation regarding parenting issues, including issues regarding alcohol and drug use.
- Suggested objectives for next year include the following:
 - Continue to develop and train staff and interns in a standard, empirically derived protocol for use with mandated referrals.
 - Review and revise the protocol for the evaluation and referral of student athletes, in conjunction with the Athletic Department.

M) Training Program 2011-12 Report (Dr. Matt Torres) – See Section V of this report for details.**N) Special Projects: African-American Connections 2011-12 Coordinator Report (Dr. Vernon Savage)**

From the summer of 2011 and for the entire academic year I advised and served as a consultant to undergraduate and graduate students working to launch the MOCHA - Men Of Color Hopkins Alliance - initiative. MOCHA was designed to provide university male students of color an increased connectedness with other men of color and with alumni of color and to support feeling more connected with the university and the community at large.

The launch of MOCHA took place on October 22, 2011, in Levering Hall. More than 100 undergraduate and graduate students, department heads, and SOBA - Society of Black Alumni- members participated. After the initial launch event MOCHA hosted a workshop on preparing for finals, special tutoring sessions, a Martin Luther King brunch, a game night, and a book club gathering. In addition, the group has connected students to upperclassmen and alumni as mentors.

O) Graduate Student 2011-12 Coordinator Report (Dr. Barbara Baum)

- Individual therapy was provided for 353 graduate students during the year, for a total of 3,149 sessions.
- Psychiatric services were provided for 174 graduate students, for a total of 839 sessions.
- Two “graduate students only” therapy groups were given at the Counseling Center, one with 9 students for 41 sessions and a second with 10 students for 40 sessions.
- The Dissertation Support Group was run by Dr. Barbara Baum for 47 sessions. There were a total of 12 Ph.D. students who participated in the group, with new students entering as others graduated; a maximum of 9 students in the group at any one time.

- Graduate students participated in the Counseling Center's Student Advisory Board throughout the year to offer feedback and recommendations on services and programming.
- Liaison was maintained during the year between the Graduate Student Coordinator and members of the Graduate Board, to discuss issues such as services for graduate students and procedures for taking and returning from medical leaves of absence.
- The procedures involved in graduate students taking and returning from Medical Leave of Absence were again reviewed by the Counseling Center and Graduate Board, and made clearer and more consistent across different parts of the University. The relevant MLOA forms to be completed by the Counseling Center were updated and enhanced in an effort to streamline and improve the process.
- During the Fall Graduate Student Orientation the Graduate Student Coordinator gave presentations describing Counseling Center services to 390 new graduate students in several breakout sessions.
- The Graduate Student Coordinator gave a presentation describing Counseling Center services to 16 new graduate students in the Writing Seminars Program.
- The Graduate Student Coordinator gave a presentation describing Counseling Center services to 29 new students in the Post-Bac Pre-Med Program.
- The Graduate Student Coordinator gave a presentation focused on completing the dissertation as part of a workshop entitled "Finishing the Ph.D.," attended by 30 students.
- The Graduate Student Coordinator taught a session of the Dissertation Seminar (JHU course #661:710), run by the Center for Leadership Education, attended by 20 students.
- A new initiative has begun with the Graduate Student Coordinator and the Coordinator for Services for International Students, working with members of the Graduate Board, to create a series of meetings to help new international graduate students make a better transition into life in the United States and at Hopkins. The planning for this will include input from faculty and from the Office of International Student and Scholar Services.