COUNSELING CENTER

2012-2013 ANNUAL REPORT

AND

DATA SUMMARY

JOHNS HOPKINS UNIVERSITY

Prepared by:
Michael Mond, Ph.D., Director
Counseling Center
June 2013

COUNSELING CENTER: 2012-13 ANNUAL REPORT AND DATA SUMMARY

★ The Counseling Center (CC) achieved reaccreditation from the International Association of Counseling Services (IACS) after a comprehensive self-study and a site-visit in Fall of 2012. This reaccreditation affirms that the Counseling Center provides a high level of services to students and the University Community.

★ The Counseling Center (CC) provided **21,592 hours of overall service** during the Academic Year (September 2012 - May 2013). This compares to **19,664** hours in the previous academic year for an increase of 9.8%. Direct clinical services (individual, group, psychiatric services and case management of direct clinical services) accounted for 65% of all Counseling Center service time.

★ **Individual Personal Counseling** was provided to **1,214 students** (compared to 1,181 students the previous year) in **9,533 sessions** (**8,112** sessions in the previous year) for an average of **6.5 sessions per client** (6.9 sessions the previous year). This is an **increase of 2.8%** over the previous year in the number of clients seen in individual therapy and a 17.5% increase in the number of sessions.

★ **Group Counseling** was provided to **69 students** (51 students the previous year) **in 8 groups** (7 groups) totaling **238 sessions** (190 sessions).

★ **Psychiatric services** were provided to **444 students** in 1,735 sessions for an average of 3.9 sessions. This represents 37% of all clients served in individual therapy. This compares to 433 students in 1,820 sessions the previous year, for an increase of 2.5% in the number of students seen and 4.6% decrease in the number of sessions from the previous year. This is due to the decrease in psychiatric staff which limited psychiatric hours available to students. Also, **390 students received psychotropic medication** (compared to 372 students the previous year) for a 4.8% increase over the previous year. Thirty two (32%) of all clients served in individual therapy received psychotropic medication.

★ In addition to Individual, Group, and Psychiatric Services, the CC engaged in **Training and Supervision** (6.5% of time), **Outreach and Workshops** (2%), **Consultations** (5.4%), **Community Activity and Committees** (4.3%), **Professional Development** (2.9%), **Administrative Activity** (10.6%), and **Professional Activity** including Research and Teaching (3.3%). 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).

★ This year, in collaboration with the Dean of Students office, the CC developed a new 24/7 confidential **Sexual Assault Response HelpLine** for Homewood and Peabody students. The CC received specialized training and worked closely with local and community resources to create a responsive service.

★ The Counseling Center continues to use the **Behavioral Health Monitor (BHM20) to measure client progress and therapy outcome**. For the past 4 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 2008-13 year. Of the 1,826 distressed clients who had more than one session, (which allows for measurement of behavioral change), 1,228 (66%) showed improvement including 853 (47%) that indicated full recovery. Also, 432 (24%) of the distressed clients had not changed significantly, while 10% of all clients seen showed deterioration on the BHM20.

★ 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 **222.7 client sessions per week** (including psychiatrists) in the Fall 2012 semester. This compares to 246.6 client sessions in the Fall of 2011. In the Spring 2013 semester the CC **averaged 249.9 client sessions per week** (including psychiatrists). This compares to 264.4 in the Spring 2012 semester.

★ In the Fall 2012 semester the CC responded to an average of **10.9 clinical urgent care/emergencies per week** compared to 19.5 the previous year. In the Spring 2013 semester the CC responded to 9.7 clinical urgent care/**emergencies** per week compared to **14.6 clinical urgent care/emergencies per week** the previous Spring. These numbers do not include triage counseling services by the new triage counselor(s) who were added to help address the demand for walk-in services during peak periods.

★ The Counseling Center served 393 clients presenting in urgent need (about 32% of clients served). This is a substantial decrease from the previous year when 549 clients (46%) presented in urgent need. This reduction can be attributed to an increase in staff size (an additional staff members and an additional intern), the addition of a triage counselor, and the restructuring of the emergency walk-in response system. The Counseling Center responded to 114 after hour emergency calls serving 80 individuals. This compares to 151 calls serving 106 individuals the previous year. The CC made **24 violence assessments** (compared to 13 the previous year) and monitored **85 students in its suicide tracking system** (compared to 87 students the previous year), recommended 45 mental health leaves (compared to 63 the previous year), and administered 38 readmission evaluations (compared to 45 the previous year). 110 clients were referred off campus for more extensive treatment compared to 55 the previous year. The CC played a significant role in preventing 254 students from dropping out of school this past year, while 52 were given assistance in exercising appropriate extensions or withdrawal from classes. There were 24 emergency room visits resulting in 15 hospitalizations. This compares to 38 emergency room visits and 19 hospitalizations the previous year.

★ The **most common problems/symptoms** presented by clients during individual therapy include: "general anxieties and worries" (37%), "feelings of being overwhelmed" (36%), "time management and motivational issues" (35%), "academic concerns" (29%), "overly high standards for self" (25%), "lack of self-confidence or self-esteem" (24%), "generally unhappy and dissatisfied" (21%), "depression" (19%), test anxiety" (17%), thoughts of ending your life (17%), lack of motivation, detachment, and hopelessness"(16%), and "sleep problems"(16%)." These problems are not mutually exclusive.

★ The CC provided 40 **Outreach Activities, Workshops, and Consultation programs** last year serving 2,032 students, 285 faculty and staff, and 1,589 "others" such as parents for an overall total of 3,906 individuals.

★ The CC **Intake Service Evaluation Questionnaire**, an anonymous survey taken after the initial clinical session, reveals that **65% of clients feel that the personal counseling intake experience is excellent** while an additional 34% feel that the experience is good.

★ The CC also provided services to the **Peabody Conservatory of Music**. Peabody students completed an anonymous survey, after the initial session, on the quality of the services they received. **75% of the Peabody students reported that they had "an excellent experience"** while 23% indicated a "good experience."

★ The **CC Pre-Doctoral Psychology Training program had 4 full time interns**. This is an increase from 3 the previous year. The training program included didactic programs and supervision in both individual and group formats. This CC training program is accredited by the American Psychological Association

★ **All CC clinical staff have staff coordinator responsibilities.** Coordinator responsibilities were for Asian-American students/International student programming, Minority students programming, Graduate students programming, Outreach/Workshop and Consultative Services, Group Counseling, Professional Development, Substance Abuse Counseling, Peer Counseling (APTT), Research, Peabody Conservatory of Music, Student Advisory Board, Pre-doctoral Psychology Internship Training, and Eating Disorders. **This year the CC added a permanent Gay/Lesbian/Bisexual/Transgender students' coordinator.**

★ CC staff are active in **professional development and professional activity.** Clinical staff participated in 51 professional workshops, conferences, courses, seminars and other educational activities. In addition, professional staff engaged in 13 professional activities (e.g., teaching, professional boards, consultation,

and research activities, etc...) and are members of 26 professional organizations. This year the CC hosted the 23 CC directors from the Washington-Baltimore Area Counseling Centers Directors Consortium.

★ The CC continues to foster values of **teamwork** and **collaboration** by participating on 68 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 also supported the Student Health Service in their effort to screen students entering their clinic for depression.

★ 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." This year the letters were coordinated with FASAP to reach those serving all those working with students in the wider JHU community. Similarly, the CCAB co-authored an email letter to all Homewood and Peabody students on "How to recognize and assist distressed students."

★ The CCAB continues to be a resource to help develop initiatives to foster a healthier and more caring community. It continues its work in supporting Dr. Justin Halberta of the Psychology Department in offering an introductory **positive psychology** class and an advanced positive psychology class. It is also hoped that these classes will eventually contribute to an enhanced positive campus environment. The group also met with Dean Ed Scheinerman to offer feedback on how to improve the college experience at Johns Hopkins University.

TABLE OF CONTENTS

SECTION I. Overview of CC Hours by Service Activity: Academic Year 2012-13 (August 20, 2012- May 19, 2013) and Full Year (May 21, 2012- May 19, 2013)		
Function/Activity for 2012-13 Academic Year (AY)	**Staff Hours AY 2012-2013 (Full Year)**	**% Staff Hours AY 2012-2013**
1. Individual Therapy - Counselors (includes after hour on-call hours)	6,592 (7,862 hours for full year)	30.5%
2. Psychiatrists' Visits/Medication Checks	861 (1,033 hours for full year)	4.0%
3. Group Therapy	947 (1,194 hours for full year)	4.4%
4. Clinical Management (Individuals, Psychiatrists & Groups)	5,648 (7,239 hours for full year)	26.2%
5. Training & Supervision Activity	1,413 (1,692 hours for full year)	6.5%
6. Outreach and Workshops Activity	438 (497 hours for full year)	2.0%
7. Consultation Activity (Including after hour on-call)	1,159 (1,312 hours for full year)	5.4%
8. JHU Community Activity	931 (1,058 hours for full year)	4.3%
9. Professional Development Activity	620 (870 hours for full year)	2.9%
10. Professional Activity*	704 (1,030 hours for full year)	3.3%
11. Administrative Activity**	2,279 (3,410 hours for full year)	10.6%
All Services: Total for Academic Year in hours	21,592 (27,197 hours for full year)	100.0%

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

****Note:** Administrative Activity includes staff meetings, public relations, budget activity, data management, coordinating activity with Peabody, coordinator responsibilities of professional staff, coordinating and directing internship program, coordinating and training of Peer Counseling program (APTT), marketing, evaluation, planning, and all personnel activity. (959 hours of the 2,279 administrative hours or 42% of all administrative hours were incurred by the CC director during the academic year; 1,322 of 3,410 administrative hours for full year or 39 %.)

SECTION II: Individual Psychotherapy Statistics: May 22, 2012 - May 19, 2013

A) Direct Services Caseload Statistics

1. General Numbers	#
No. of Clients seen in Personal Counseling (Full year)	1,214
No. of Therapy Sessions (Full Year) - (Not including Consulting Psychiatrists)	9,533
No. of Clients seen by Consulting Psychiatrists (Full Year)	444 (37%)
No. of Therapy sessions by Consulting Psychiatrists (Full Year)	1,735
No. of Clients receiving psychotropic medication	390 (32%)
No. of Peabody Conservatory Students served	89 (7%)
No. of Peabody Conservatory Students all sessions	693
No. of Peabody Conservatory Students served by Consulting Psychiatrists	30 (34%)
No. of Peabody Conservatory Students Consulting Psychiatrist sessions	124
No. of Clients seen in urgent need/emergency/crisis (Day- Academic Year)	347 (29%)
No. of Clients seen in urgent need/emergency/crisis (Day- Fall Semester)	175
No. of Clients seen in urgent need/emergency/crisis (Day – Spring Semester)	172
No. of Emergency clients served after hours by CC staff	80
No. of Emergency phone calls received after hours by CC staff	114
No. of Clients that required counselor to come to campus for face-to-face evaluation	5
No. of Hours spent in after-hours emergencies by CC staff	62 hours 46 min
Avg. Number of minutes spent responding to each after hour emergency call (min – max)	33 min (5- 240 min)
No. of Weeks during year that required after hours emergency response	34 of 52
No. of Students sent to emergency room and/or hospitalized– after hours plus day	24
No. of Students hospitalized - after hours plus day	15
No. of Students sent to emergency room and/or hospitalized– after hours	15
No. of Students hospitalized - after hours	9
No. of Clients CC estimated to have helped stay in school	254 (21%)
No. of Students given CC Mental Health Withdrawal	45 (4%)
No. of Clients given academic assistance (i.e., letter for course withdrawal or extension)	52 (4%)
No. of Students who received Readmission Evaluation (CC Clients	38 (3%)
No. of Clients in CC Suicide Tracking System	85 (7%)
No. of Clients believe prevented from harming self/others	172 (14%)
No. of Clients assessed for ADHD	91 (7%)
No. of Clients treated or assessed for Substance Abuse	161 (13%)
No. of Clients treated or assessed for Eating Disorders	76 (6%)
No. of Clients given Violence Assessment	24 (2%)
No. of clients who report that “someone in their family owns a gun”	209 (17%)
No. of Clients who received counseling for Sexual Assault	18 (1%)
No. of Clients estimated to have successfully terminated at end of AY	405 (33%)
No. of Clients referred off campus	110 (9%)

2. Intakes (New & Returning Clients) Seen per Week during Academic Year	
Average # of Intakes /Week (Fall Semester)	29.7
Average # of Intakes /Week (Spring Semester)	20.1
Average # of Intakes /Week (Academic Year)	25.7
Maximum # of Intakes/Week (Academic Year) – Week of 9/10/12	56

3. Clients Seen per Week during Academic Year (AY)	
Average # of clients seen/Week (Fall - Not including Psychiatrists)	183.1
Average # of clients seen/Week (Fall - Including Psychiatrists)	222.7
Average # of clients seen/Week (Spring - Not including Psychiatrists)	200.3
Average # of clients seen/Week (Spring- Including Psychiatrists)	249.9
Max # of clients seen/Week (AY- Not include Psychiatrists) – Week of 4/15/13	248
Maximum # of clients seen/Week (AY- Including Psychiatrists) - Week of 4/15/13	288

4. Psychiatrist Clients Seen per Week during Academic Year	
Average # of Psychiatrist clients seen/Week (Fall Semester)	39.6
Average # of Psychiatrist clients seen/Week (Spring Semester)	49.6
Maximum # of Psychiatrist clients seen/Week (Academic Year) – Week of 4/1/13	56.0

5. Emergency Daytime Walk-in Clients Seen per Week during Academic Year	
Average # of daytime emergencies seen/Week (Fall Semester)	10.9
Average # of daytime emergencies seen/Week (Spring)	9.7
Maximum # of daytime emergencies seen/Week (Academic Year) – Week of 4/1/13	21.0

6. Total # of Individual Clients Seen since 2000	
Total # Clients Seen for 2012-13	1,214
Total # Clients Seen for 2011-12	1,181
Total # Clients Seen for 2010-11 (Note: Stopped serving Nursing School Students)	1,051
Total # Clients Seen for 2009-10	1,081
Total # Clients Seen for 2008-09	972
Total # Clients Seen for 2007-08	995
Total # Clients Seen for 2006-07	957
Total # Clients Seen for 2005-06	1,035
Total # Clients Seen for 2004-05	1,083
Total # Clients Seen for 2003-04	916
Total # Clients Seen for 2002-03	886
Total # Clients Seen for 2001-02	802
Total # Clients Seen for 2000-01	726

7. AY Weekly Case Load Comparisons since 2000 (not including Psychiatry Sessions)	
Average Sessions/Week for 2012-13	201
Average Sessions/Week for 2011-12	209
Average Sessions/Week for 2010-11	185
Average Sessions/Week for 2009-10	193
Average Sessions/Week for 2008-09	162
Average Sessions/Week for 2007-08	140
Average Sessions/Week for 2006-07	143
Average Sessions/Week for 2005-06	144
Average Sessions/Week for 2004-05	163
Average Sessions/Week for 2003-04	160
Average Sessions/Week for 2002-03	145
Average Sessions/Week for 2001-02	144
Average Sessions/Week for 2000-01	114

8. AY Daytime Average Emergency Sessions per Week -Comparisons since 2000	
Average Sessions for 2012-13	10.9
Average Sessions for 2011-12	17.0
Average Sessions for 2010-11	13.3
Average Sessions for 2009-10	11.4
Average Sessions for 2008-09	9.4
Average Sessions for 2007-08	9.8
Average Sessions for 2006-07	10.1
Average Sessions for 2005-06	9.5
Average Sessions for 2004-05	13.3
Average Sessions for 2003-04	9.8
Average Sessions for 2002-03	7.1
Average Sessions for 2001-02	5.8
Average Sessions for 2000-01	5.4

9. # of Appointments per client during past year	(A) Clinical Staff Only (n=1,198)	(B) Psychiatrists Only (n=444)	(C) All Staff incl Psychiatrists +Triage (n=1,214)
1 appointment	232 (19%)	121 (27%)	219 (18%)
2 appointments	180 (15%)	59 (13%)	158 (13%)
3 appointments	131 (11%)	55 (12%)	113 (9%)
4 appointments	109 (9%)	61 (14%)	105 (9%)
5 appointments	70 (6%)	35 (8%)	56 (5%)
6 appointments	64 (5%)	37 (8%)	68 (6%)
7 appointments	60 (5%)	24 (5%)	66 (5%)
8 appointments	43 (4%)	18 (4%)	42 (4%)
9 appointments	32 (3%)	13 (3%)	28 (2%)
10 appointments	43 (4%)	5 (1%)	43 (4%)
11 appointments	28 (2%)	5 (1%)	34 (3%)
12 appointments	18 (2%)	4 (<1%)	28 (2%)
13 appointments	22 (2%)	2 (<1%)	16 (1%)
14 appointments	32 (3%)	1 (<1%)	28 (2%)
15 appointments	17 (1%)	1 (<1%)	23 (2%)
16+appointments	117 (10%)	3 (<1%)	187 (15%)

9. # of Appointments per client during past year	(A) Clinical Staff Only (n=1,198)	(B) Psychiatrists Only (n=444)	(C) All Staff incl Psychiatrists +Triage (n=1,214)
1-5 appointments	722 (60%)	331 (75%)	651 (54%)
6-10 appointments	242 (20%)	97 (22%)	247 (20%)
11-15 appointments	117 (10%)	13 (3%)	129 (11%)
16- 20 appointments	63 (5%)	3 (<1%)	85 (7%)
21+ appointments	54 (5%)	0 (0%)	102 (8%)
Average # of visits/per client (staff only)			6.5 visits
Average # of visits/per client (psychiatrists)			3.9 visits
Average # of visits/per client (triage + staff + psychiatrists)			7.9 visits

10. Health Insurance	
No. of clients who reported having University (Aetna Student Health) Insurance Policy	495 (41%)
No. of graduate student clients who reported having University Health Insurance Policy	334 of 398 (84%)
No. of undergrad student clients with a University Health Insurance Policy	147 of 780 (19%)
No. of international Students who reported having University Health Insurance Policy	152 of 173 (88%)
No. of clients referred to off-campus providers	110 of 1,214 (9%)
No. of clients referred to off-campus providers with University Health Insurance	43 of 495 (9%)
No. of total sessions clients with University Health Insurance seen before referred out	1,920 sessions

B) Individual Psychotherapy: Demographics of Counseling Center Clients (N=1,214)		
1. Gender	**Number**	**Percentage**
Male	470	38.7%
Female	735	60.5%
Transgender	3	0.2%
Prefer Not to Answer	5	0.4%

2. School Affiliation	**Number**	**Percentage**
Arts and Sciences	859	70.8%
Engineering	259	21.3%
Peabody Conservatory of Music	89	7.3%
Post- Baccalaureate Prog. (Pre-Med)	6	0.5%
Other	1	0.1%

3. Age		
Age Range	17-45 years	
Mode	20 years	
Mean	22.54 years	
Median	21.0 years	

4. Ethnic Status	**Number**	**Percentage**
African-American	53	4.4%
American Indian/Alaskan Native	4	0.3%
Arab American	4	0.3%
Asian	207	17.1%
East Indian	23	1.9%
Caucasian	695	57.2%
Latino / Hispanic	76	6.3%
Native-Hawaiian/Pacific Islander	2	0.2%
Multi-Racial	57	4.7%
Prefer Not to Answer	42	3.5%
Other / No Response	51	4.2%

5. Marital Status	**Number**	**Percentage**
Single	784	64.6%
Serious Dating / Committed Relat.	320	26.4%
Civil Union / Domestic Partnership	3	0.2%
Married	66	5.4%
Divorced	2	0.2%
Separated	3	0.2%
Prefer Not to Answer / No Response	36	3.0%

6. Class Year	**Number**	**Percentage**
Freshman	141	11.6%
Sophomore	179	14.7%
Junior	239	19.7%
Senior	228	18.8%
Graduate Student	399	32.9%
Post-Bac Program-Premed	5	0.4%
Post-Doctoral Student/Fellow	3	0.2%
Other / No Response / Missing	20	1.7%

7. Academic Standing	**Number**	**Percentage**
Good Standing	1,114	91.8%
Academically dismissed	4	0.3%
Reinstated	6	0.5%
On Probation	52	4.3%
Other / No Response	38	3.1%
8. Other Items	**Number**	**Percentage**
International Students	173	14.3%
Transfer Students	35	2.9%
Physically Challenged Students	27	2.2%
Students concerned about Attention Deficit Disorder (ADD)	275	22.9%

9. Academic Major	**Number**	**Percentage**
Undeclared/ Undecided	**27**	**2.2%**
No Response	**15**	**1.2%**
Arts and Science Totals (Some students report more than one major)	**924**	**76.1%**
Anthropology	14	1.2%
Behavioral Biology	20	1.6%
Biology	81	6.7%
Biophysics	16	1.3%
Chemistry	27	2.2%
Classics	13	1.1%
Cognitive Science	27	2.2%
Comparative American Cultures	0	0%
Earth & Planetary Science	12	1.0%
East Asian Studies	5	0.4%
Economics	32	2.6%
English	27	2.2%
Environmental Earth Sciences	8	0.7%
Film and Media Studies	4	0.3%
French	5	0.4%
German	7	0.6%
History	50	4.1%
History of Art	9	0.7%
History of Science, Medicine, & Technology	5	0.4%
International Studies	53	4.4%
Italian Studies	2	0.2%
Latin American Studies	6	0.5%
Mathematics	17	1.4%
Music	86	7.1%
Near Eastern Studies	11	0.9%
Neuroscience	67	5.5%
Philosophy	23	1.9%
Physics & Astronomy	32	2.6%
Political Science	33	2.7%
Pre-Med Cert (Post-Baccalaureate)	7	0.6%
Psychological and Brain Sciences	54	4.4%
Public Health	68	5.6%
Public Policy	4	0.3%
Romance Languages	0	0%
Science, Medicine, & Technology	1	0.1%
Sociology	15	1.2%
Spanish	6	0.5%
Writing Seminars	65	5.4%
Other Arts & Sciences	6	0.5%

Engineering Totals	**248**	**20.5%**
Biomedical Engineering	54	4.4%
Chemical Engineering	47	3.9%
Civil Engineering	9	0.7%
Computer Engineering	3	0.2%
Computer Science	33	2.7%
Electrical Engineering	20	1.6%
Engineering Mechanics	1	0.1%
General Engineering	1	0.1%
Geography & Environmental Engineering	18	1.5%
Materials Science & Engineering	15	1.2%
Mathematical Sciences	5	0.4%
Mechanical Engineering	32	2.6%
Other Engineering	10	0.8%

10. Medical Information/History	**Number**	**Percentage**
Previously received counseling elsewhere	448	37.4%
Currently taking medication	562	47.0%
Experiencing medical problems	243	20.5%
Medical problem in family	492	40.8%
Emotional problem in family	515	42.6%
Alcoholism / Substance Abuse in family	387	32.0%

11. Residence	**Number**	**Percentage**
On-Campus Residence Hall / Apt.	359	29.8%
Fraternity / Sorority House	15	1.2%
On / off Campus Co-operative	11	0.9%
Off-campus Apartment / House	766	63.7%
Other Housing	52	4.3%
No Response	11	0.9%

12. How first heard of Counseling Center	**Number**	**Percentage**
Brochure	89	7.3%
Career Center	9	0.7%
Faculty	47	3.9%
Flyer	27	2.2%
Friend	286	23.6%
Relative	42	3.5%
Residence Hall Staff	42	3.5%
Contact w/ Center Staff	49	4.0%
Newsletter	5	0.4%
Saw Location	18	1.5%
Student Health & Wellness	113	9.3%
JHU Publication	34	2.8%
Peabody Publication	17	1.4%
Word of Mouth	149	12.3%
Dean of Students	31	2.6%
Security Office	2	17.5%
Other	213	0.2%
No Response	41	3.4%

13. Referral Source	**Number**	**Percentage**
Myself	640	52.7%
Friend	201	16.6%
Relative	54	4.4%
Residential Life Staff	27	2.2%
Faculty	41	3.4%
Staff	11	0.9%
Student Health & Wellness	81	6.7%
Career Center	3	0.2%
Academic Advising	22	1.8%
Dean of Students	54	4.4%
Security Office	2	5.0%
Other	64	0.2%
No Response	17	1.4%

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

#	**Presenting Concern**	**#**	**%**
1	Anxieties, fears, worries (Item #18)	448	37.3%
2	Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	430	35.9%
3	Time management, procrastination, motivation (Item #3)	423	35.3%
4	Academic concerns; school work / grades (Item #1)	352	29.4%
5	Overly high standards for self (Item #5)	298	24.9%
6	Self-confidence / Self-esteem; feeling inferior (Item#16)	285	23.8%
7	Generally unhappy and dissatisfied (Item #21)	246	20.6%
8	Depression (Item #26)	224	18.7%
9	Test anxiety (Item #2)	207	17.3%
10	Thoughts of ending your life (BHM item #10) (including Sometimes and A Little Bit)	208	17.2%
11	General lack of motivation, interest in life; detachment and hopelessness (Item #25)	196	16.4%
12	Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	196	16.3%
13	Decision about selecting a major / career (Item #8)	187	15.6%
14	Loneliness, homesickness (Item #9)	173	14.5%
15	Pressure from family for success (Item #7)	157	13.1%
16	Pressures from competition with others (Item #6)	148	12.4%
17	Stage fright, performance anxiety, speaking anxiety (Item #4)	146	12.3%
18	Relationship with romantic partner (Item #12)	139	11.6%
19	Concern over appearances (Item #17)	126	10.5%
20	Concern regarding breakup, separation, or divorce (Item #13)	123	10.3%
21	Conflict / argument with parents or family member (Item #14)	116	9.7%
22	Physical stress (Item #35)	110	9.2%
23	Shy or ill at ease around others (Item #15)	103	8.6%
24	Relationship with friends and/or making friends (Item #11)	100	8.4%
25	Concern that thinking is very confused (Item #40)	92	7.7%
26	Eating problem (overeating, not eating or excessive dieting) (Item #29)	75	6.3%
27	Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39)	69	5.8%
28	Problem adjusting to the University (Item #20)	62	5.2%
29	Grief over death or loss (Item #27)	59	4.9%
30	Have been considering dropping out or leaving school (Item #44)	53	4.4%
31	Physically or emotionally abused, as a child or adult (Item #33)	49	4.1%
32	Concerns about health; physical illness (Item #34)	46	3.8%

33	Confusion over personal or religious beliefs and values (Item #22)	43	3.6%
34	Alcohol / drug problem in family (Item #31)	38	3.2%
35	Fear of loss of contact with reality (Item #42)	37	3.1%
36	Sexual matters (Item #37)	37	3.1%
37	Relationship with roommate (Item #10)	34	2.8%
38	Alcohol and/or drug problem (Item #30)	22	1.8%
39	Violent thoughts, feelings, or behaviors (Item #43)	20	1.7%
40	Concerns related to being a member of a minority (Item #23)	18	1.5%
41	Issue related to gay / lesbian identity (Item #24)	18	1.5%
42	Sexually abused or assaulted, as a child or adult (Item #32)	16	1.3%
43	Fear that someone is out to get me (Item #41)	15	1.3%
44	Feel that someone is stalking/harassing me (item #45)	13	1.1%
45	Problem pregnancy (Item #38)	6	0.5%

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

	Number	%
Career Issues		
Decision about selecting a major / career (Item #8)	187	15.6%
Academic Issues		
Time management, procrastination, motivation (Item #3)	423	35.3%
Academic concerns; school work / grades (Item #1)	352	29.4%
Overly high standards for self (Item #5)	298	24.9%
Test anxiety (Item #2)	207	17.3%
Stage fright, performance anxiety, speaking anxiety (Item #4)	146	12.3%
Pressure from family for success (Item #7)	157	13.1%
Pressures from competition with others (Item #6)	148	12.4%
Have been considering dropping out or leaving school (Item #44)	53	4.4%
Relationship Issues		
Loneliness, homesickness (Item #9)	173	164.5%
Concern regarding breakup, separation, or divorce (Item #13)	123	10.3%
Relationship with romantic partner (Item #12)	139	11.6%
Relationship with friends and/or making friends (Item #11)	100	8.4%
Shy or ill at ease around others (Item #15)	103	8.6%
Conflict / argument with parents or family member (Item #14)	116	9.7%
Relationship with roommate (Item #10)	34	2.8%
Self-esteem Issues		
Self-confidence / Self-esteem; feeling inferior (Item#16)	285	23.8%
Concern over appearances (Item #17)	126	10.5%
Shy or ill at ease around others (Item #15)	103	8.6%
Anxiety Issues		
Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	430	35.9%
Anxieties, fears, worries (Item #18)	448	37.3%
Problem adjusting to the University (Item #20)	62	5.2%
Existential Issues		
Generally unhappy and dissatisfied (Item #21)	246	20.6%
Confusion over personal or religious beliefs and values (Item #22)	43	3.6%
Issue related to gay / lesbian identity (Item #24)	18	1.5%
Concerns related to being a member of a minority (Item #23)	18	1.5%
Depression		
Depression (Item #26)	224	18.7%
General lack of motivation, interest in life; detachment and hopelessness #25)	196	16.4%
Grief over death or loss (Item #27)	59	4.9%
Eating Disorder		
Eating problem (overeating, not eating or excessive dieting) (Item #29)	75	6.3%
Eating problem (overeating, not eating or excessive dieting - including moderate concern) (Item #29)	204	17.1%
Substance Abuse		
Alcohol / drug problem in family (Item #31)	38	3.2%
Alcohol and/or drug problem (Item #30)	22	1.8%
Sexual Abuse or Harassment		
Physically or emotionally abused, as a child or adult (Item #33)	49	4.1%
Sexually abused or assaulted, as a child or adult (Item #32)	16	1.3%
Stress and Psychosomatic Symptoms		
Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	196	16.3%
Physical stress (Item #35)	110	9.2%
Concerns about health; physical illness (Item #34)	46	3.8%
Sexual Dysfunction or Issues		
Sexual matters (Item #37)	37	3.1%
Problem pregnancy (Item #38)	6	0.5%

Unusual Thoughts or Behavior		
Concern that thinking is very confused (Item #40)	92	7.7%
Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39)	69	5.7%
Fear of loss of contact with reality (Item #42)	37	3.1%
Violent thoughts, feelings, or behaviors (Item #43)	20	1.7%
Fear that someone is out to get me (Item #41)	16	1.3%
Feel that someone is stalking/harassing me (item #45)	13	1.1%

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?	437	36.1%
2) How satisfied have you been with your life?	426	35.2%
3) How energetic and motivated have you been feeling?	501	41.4%
4) How much have you been distressed by feeling fearful, scared?	241	19.9%
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')	8 (87)	0.7% (7.2%)
7) How much have you been distressed by not liking yourself?	298	24.7%
8) How much have you been distressed by difficulty concentrating?	481	39.8%
9) How much have you been distressed by eating problems interfering with relationships with family and or friends?	50	4.1%
10) How much have you been distressed by thoughts of ending your life? Almost Always, Often (Including 'Sometimes' and 'A Little Bit')	29 (208)	2.4 % (17.1%)
11) How much have you been distressed by feeling sad most of the time?	295	24.4%
12) How much have you been distressed by feeling hopeless about the future?	289	23.9%
13) How much have you been distressed by powerful, intense mood swings (highs and lows)?	257	21.3%
14) How much have you been distressed by alcohol / drug use interfering with your relationships with family and/or friends?	21	1.7%
15) How much have you been distressed by feeling nervous?	361	29.9%
16) How much have you been distressed by your heart pounding or racing?	170	14.1%
17) Getting along poorly or terribly over the past two weeks: work/school (for example, support, communication, closeness).	184	15.2%
18) Getting along poorly or terribly over the past two weeks: Intimate relationships (for example: support, communication, closeness).	315	26.1%
19) Getting along poorly or terribly over the past two weeks: Non-family social relationships (for example: communication, closeness, level of activity).	251	21.3%
20) Getting along poorly or terribly over the past two weeks: Life enjoyment (for example: recreation, life appreciation, leisure activities).	282	24.2%
21) Risk for Suicide (Extremely High, High, Moderate Risk) (Including Some Risk)	13 (44)	5.6% (18.8%)

C) Individual Psychotherapy: Intake Service Evaluation Survey.

1) Respondents' Characteristics: (N=785) (64.7% return rate)

1) Race:		2) Class Status:		3) Residence:	
African-American	5.6%	Freshman	11.3%	On-campus	31.6%
Asian-American	18.6%	Sophomore	14.6%	Off-campus w family	5.7%
Caucasian	60.0%	Junior	18.9%	Other off-campus	62.3%
Latino	6.2%	Senior	17.5%	NR	0.4%
Other	8.5%	Graduate Student	35.4%		
NR	1.1%	Alumni	0.9%		
		Other/NR	1.4%		
4) School Affiliation		**5) Gender:**		**6) Status:**	
Arts and Sciences	69.0%	Male	39.2%	Student	99.1%
Engineering	23.3%	Female	60.8%	Staff Member	0.1%
Peabody Conservatory	6.6%			Faculty Member	0%
Other/NR	0.8%			Other/NR	0.8%

2) Respondents' Evaluation and Comments:

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

Yes ---------- 97.3% No ---------- 1.1% Unsure---------- 1.6%

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

Yes ---------- 97.6% No ---------- 0.8% Unsure---------- 1.6%

9) I felt comfortable waiting in the reception area:

Yes ---------- 95.0% No ---------- 1.6% Unsure ---------- 3.4%

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

Yes ---------- 99.5% No ---------- 0.3% Unsure ---------- 0.2%

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

Yes ---------- 95.4% No ---------- 0.6% Unsure---------- 4.0%

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

Yes ---------- 94.5% No ---------- 3.1% Unsure ---------- 2.4%

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

Yes, I was satisfied with service	81.7%
Yes, If I can get a convenient appointment	6.1%
Yes, but I'm not sure this is the best place	1.0%
Yes, if	3.1%
No, because problem was solved	2.2%
No, because I don't have a problem	0.5%
No, because I don't like the therapist	0.0%
No, the hours are not convenient	0.0%
No, not eligible	0.4%
No, they cannot help me	0.3%
No, not now	1.2%
No, because	2.3%
No Response (NR)	1.2%

14) Overall Impression of Counseling Center?

Excellent ---------64.6% Good ---------- 34.0% Fair ------ 1.4% Poor -------- 0%

15) Comments. There were 117 comments on the Counseling Center's Service Evaluation Forms. 102 comments (87%) were viewed as positive, 3 comments (3%) were assessed as somewhat negative, and 12 comments (10%) were considered neutral

Comment #	Evaluation #	COMMENTS	Pos.	Neu.	Neg.
1	3	I really appreciate that the staff made it possible for me to see my therapist on such short notice- no questions asked.	1		
2	5	Therapist #88 is terrific, the kindest person I have encountered at the CC- thoughtful and always measured in her counsel. She has a gift for provoking feelings of specialness and worth in her clients, I am sure.	1		
3	25	Not really been coming here a while gonna keep coming.		1	
4	26	I'm impressed with your professionalism, timeliness, and confidentiality. Therapist #99 is often late- I'm used to it.	1		
5	27	Very helpful for me. The therapists really care about me and want to help. I feel that my sessions have been very useful for me.	1		
6	29	Therapist #1 is so great and helpful!	1		
7	35	Thank you!	1		
8	36	Moving to 830-5pm schedule at work; could cause time conflicts but I'll try.		1	
9	48	I will miss coming here! Thanks for everything!	1		
10	72	Great therapist. Very much appreciated	1		
11	75	Thank you! My cats love the bouncy balls you keep in the waiting room!	1		
12	76	Therapist #78 has been and continues to be invaluable in making me feel like I am in a safe place to talk about my concerns and the things I am feeling. Thank you.	1		
13	82	Excellent. I am very happy to say that both therapist #88 and psychiatrist #85 are awesome!	1		
14	87	Possibly would feel better with someone maybe a little older, but I really liked her and will keep an open mind		1	
15	102	Thank you for providing this service to students. It has helped me a lot with school and life in general	1		
16	104	I really like therapist #41- He asks hard questions, is non-judgmental, uses effectives metaphors and introduces tools to help process/work on things which have all been very helpful for me	1		
17	105	One of the best services offered at JHU, more students should be encouraged to come	1		
18	106	I really love this place	1		
19	108	Therapist #2 is one of the most wonderful people I have ever had the opportunity to work with. He has truly been a positive influence on my life, and I am grateful to have had his guidance over the past couple of years.	1		
20	110	Though very busy, the center tries to accommodate students well. Emergency services being available help to feel secure that someone is there all of the time to help	1		
21	111	Helped me so much this semester	1		
22	115	In regards to Q #14, due to recurring nature of my appointments, information about services did not need to be given	1		
23	119	Thanks!	1		
24	129	Lose the radio in the waiting area		1	
25	138	Good rapport. Friendly staff and psychologist. Listened, but gave advice since it was first session	1		

26	139	I've been coming for some time, and have found the counseling center to be a very great benefit of being a grad student at Hopkins. The ease with which you can start therapy here particularly the lack of hassle with insurance or location, has meant that I have been able to come regularly and really develop a relationship with an excellent therapist. Thank you	1		
27	140	I attend the dissertation group		1	
28	143	Very sad to hear my therapist is retiring. She was very helpful in getting me through some of the tough times last two years. I totally trust her and can tell her anything. I am not sure if I could do the same with others though	1		
29	148	Therapist #88 is warm, engaging and understanding. She helps my own understanding of my actions without being picky or overbearing.	1		
30	152	Therapist #62 and the counseling center have saved my life. I can live free of depression and anxiety	1		
31	153	I would have wanted an earlier date for an appointment with this psychiatrist		1	
32	162	I am so happy I decided to come here and wish I had done so sooner! Therapist #62 is a great therapist so helpful and understanding! Our sessions are so helpful to me! Psychiatrist #85 is a wonderful psychiatrist. She always takes time to talk to me and has worked with me to find the right medication	1		
33	167	Very happy with the service and my therapist #46	1		
34	179	Fantastic service!	1		
35	180	Thanks!	1		
36	181	Things are coming together for me and I am about to graduate. I am grateful for the CC- I don't think I would have made it to graduation without your help	1		
37	186	Thanks for all the help	1		
38	187	She didn't give me any advice, unless what I already stated I was going to do was all the advice I was going to get my way.		1	
39	188	My experience with the receptionists on this visit was fine. I felt they were polite. In the past, however, the receptionists have been brusque and unwelcoming both on the phone and in person.	1		
40	189	Therapist #98 has been great and so has psychiatrist #85. My only complaint is that to get an appointment with her takes around 2 weeks	1		
41	192	Thank you for providing an environment conducive to overcoming a host of mental problems. I feel like I am in good hands here	1		
42	193	I felt very comfortable here	1		
43	194	This is for the grad student support group. Therapist #6 is ok as a facilitator, but not great. She doesn't keep track of time and a number of times she has fallen asleep. This has given the members of the group a chance to learn how to lead and moderate for each other, but she isn't an impressive group leader			1
44	201	I really enjoy the place and the atmosphere here	1		
45	214	Too many computer questions		1	
46	216	I feel my therapist did a good job challenging me to think in new ways about my issues. Overall a very effective + good experiences, and I feel confident about moving on/forward without regular sessions (occasional for assessment + medication)	1		
47	217	Keep up the great work! ☺	1		
48	221	You guys are great and have helped me in so many ways	1		

49	226	The Counseling Center has been remarkable supportive during trying times and I appreciate all the help that I've been given. I have been impressed by the staff, and hope they can help people for years to come.	1		
50	227	No more pop music in the waiting area. Something else would be less weird. Very satisfied. Thank you for providing this service.		1	
51	232	Good job.	1		
52	235	My therapist was very understanding and made me feel comfortable	1		
53	237	Very helpful, efficient, courteous	1		
54	239	Nice new facilities	1		
55	244	Therapist #78 is very capable at making attempts to relate. He was also able to identify what I found to be more important in the conversation and provoke thought in that specified area.	1		
56	251	This is the first time I've been here in two years. The resources are still very useful!	1		
57	254	Thanks for putting up with me for so long. Also, this is the first time I haven't forgotten to fill this out…sorry about that.		1	
58	262	Everything was good but I would have liked to have been told ahead of time how much paperwork I would have to fill out before my appointment		1	
59	268	Thank you! Just talking to therapist #78 makes me feel more at ease, confident and ready to face my problems ☺	1		
60	286	Session was excellent	1		
61	300	Great!	1		
62	301	The Counseling Center is a wonderfully maintained and organized service for students. My counselors and psychiatrists have been very kind, compassionate, and pro-active in their job. The staffs are usually quite friendly as well. If it would be possible for those who schedule the appointment to make the student aware of every possible option and service that could expedite the scheduling process, putting themselves as much as possible in the shoes of the client. I think it would be a great additional service!	1		
63	309	Therapist #1 is great, let me know about services I wasn't aware of.	1		
64	312	Therapist #98 was very kind and attended to the problems going on in my life. I look forward to meeting with her again soon.	1		
65	316	Great new facility, great therapist (better than 3 years ago) ☺	1		
66	317	It's great knowing you guys are always there for me whenever I need help!	1		
67	327	Great experience. Excellent staff. Therapist #78 was very attentive. Thanks a lot!	1		
68	338	It is comforting to know that there is a place we can go to if things break down. I think it is a great and essential service to provide for the well being of JHU students	1		
69	343	It could benefit the patient experience to not have to fill out the surveys in the open waiting room alongside other patients	1		
70	345	I like the new faculty. Your guys do a great job all around	1		
71	349	Therapist #2 was quite amiable	1		
72	350	I saw Therapist #78 last semester, and I look forward to future meetings – he is excellent	1		
73	352	My impression is completely tied to my relationship with my therapist and I feel like I am very lucky to have been assigned someone who just happens to be a good fit for me.			
74	354	Thank you!	1		
75	366	Therapist #78 is awesome ☺	1		
76	394	Nice to chat	1		

77	405	You need to make your evaluation form more inclusive (see first section). Alternatively, you should put a note about why you have narrow gender options (maybe for rankings held against other institutions?)			1
78	407	Dr. was so nice + genuinely tried to understand!	1		
79	408	Therapist #96 was amazing! She gave such great feedback and made me feel so understood and at ease.	1		
80	413	Therapist #98 was wonderful, looking forward to working with her	1		
81	415	Great!	1		
82	429	Quite impressive!	1		
83	432	Therapist #98 was easy to talk to and very compassionate. She made me feel comfortable opening up to her and gave me hope that things will turn around the longer we work together.	1		
84	437	A little slow to get me in for 1:00 appointment. Got in at 1:20			1
85	463	Better than I expected	1		
86	478	Therapist #96 was very attentive and helpful. I felt comfortable talking with her and talking about myself.	1		
87	498	Therapist #11 is awesome	1		
88	509	Have been coming here since last spring. I always look forward to my appointments.	1		
89	519	Today made me comfortable and seems like a good place to engage the things I need to	1		
90	524	Thorough and kind. Looking forward to subsequent visits	1		
91	529	This seems like a great service. Very excited to continue work here.	1		
92	532	Very pleasant atmosphere, creative decorations.	1		
93	541	Good first visit. Intake felt a little awkward at first, but I understand why.	1		
94	545	Very helpful	1		
95	548	Therapist #96 was courteous, professional, and attentive. Sometimes felt like she expressed slightly conned sympathy to the point where I once laughed when she said “that sounds terrible.” Overall very positive experience.	1		
96	556	Helpful getting things off my chest, therapist answered all of my questions, nice environment	1		
97	559	Therapist #78 had some good advice—really liked his attitude and demeanor.	1		
98	563	I feel a lot better after my session. I think I will come back eventually if I feel the need to discuss and evaluate my problems further.	1		
99	565	Pretty center, pleasant atmosphere, thank you!	1		
100	567	I will be back for regular appointments. Thank you.	1		
101	571	Excellent impression!	1		
102	575	She understood my concerns	1		
103	580	Thanks!	1		
104	581	Thank you	1		
105	592	Very good & helpful	1		
106	594	Nice service and the center is nice	1		
107	648	The atmosphere/appearance of the counseling center was very nice, professional, and warm.	1		
108	651	Thanks!!	1		
109	672	She was great!	1		
110	699	Thank you! This was a relief to see someone who was so nice.	1		
111	705	I loved my session with Therapist #96—She was kind and supportive and I felt so comfortable talking about my problems.	1		
112	749	Much better than the old location. Worth the walk	1		
113	750	Therapist #104 was great, she made me feel very comfortable, made me feel like my problem was valid and motivated me to take back control of my own life	1		

114	753	Sweet and reassuring, wish I could've helped her address my needs better	1		
115	757	He was very patient, understanding, and nice. I am just not sure if my problems get solved here.	1		
116	771	A friendly smile at the entrance could be useful =)		1	
117	772	Very helpful. Thanks for all of your time and diligence.	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:

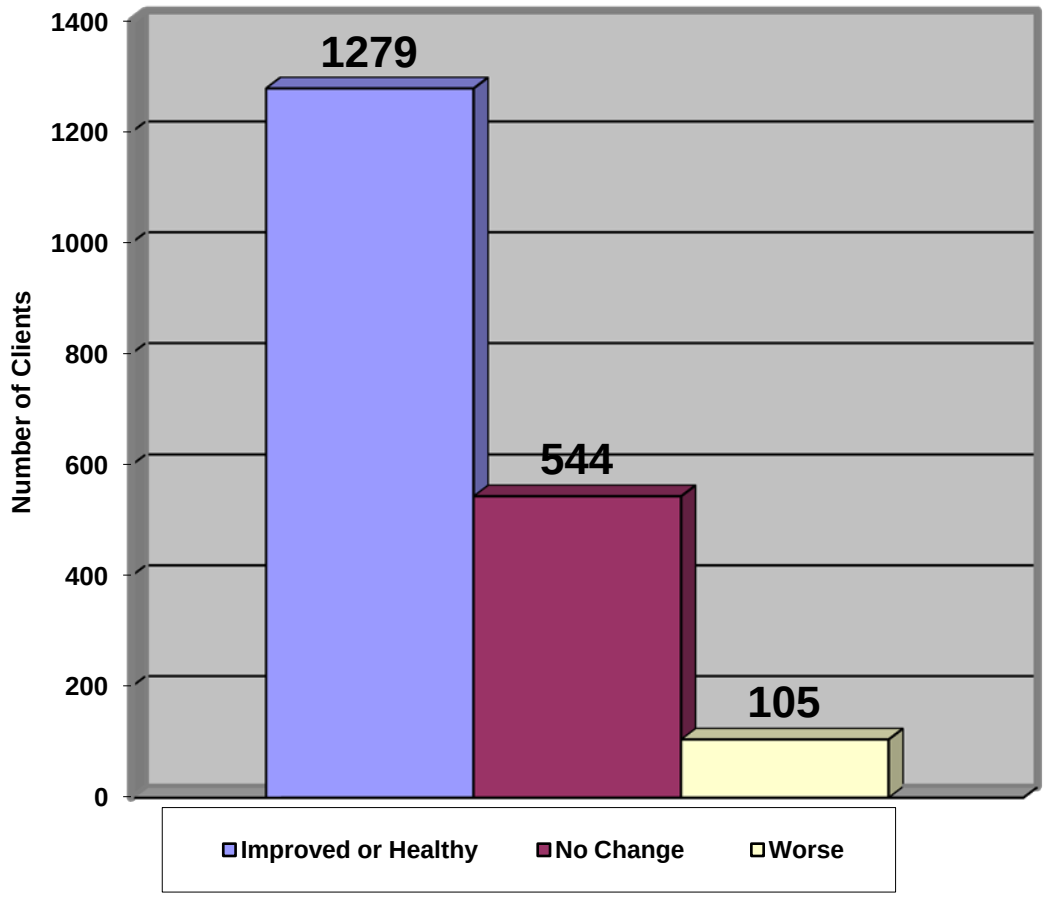
BHM20 Score	Mental Health Category
2.93 – 4.00	**Indicates positive mental health for college students**
2.10 - 2.92	**Indicates mild illness or adaptive difficulty**
0.00 - 2.09	**Is symptomatic of serious illness**

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%)**

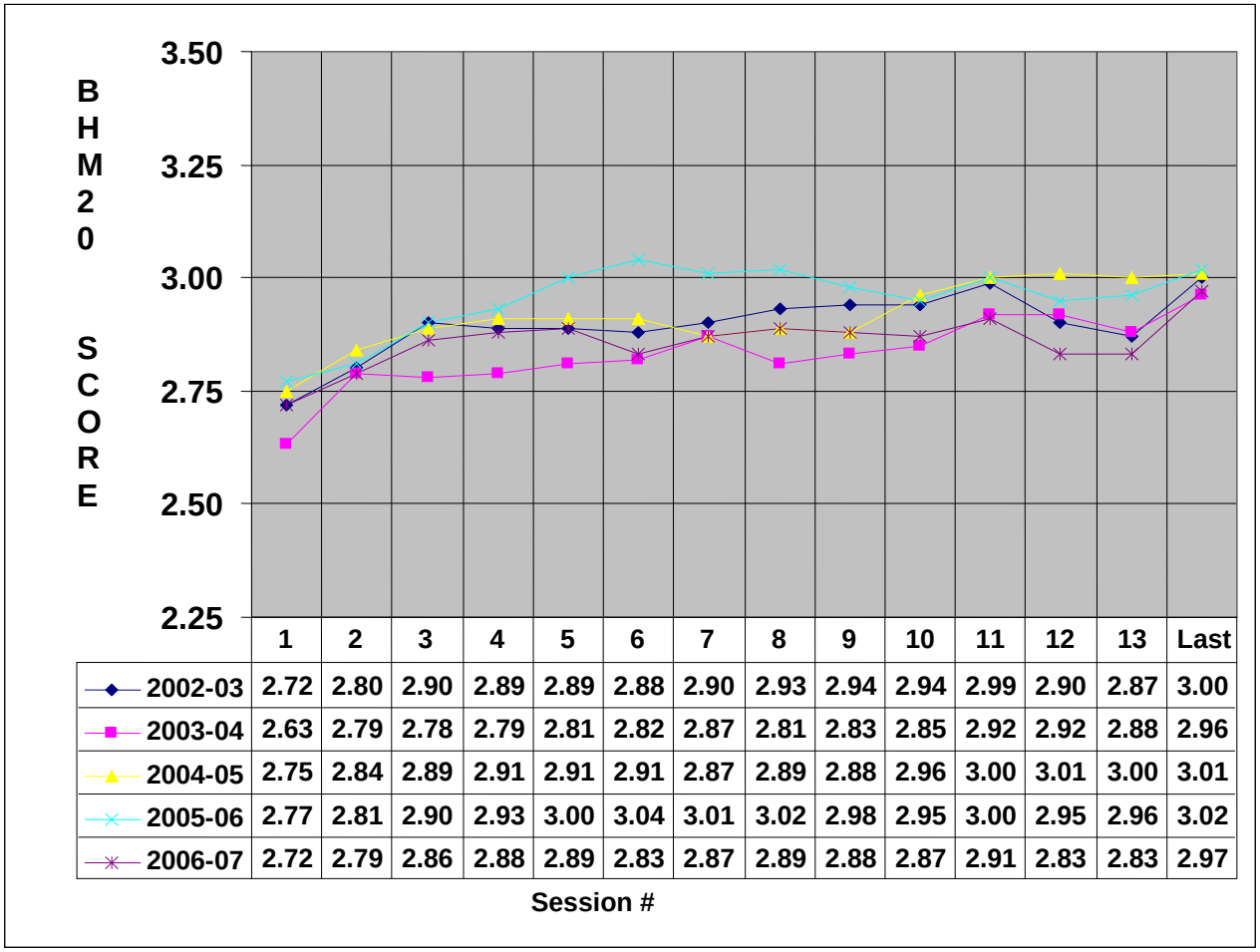
Figure 1 below indicates the number of clients who reported significant improvement, no change, or worse mental health as measured by the BHM20 for new CC clients over this 5 year period. While Table 1 above shows initial and final mental health status it does not include significant change for student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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4) BHM20 Data Results: 2009-10

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

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

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

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

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

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

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

5) <u>BHM20 Data Results: 2010-11</u>

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

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

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

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

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

Table 11: Cutoff Criteria for the BHM20 Subscales.

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

6) BHM20 Data Results: 2011-12

During 2011-12 the Counseling Center served 1,181 clients in individual therapy. Of these, 636 were new clients with an average of 5.4 sessions. The following analysis is based on these new clients. As with every client seen at the CC each new client completed a BHM20 self-assessment at intake and a self assessment prior to every therapy session thereafter**.** These self assessments are completed electronically on netbooks located in the waiting area of the Counseling Center. The results of the self assessments are immediately available to the therapist prior to the session. The therapist obtains this information by logging onto the CC BHM20 data at the CelestHealth web site. In addition, the CelestHealth web site allows for administrative reports that summarize the self assessment data for all the Center's new clients. The CelestHealth administrative report shows that during this past year the Center's new clients averaged 5.35 therapy sessions with an average intake score of 2.25 (in the moderately distressed range) and an average final score as of May 20, 2012 of 2.73 (mildly distressed range). It should be noted that the scores were taken at the end of the academic year and do not necessarily reflect the completion of therapy. In fact, it is anticipated that while some clients will return for the summer session many who left for the summer will likely return in the Fall 2012 semester to continue their therapy.

Table 12 below shows the mental health category distribution of new clients at the initial and at their last therapy session of the 2011-12 year. The table shows that at intake 37% of the 636 new students were in the healthy/normal range, 30% of the students were mildly distressed, and 32% were in the moderately or severely distressed range. Table 12 also shows that of these students 481 students completed at least two sessions before the end of the 2011-12 year. As can be seen there was considerable improvement of clients in their mental health status between the first and last session of the year with a 17% increase of clients in the normal range and a corresponding decrease in the percentage of clients remaining in the distressed ranges.

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

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

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

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

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

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

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

7) BHM20 Data Results: 2012-13

During 2012-13 the Counseling Center served 1,214 clients in individual therapy. Of these, 627 were new clients with an average of 5.2 sessions. The following analysis is based on these new clients. As with every client seen at the CC each new client completed a BHM20 self-assessment at intake and a self assessment prior to every therapy session thereafter**.** These self assessments are completed electronically on net-books located in the waiting area of the Counseling Center. The results of the self assessments are immediately available to the therapist prior to the session. The therapist obtains this information by logging onto the CC BHM20 data at the CelestHealth web site. In addition, the CelestHealth web site allows for administrative reports that summarize the self assessment data for all the Center's new clients. The CelestHealth administrative report shows that during this past year the Center's new clients averaged 5.2 therapy sessions with an average intake score of 2.27 (in the moderately distressed range) and an average final score as of May 19, 2013 of 2.76 (mildly distressed range). It should be noted that the scores were

taken at the end of the academic year and do not necessarily reflect the completion of therapy. In fact, it is anticipated that while some clients will return for the summer session many who left for the summer will likely return in the Fall 2013 semester to continue their therapy.

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

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

BHM20 Health Category	# of Students at Initial Session of 2012-13 Year (n=627)	%	# of Students at Last Session of 2012-13 Year (n=499)	%	% change
Normal range (BHM= 2.94 - 4.00)	213	34%	290	58%	+24%
Mildly distressed range (BHM=2.38 – 2.93)	202	32%	130	26%	-6%
Moderately distressed range (BHM= 2.09 - 2.37)	96	15%	39	8%	-7%
Severely distressed range (BHM= <2.09)	116	19%	40	8%	-11%
TOTALS	**627**	**100%**	**499**	**100%**	

Another way to assess client change in this data is to review only those clients in the distressed ranges at intake (plus those that also deteriorated in subsequent sessions) who had at least 2 sessions of therapy to review whether they recovered, improved, stay unchanged or deteriorated. In 2012-13 there were 341 such clients. Table 15 below shows on the BHM20 Global Health Measure that 230 (67%) clients showed improvement including 149 (44%) clients that indicated full recovery. Table 15 also shows (as of May 19, 2013) that 87 (25%) of the distressed clients had not changed significantly as of end of the academic year while 42 clients (7%) showed deterioration.

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

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

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

Table 15 above also summarized client changes on 4 subscales including anxiety, depression, suicide risk, and alcohol. As can be seen improvement, as measured by these subscales, is substantial including improvement rates of 65% for depression and 71% for suicidality. It should be noted that total recovery for suicidal clients is 60%. (Table 11 above provides the actual cutoff scores for each of the subscales).

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

Beginning in 2008, 3,468 different Counseling Center clients have completed the BHM20 electronically on 6 netbooks located in the waiting area of the Counseling Center. These clients have averaged 10.5 sessions over the past 5 years. The average score at intake was reported to be 2.28 (in the moderately distressed range) on the Global Mental Health (BHM20) score with an average last session score of 2.82 (mildly distressed range) as of May 20, 2012. It should be noted that the last score represents only a snap shot of client mental health and does not necessarily

reflect the completion of therapy. A snapshot measure is typically taken at the end of the each academic year as many clients are leaving for the summer break or are graduating. It is anticipated that some clients will continue therapy during the summer while many more will return to complete their therapy in the Fall 2013 semester.

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

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

BHM20 Health Category	# of Students at Initial Session	%	# of Students at Last Session	%	% Change
Normal range (BHM= 2.94 - 4.00)	1,351	39%	1,678	59%	+20%
Mildly distressed range (BHM=2.38 – 2.93)	1,022	30%	713	25%	-5%
Moderately distressed range (BHM= 2.09 - 2.37)	446	13%	220	8%	-5%
Severely distressed range (BHM= <2.09)	606	18%	232	8%	-10%
TOTALS	3,425	100%	2,843	100%	

Another way to assess client change in this data is to review only those clients in the distressed ranges at intake (plus those that also deteriorated in subsequent sessions) who had at least 2 sessions of therapy in order to review whether they recovered, improved, stay unchanged or deteriorated. Between 2008 and 2013 there were 1,826 such clients. Table 17 below shows that on the BHM20 Global Health Measure 1,227 (67%) clients showed improvement including 850 (47%) clients that indicated full recovery. Table 17 also shows that 432 (24%) of the distressed clients had not changed significantly by the end of the current academic year (May 19, 2013) while 359 clients (10%) showed deterioration (as of May 19, 2013).

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

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

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

Table 17 above also summarized client changes on 4 subscales including anxiety, depression, suicide risk, and alcohol. As can be seen improvement, as measured by these subscales, ranges from 65% for depression to 84% for suicidality. Total recovery for suicidal clients is 73%. (See Table 11 above for cutoff scores for each subscale.) Future work will assess cumulative changes on the other subscales offered by the BHM20.

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 841 students have been monitored through our suicide tracking system (STS).

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

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

Sixty clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). This accounted for 5.8% of all student clients seen at the Counseling Center in 2010-11. This is a 25% increase from 48 Suicide Tracking System Clients tracked in 2009-10. These 60 clients were followed closely with weekly staff reviews at the Center case management meetings including the monitoring of their Behavioral Health Monitor (BHM20) scores. (The BHM20 scores range from 0, severely distressed, to 4, healthy with 2.93 as the cut-off point for healthy college students.) Table 18 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the table 18 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 18: Summary of Change in Suicide Tracking Clients for 2010-11.

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

Table 19 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 19: Summary of Change for Suicide Tracking Clients by Medication: 2010-11

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

Table 20 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 20: Summary of Change in Resolved Clients Suicide Tracking Clients by Medication: 2010-11.

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

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

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

Eighty seven clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). This accounted for 7.4% of all student clients seen at the Counseling Center in 2011-12. This is a 45% increase from 60 Suicide Tracking System Clients tracked in 2010-11. These 87 clients were followed closely with weekly staff reviews at the Center case management meetings including the monitoring of their Behavioral Health Monitor (BHM20) scores. (The BHM20 scores range from 0, severely distressed, to 4, healthy with 2.93 as the cut-off point for healthy college students.) Table 21 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 21: 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) Data for Clients Indicating Suicidality: 2012-13.

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

Eighty five clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). 51 were enrolled in Arts & Science, 25 in Engineering, and 9 at the Peabody Conservatory. This accounted for 7% of all student clients seen at the Counseling Center in 2012-13. This compares to 87 clients that were placed in the Suicide Tracking System Clients tracked in 2011-12. These 85 clients were followed closely with weekly staff reviews at the Center case management meetings including the monitoring of their Behavioral Health Monitor (BHM20) scores. (The BHM20 scores range from 0, severely distressed, to 4, healthy with 2.93 as the cut-off point for healthy college students.) Table 22 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the table, 28 of the 85 STS clients (33%) completely resolved their suicidality in an average of 9.3 sessions. Twenty four suicidal clients (28%) continue in treatment as the academic year ended, 6 suicidal clients was referred out, 9 clients withdrew from the University, 6 clients graduated before their suicidality was resolved, 9 clients dropped out of treatment, and 5 clients have incomplete data at the time of this report. Again, as shown in the table22 below, it is noted that all categories of STS clients showed improvement between their first and last session on the STS at the Counseling Center.

Table 22: Summary of Change in Suicide Tracking Clients for 2012-13.

Client Outcome at the End of AY2012-13	# of Clients	Mean 1st Session BHM20 Score	Mean AY Last Session BHM20 Score	Mean Change Score	Mean # of Session
Clients who Successfully Achieved Resolution of Suicidality	28 (33%)	2.11	3.10	+0 .99	9.3
Clients who dropped out of therapy	7 (8%)	1.91	2.05	+0.14	2.5
Clients referred out	6 (7%)	2.14	2.42	+0.28	10.2
Clients who graduated without resolution of suicidality	6 (7%)	1.63	2.27	+0.64	15.8
Clients continuing in treatment	24 (28%)	1.56	1.94	+0.38	12.7
Clients who withdrew/left School	9 (11%)	1.92	2.24	+0.32	10.7
Clients with Incomplete information	5 (6 %)	1.90	3.09	+1.19	12.5
All Suicide Tracking Clients	**85 (100%)**	**1.94**	**2.60**	**+0.56**	**10.8**

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

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

Additionally, the Counseling Center working closely with Dr. Mark Kopta has incorporated the Suicide Tracking Questions into a Suicide Monitoring Scale which was added to the Behavioral Health Monitor (BHM20) Scale – a measure that monitors mental health across treatment sessions. 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.

Return to Table of Contents

SECTION IV: Summary of Group Psychotherapy Provided by Counseling Center Staff: 2012-13

The Counseling Center offers a variety of groups each year. In the past year the Counseling Center conducted 8 psychotherapy groups for a total of 168 group sessions/238 hours of group therapy. A total of 69 students participated in group therapy.

#	Therapy Group	# of Sessions	# of Clients Seen	Length of Each Session	Total Hours of Group
1	Undergraduate Student Therapy Group	8	4	90 minutes	12
2	Graduate Student Therapy Group I	37	6	90 minutes	55.5
3	Graduate Student Therapy Group II	30	6	90 minutes	45
4	LGBTQ Support Group	17	10	90 minutes	25.5
5	Students of Color Group	5	4	60 minutes	5
6	Anxiety and Stress Management Group	11	9	60 minutes	11
7	Introduction to Mindfulness Group	12	23	60 minutes	12
8	Dissertation Group	48	7	90 minutes	72
	Totals	168	69		238

SECTION V: Summary of Counseling Center Pre-Doctoral Internship Training Program 2012-13

Dr. Matthew Torres is the Director of the Counseling Center's American Psychological Association accredited Training program. He arranges for individual supervision of the interns by the professional staff, coordinates the Training Seminars series, manages case conferences for interns, leads the Training Committee, provides supervision of supervisors and directs the development of the program. There were four full time interns at the Counseling Center who received training and provided professional services during 2012-2013.

Below is a description of the 2012-2013 training program including: (A) a summary of the interns and supervisors for 2012-2013, (B) an overview of the services and activities of the training program, (C) a description of the training assessment process, (D) a statement of contact with interns' academic programs, (E) a summary of the Intern recruitment and selection process for 2013-2014, and (F) a description of the ongoing development and changes to the Pre-Doctoral Psychology Internship Program.

A. Trainees and Supervisors

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

- Four Pre-Doctoral Psychology Interns:

  Jamie Grisham, M.A., MPH (Virginia Consortium Program in Clinical Psychology)
  Tanisha Joshi, M.A. (SUNY Buffalo)
  Heidi Mattila, M.A., MBA (Fielding Graduate Institute)
  La Toya Smith, M.S., Ed.S. (University of Kentucky)

- Clinical Supervisors:

Supervisor Name	Primary Supervisor for:	Group Therapy Supervisor	Supervision Group Supervisor	Daytime On-Call Supervisor
Barbra Baum				Heidi - Fall
Larry David	Jamie – Fall Tanisha - Spring			Tanisha - Spring
Fred Gager	La Toya – Fall Heidi – Spring Jamie - Summer			La Toya- Fall Heidi - Spring
Wendy Kjeldgaard		Tanisha - Fall	Fall	
Garima Lamba	Tanisha – Fall Jamie - Spring			Jamie - Spring
Leslie Leathers		La Toya - Spring	Spring	Tanisha- Fall
Rosemary Nicolosi		Jamie - Spring		Heidi - Fall
Jodi Pendroy		Tanisha - Spring		
Eric Rose		La Toya – Fall Heidi - Spring		Jamie - Fall
Matt Torres		Jamie – Fall & Spring	Fall & Spring	Jamie - Summer
Michael Varhol	Heidi -Fall La Toya - Spring			La Toya - Spring

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

B. The Training Program

- Interns provided **intake and individual counseling services** to Homewood and Peabody students under staff supervision. The 2012-2013 interns performed 232 intake evaluations, including 36 emergency intakes, during the Fall and Spring semesters. During that period they saw 228 clients for 1,155 sessions, including 38 emergency sessions.

- All interns co-led at least one **group** for students with a professional staff member. Jamie Grisham co-led a Graduate Student Therapy Group in the Fall and Spring and an Anxiety and Stress Management Group in the Spring; Tanisha Joshi co-led an Anxiety/Stress Management Group in the Fall and an Undergraduate Student Therapy Group in the Spring; Heidi Mattila co-led a Dissertation support Group in the Fall and an Introduction to Mindfulness Group in the Spring; and La Toya Smith co-led a Graduate Therapy Group in the Fall and a Students of Color Group in the Spring. Interns co-led a total of 92 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 (36 emergency intakes and 38 emergency sessions). They also were on-call for **consultation** with students, parents, faculty, and staff during walk-in hours.

- This year each intern was asked to provide 2 weeks of **after-hours on-call emergency coverage** with senior staff back-up (once in the Spring and once in 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 2012 by the 2011-2012 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 2011-2012 and 2012-2013 interns were associated. These contacts included feedback to the programs regarding intern performance and notification of completion of internship.

E. Recruitment and Selection of 2013-2014 Interns

- **Received 158 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 27 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 27 interviewees, 14 self-identified as members of an ethnic or sexual minority group, and 2 were international students. Thirteen were from clinical psychology graduate program, 12 were from counseling psychology programs, 2 were from a combined Counseling Psychology/School Psychology program, and 1 was from a combined Counseling Psychology/Applied Education Program. The majority of the interviewees were from outside of the immediate Baltimore-Washington, D.C. area.

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

- **Successfully matched** for all four offered positions with ranked choices for pre-doctoral psychology interns. The following interns will be joining us in August 2013: **Christina Antonucci, M.A.** (Illinois School of Professional Psychology); **Michelle Bettin, MSW** (Minnesota School of Professional Psychology at Argosy University); **Mary-Catherine McClain, M.S.** (Florida State University); **Rebecca Schwartz, M.A.** (University of Denver)

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

- **After-Hours On-Call Coverage.** This year, the interns provided after-hours on-call coverage once in the Spring and once in the Summer (with back-up by a senior staff member). Additionally, during their after-hours on-call shift during the Summer, the interns served as the primary contact person for University's the newly instituted Sexual Assault SafeLine.

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

SECTION VI: Summary of Outreach/Workshops and Consultation by CC Staff: 2012-13

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

#	Name of Program ("Outreach Code" in Titanium)	Department Served	Date of Program	# Students Served	# Fac./Staff Served	# Others Served
1	Introduction to CC Services: Baccalaureate Students	Post Baccalaureate Program	5/30/2012	35	0	0
2	Pre College Training for Resident Assistants	Office of Residence Life	6/27/2012	0	26	0
3	Counseling Center Orientation for Peabody Resident Assistance Staff	Peabody Conservatory	8/24/2012	12	1	0
4	Resident Assistance staff training/orientation	Office of Residence Life	8/24/2012	0	75	0
5	International Students Transitioning Workshop	Graduate Students Services	8/27/2012	500	0	0
6	International Student Orientation	Office of Int'l Student Scholars	8/27/2012	0	0	150
7	Diversity Collaborative	Area wide Universities	8/27/2012	0	5	3
8	New Graduate Student Orientation	Graduate Students Services	8/28/2012	240	0	0
9	Mind, Body, and Soul (with parents)	Orientation	8/29/2012	0	41	0
10	Parents' Reception I	Orientation	8/29/2012	30	20	93
11	Parents' Reception II	Orientation	8/30/2012	54	0	76
12	Parents' Assembly	Orientation	8/30/2012	0	0	1200
13	HOP 101 session	University wide	9/6/2012	2	0	0
14	Introduction to Counseling Center Services	Preventive Education and Empowerment for Peers (PEEPS)	9/11/2012	21	0	0
15	Introduction to Counseling Center Services	Graduate Student Organization	9/24/2012	45	0	0
16	Diverse Sexuality And Gender Alliance (DSAGA): Safe Zone Workshop I	Homewood Student Affairs	10/12/2012	5	0	0
17	Diverse Sexuality And Gender Alliance (DSAGA): Safe Zone Workshop II	Homewood Student Affairs	10/15/2012	5	0	0
18	Love Your Body Day	Student	10/17/2012	47	0	0
19	Family Weekend 2012- HSA drop in	University wide	10/19/2012	0	40	40
20	Meet and greet with Athletics	Athletics Department	11/7/2012	0	50	0
21	Peabody Health Fair	Peabody Conservatory	11/7/2012	24	0	0
22	Graduate International Students Bridge Program	Graduate Students Services	11/13/2012	9	0	0
23	Hopkins Inn Debriefing	University wide	11/14/2012	12	0	0
24	Depression Awareness Day Screening	All Students	11/29/2012	180	0	0
25	Panhellenic Women's Health Seminar	Fraternity / Sorority	12/8/2012	100	0	0
26	Professional Development workshop for PhDs and Post docs	Graduate Affairs	12/11/2012	15	0	0
27	International Graduate Student Bridge Series : Enhancing Communication	Graduate Students Services	1/15/2013	55	0	0

28	Mindfulness for the Peer Educators	Student Health and Wellness	2/5/2013	20	0	0
29	Dealing with Distressed Students	Student Financial Services	2/22/2013	0	20	0
30	Eating Disorders Awareness: Alterations Opening Reception and Photography Contest Award Ceremony	University wide	2/25/2013	39	0	0
31	Eating Disorders: Screens/ Mirror of Yourself	All Student	2/26/2013	9	0	0
32	International Graduate Student Bridge Series: Work Life Balance	University wide	3/11/2013	6	0	0
33	Film Screening of "Miss Representation"	Women's History Month	3/12/2013	23	2	0
34	SafeLine Role Plays JHUCC Staff	Counseling Center Staff	4/3/2013	0	5	0
35	Dealing with Child Neglect and Abuse	Center for Social Concern	4/7/2013	22	0	0
36	Dealing with Homesickness	Center for Social Concern	4/7/2013	22	0	0
37	SOHOP Student Service. And Activities Expo	Admissions	4/17/2013	45	0	27
38	Alcohol Screening	All Students	4/18/2013	51	0	0
39	Relaxation Fair	All Students	5/3/2013	400	0	0
40	International Graduate Student Bridge Series: Home for the Holidays	University wide	5/7/2013	4	0	0

No. Workshop/Outreach and Community Consultation Programs	40
No. of Students served	2,032
No. of Faculty and Staff served	285
No. of “Other People” served	1,589
Total No. of People served in Outreach and Community Consultation Programs	3,906

SECTION VII: Summary of JHU Community Activity by Counseling Center Staff: 2012-13

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) **68 inter-departmental/divisional, university-wide, and external involvements.** They are listed below:

#	1) Departmental Level Community Activity/Project Involvement
1	Baby shower for Dr. Garima Lamba
2	Baby shower for Dr. Wendy Kjeldgaard
3	Behavioral Health Monitor for Psychiatrists Project
4	Counseling Center ADHD Services Task Force
5	Counseling Center Budget Committee
6	Counseling Center Client Referrals Project
7	Counseling Center Executive Committee
8	Counseling Center HIPAA Committee
9	Counseling Center Holiday Party Committee
10	Counseling Center Informed Consent Task Force
11	Counseling Center Intern Training Committee
12	Counseling Center Kitchen Committee
13	Counseling Center Medical Leave of Absence Task Force
14	Counseling Center Performance Evaluation Committee
15	Counseling Center Planning Retreat
16	Counseling Center Staff Psychologist - African-American Coordinator Search Committee
17	Counseling Center Staff Psychologist - GBLT Student Coordinator Search Committee
18	Counseling Center Staff Psychologist - Graduate Student Coordinator Search Committee
19	Counseling Center Staff Psychologist - Group Therapy Coordinator Search Committee
20	Counseling Center Staff Psychologist - Substance Abuse Coordinator Search Committee
21	Counseling Center Web Site Revision Committee
22	Farewell Luncheon for 2011-12 Interns
23	Farewell Luncheon for Dr. Douglas Fogel
24	Farewell Luncheon for Dr. Sheila Graham
25	Intern and Recruitment Selection Committee
26	International Association of Counseling Cervices (IACS) Reaccreditation Task Force
27	JHU Psychiatric Fellows Selection Committee
28	Positive Psychology Project
29	Retirement Luncheon for Dr. Shelly Von Hagen-Jamar
30	Retirement Party for Dr. Barbara Baum
31	Suicide Tracking and Research Project
32	Supervisors Training Subcommittee
33	Welcome Brunch for 2012-13 Interns
34	Work Study Student Training Project

#	2) Interdepartmental/Divisional/University Wide/External Community Involvement
1	ADHOP Meeting
2	Attend Staff Recognition Celebration and Awards
3	Attended Graduate Representative Organization (GRO) Sponsored Dean's Luncheon
4	Black and Latino Graduation Reception
5	Black Faculty and Staff Association (BFSA meeting)
6	Black History Month Closing Ceremonies
7	Black History Month Opening Ceremonies
8	Black History Month Program - African Immigration & Black modern Identity
9	Black History Month Program - Not Everybody Jumps the Same Broom
10	Black History Month Program - White Scripts Black Supermen screening
11	B'More Better Program
12	Circle of Sisters
13	Commencement
14	Counseling Center Involvement with President's office re LGBT Student Services
15	Degree Completion Committee
16	Diverse Sexuality And Gender Alliance (DSAGA) Meetings
17	Homewood Student Affairs Administrators' Holiday Party
18	Homewood Student Affairs Administrators' Meetings
19	Homewood Student Affairs Breakfast
20	Homewood Student Affairs Retreat at Peabody Library
21	International Student Orientation Meeting
22	JHU Brand Identity Webinar
23	JHU Business Continuity Committee and Table Top Exercises
24	JHU Student Insurance Committee
25	Juneteenth Celebration
26	LGBT Director Interviews
27	LGBT Safe Zone Dry Run
28	Meeting regarding Clery Act Reporting
29	Meeting regarding Letter to Community about Distressed Students
30	Meeting with Academic Advising
31	Meeting with Anna Qualls and Rita Banz of Graduate Students Office
32	Meeting with Barbara Schubert re: Eating Disorders Outreach
33	Meeting with Brad Mountcastle and Training Staff
34	Meeting with Campus Ministry
35	Meeting with Campus Security and Safety
36	Meeting with Caroline Laguerre-Brown
37	Meeting with Center for Health Education and Wellness (CHEW)
38	Meeting with Christine Kavanagh regarding International Student Bridge Series
39	Meeting with Diane Blahut/Division
40	Meeting with Engineering Advising
41	Meeting with International Students and Scholars Office
42	Meeting with Joan Freedman of Digital Media Center about Counseling
43	Meeting with Kelli Jordan of Black History Month Committee

44	Meeting with Office of Institutional Equity meetings re LGBT issues
45	Meeting with Pre-Professional Advising Office
46	Meeting with Rabbi Pine from Hillel
47	Meeting with Rachel Drennen to discuss Fraternity Violence
48	Meeting with Ray DePaulo of JHU Psychiatry
49	Meeting with Scott King & Abbey Neyenhaus re LGBT Staff/Faculty Group Development
50	Meetings with Disabilities Office
51	Meetings with Office of Multicultural Affairs (OMA)
52	Meetings with Psychology Department regarding Positive Psychology Project
53	Meetings with Student Health and Wellness Center
54	Men of Color Hopkins Alliance (MOCHA) reception and dinner
55	N. Charles St. Reconstruction Town Hall meeting
56	Panhellenic Women's Health Seminar
57	Participation in Psychology Department Lecture of Candidates for Faculty position
58	Participation in Public Health Lecture re LGBT issues
59	Participation in Research in Psychological & Brain Sciences Dept
60	Red Cross Blood Drive
61	Residential Life staff Meeting
62	Review University LGBT Activities
63	Sexual Assault SafeLine Project
64	Student Health and Wellness Center regarding Depression Screening with PHQ9
65	Student Stress Committee
66	Testing Accommodation Committee
67	University Emergency Committee
68	Women's History Month planning committee

SECTION VIII: Summary of Professional Development, Professional Activity, and Professional Memberships by CC Staff: 2012-13

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 **51 development / educational activities** (see Section A below). Counseling Center staff were also actively engaged **in 13 professional activities** and involvements that contribute to the betterment of the profession such as research, teaching, etc... (See Section B below). Finally, Counseling Center staff have **memberships in 26 professional organizations** (see Section C below).

#	Section A) Professional Development - Conferences, Workshops, Seminars, Courses, Lectures and other educational activities to enhance skills or to train colleagues.
1	Accelerated Emotion Focused Dynamic Therapy Study Course
2	Affect-Focused Dynamic Psychotherapy Study Course
3	Athletes and Eating Disorders Workshop
4	Baltimore Sexual Assault and Response Workshop with Brantner and Reid,
5	Bipolar Disorder: From Early Diagnosis to Remission and Recovery Workshop
6	Clinical Supervision in Behavioral Health Workshop
7	Cognitive Behavioral Therapy Webinar
8	DBT Made Simple Workshop
9	Depression and Low Self-Esteem Workshop
10	Diagnosing and Treating Unwanted and Intrusive Thoughts Workshop
11	Diversity Leadership Conference
12	DSM5 - Revolutionizing Diagnosis and Treatment Workshop
13	Eating Disorder Presentation
14	Eating Disorders and Emotion Focused Therapy Review
15	Eating Disorders and the Brain Reading Presentation
16	Emotion Focused Therapy for Depression Study Course
17	Ethics Seminar
18	Ethics Workshop
19	Executive Functioning and College Students
20	Fast, Effective Treatment for Anxiety Disorders
21	Feeling Good Now -Techniques Workshop
22	For Healing Training Workshop
23	Helping Adolescent Girls in Crisis Study Course
24	How the Brain Forms New Habits Workshop
25	Internet Sexual Addictions Workshop
26	Marriage Counseling: Brief, Extended, and Interminable Workshop
27	Maryland Law/Ethics and Aspirational Guidelines Workshop
28	MD Licensure Exam
29	MD National Guard - Behavioral Health Summit II
30	Meaning Conference
31	Mid-Atlantic Intern Conference
32	Mindfulness and Positive Psychology Teleconference
33	Motivational Interviewing Workshop
34	Networker Conference: Enhancing Professional Skills
35	Nutrition for Clients with Eating Disorders Workshop

36	Personality Disorders Workshop
37	Psychologist as a Witness, and Subpoenas Workshop
38	PTSD: Etiology, Epidemiology, Assessment and Treatment Workshop
39	Relational Cultural Theory Presentation
40	Sexual Assault presentation by Debbie Holbrook with RN Director of SAFE at Mercy
41	Short-Term Dynamic Psychotherapy Study Course
42	Suicidality presentation by Dr. David Jobes
43	Suicide Tracking System review
44	The Compact for Faculty Diversity Institute on Teaching and Mentoring (Southern Regional Education Board)
45	The Complete Guide to Couple's Work Workshop
46	Training on Behavioral Health Monitor Workshop
47	Treating Obesity Workshop
48	Treating Trauma: A Blue Print Workshop
49	Using Prolonged Exposure Therapy for PTSD Workshop
50	Working with Complex Trauma Study Course
51	Working with Women Survivors of Trauma and Abuse Course Study

#	**Section B) Professional Activities**
1	ACCTA Mentor to a Training Director
2	ACCTA National Conference
3	Behavioral Health Measure (BHM) Development and Research for Psychiatric Medication Management with Mark Kopta
4	Behavioral Health Measure 20 (BHM20) and Suicide Tracking Research
5	Consulted on an application being developed at SON re dating violence
6	Examination for Professional Practice of Psychology (EPPP) exam study and Licensure Preparation
7	Hosted Washington-Baltimore Area Counseling Center Directors Association Meeting
8	Intern Doctoral Dissertation Activity
9	Intern Job and Post Doctoral position Search Activity
10	Licensing Exam taken; licensure achieved as LCPC
11	Maryland Psychological Association for Graduate Students (MPAGS) Conference Intern Panel - Presenter
12	Served on Board of Directors International Association of Counseling Services (IACS)
13	Volunteered as psychotherapist for JHU Camp Kesem, for children of parents with cancer

#	**Section C) Professional Memberships**
1	American Association of Suicidology (AAS)
2	American Counseling Association (ACA)
3	American Group Psychotherapy Association (AGPA)
4	American Psychological Association (APA)
5	American Psychological Association-Div.37 Society for Child and Family Policy and Practice
6	Association for Counseling Center Coordinators of Clinical Services (ACCCCS)
7	Association of Black Psychologist
8	Association of Counseling Center Training Agencies (ACCTA)
9	Baker - King Foundation Board Member
10	Baltimore Psychological Association (BPA)
11	Black Graduate and Professional Student Association
12	Board of Directors - International Association of Counseling Services (IACS)
13	Counselors Helping Asian Indians (Inc.)
14	International Positive Psychology Association

15	Maryland Coalition Against Sexual Assault (MCASA)
16	Maryland Psychological Association (MPA)
17	National Association of Social Workers
18	National Register of Health Service Providers in Psychology
19	North American Association of Masters in Psychology
20	Society for Psychotherapy Research
21	Southern Regional Education Board Doctoral Scholar
22	Student Member APA Division 13 Society of Consulting Psychology
23	Student Member APA Division 35 Psychology of Women
24	Student Member of APA Division 39 Psychoanalysis
25	Student Member of APA Division 49 Group Psychology & Group Psychotherapy
26	Student Member of SEPI (Society for the Exploration of Psychotherapy Integration)

SECTION IX: Counseling Center Coordinator Reports: 2012-13

A) African American Student Programs 2012-13 Coordinator Report (Dr. Leslie Leathers)

Dr. Leathers began her first year as the coordinator for Black Students by working to foster relationships with students, faculty and staff within the Black community at Johns Hopkins University. To this end, she met with individuals and groups and attended events sponsored by the Office of Multicultural Affairs (OMA), Black Student Union, Office of Institutional Equity, the Center for Africana Studies, Black Faculty and Staff Association (BFSA), the Black History Month Committee, and the Diversity Leadership Council. Dr. Leathers attempted to increase the visibility of the Counseling Center and make herself known to students of color by attending programs that were organized by M.O.C.H.A. (Men of Color Hopkins Alliance) and Circle of Sisters. During such programs, she engaged in informal outreach by describing the services of the Counseling Center and dialoguing with students about their experiences and needs as members of this university community. Dr. Leathers offered and co-led the Student of Color Support group with doctoral intern, La Toya Smith, M.S., Ed.S. during the Spring 2013 Semester. She also contributed to the training of doctoral interns by providing a training seminar entitled Working with Black Students.

B) Eating Disorder (ED) Program 2012-13 Coordinator Report (Dr. Wendy Kjeldgaard)

Client and Treatment Statistics

- 75 Eating Disorder clients were seen by the Staff of the Counseling Center
- 25 Eating Disorder clients were seen by the Eating Disorder (ED) Coordinator for assessment and individual therapy
- 38 total clients were referred to Student Health & Wellness for medical management of their Eating Disorder
- 10 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 9 Eating Disorder cases

Programming and Community Activity

- The ED Coordinator planned and presented a two-part training on Eating Disorders Assessment and Treatment to the interns.
- The ED Coordinator collaborated with Barbara Schubert and Alanna Biblow of The Center for Health Education and Wellness and the student organizations A Place to Talk (APTT) and the Hopkins Feminists to host "Love Your Body Day" in October 2012. This outreach event was open to all students and featured a free yoga class, healthy and delicious food and drinks and a craft activity.
- The ED Coordinator worked with pre-doctoral intern Tanisha Joshi, nutritionist Diane Blahut of the Student Health and Wellness Center and Barbara Schubert and Alanna Biblow of The Center for Health Education and Wellness to organize and develop activities for National Eating Disorders Awareness Week. These included:
  -displaying an art exhibit ("Alterations") that was on the topics of eating disorders and body image on-campus
  -hosting a reception to formally open the art exhibit for viewing
  -offering a campus-wide "Love Your Body" student photography contest
  -providing screenings for eating disorders to students
  -holding a mindful eating activity (run by Diane Blahut)
  -facilitating an arts-and-crafts project meant to promote positive feelings toward one's body
- The ED coordinator revised the Medical Leave of Absence and Readmission forms so that they were applicable to students with eating disorders.
- The ED coordinator created an Eating Disorders tracking system (similar to the Suicide Tracking System used by the Counseling Center) that could be adapted in the future for use with Titanium.
- The ED coordinator attended seminars at the Center for Eating Disorders at Sheppard Pratt on topics that included working with athletes with eating disorders and nutrition counseling for individuals with eating disorders.

- The ED coordinator presented a seminar to the full staff on evaluating students with eating disorders, making referrals for these students and collaborating on the care of students with eating disorders.
- The ED coordinator had consultation meetings with Dr. Jamie Fenton (ED coordinator at Towson) and Dr. Jennifer Moran (college coordinator at the Center for Eating Disorders at Sheppard Pratt) to discuss ED treatment policies and outreach.

C) Group Therapy Coordinator 2012-13 Report (Dr. Jodi Pendroy)

See Section IV of this report.

D) International Students and Students of Asian Origin 2012-13 Coordinator Report (Dr. Garima Lamba)

- Dr. Lamba continued in her seventh year as the coordinator and liaison for international students and the students of Asian origin.

- In this role, Dr. Lamba continued as the coordinator and liaison to the Peabody Conservatory.

- Consultation and support was offered throughout the year for international students and students of Asian origin. A number of individuals contacted the coordinator via telephone or email.

- In an effort to help international students feel more connected and less isolated, Counseling Center in partnerships with Office of Graduate Affairs and Office of International Students and Scholar Services, offered the following workshops throughout the academic year:
    - Successfully Transitioning to the JHU Culture and Campus Resources
    - Surviving in Grad School: Managing Stress, Expanding Your Support Group
    - Enhancing Communication & Networking Skills for Personal, Academic & Professional Success
    - Finding Work/Life Balance (How to do great work and still have a life!)
    - Reconnecting to Family and Home after Being in the United States
- The coordinator provided training seminars to the pre-doctoral interns on counseling and working with international students and students of Asian origin.

- In addition to providing on-going consultations for Counseling Center staff on a case-by-case basis, the coordinator continued consultative relationships with the staff members at the International Students and Scholar Services, Graduate Affairs Office, and the staff at the Peabody Conservatory of Music.

- The coordinator continued her involvement with Counselors Helping South Asian Indians, Inc. (C.H.A.I) as an Advisory Board member. C.H.A.I. is a not for profit organization that addresses the mental health needs of the South Asian community in the Baltimore/DC/Virginia area. C.H.A.I. serves as a valuable resource for limited mental health resources for South Asian community seeking similar values, including cultural background, in their therapist.

E) LGBT 2012-13 Coordinator Report (Dr. Rosemary Nicolosi)

The Counseling Center honed its focus on LGBTQ students with the hire of Rosemary Nicolosi. Ms. Nicolosi's work is explicitly geared to the concerns and needs of LGBTQ students and it is the area in which her professional expertise and personal passion lie.

This year, the Counseling Center treated an abundant and diverse group of LGBTQ students, with their abundant and diverse set of challenges. LGBTQ students present with all the issues commonly experienced by Hopkins students, but they also bring with them an expanded set of issues. Some of their dialogue may be about: coming out to parents, grandparents, friends, and employers; negotiating a heterosexist world which may increase their feelings of alienation and isolation; evaluating the implications of transitioning as a transgender student; exploring their sexual and/or gender identity beyond the natural struggles incumbent during the maturation process; and learning how to make friends, whether romantic or not, as a minority student.

During 2012-13, the Counseling Center offered assistance to both LGBTQ students and the University which included:

- All Counseling Center counselors provided individual therapy to many LGBTQ students.
- A successful LGBTQ Support Group was formed and offered over both semesters. The group proved to be a safe, supportive environment for the members to air their concerns and to work together in giving and getting help. The Group will continue to be offered during the next school year.
- Ms. Nicolosi provided outreach to DSAGA, the student LGBTQ student group at Homewood. She attended meetings and helped students understand what services were available at the Counseling Center. Work will be expanded next year to include psycho-educational programs targeted specifically to the needs of LGBTQ students.
- As a member of the Safe Zone project, Ms. Nicolosi met weekly with the students constructing the program to assist and advise. Safe Zone program will offer formal training to faculty, students, and staff. Its aim is to develop allies who can support and advocate for LGBTQ students on campus. Safe Zone will be launched in 2013-14 and the Counseling Center will continue to be involved in future training and program development.
- Ms. Nicolosi served as a member of the Search Committee working with Dean Boswell and compatriots to hire a Director for LGBTQ Student Life. This individual will be an exciting addition to Hopkins and the Counseling Center plans to collaborate with them and support their initiatives.

F) Outreach/Workshop Program 2012-13 Coordinator Report (Dr. Garima Lamba)
See Section VI of this report for more details.

G) Peabody Conservatory of Music 2012-2013 Coordinator Report (Dr. Garima Lamba)
(See separate 2012-13 Peabody Conservatory Annual Report for a more detailed report.)

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

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

- At the beginning of the academic year, the coordinator provided training and information to the Peabody RAs' on recognizing and dealing with distress in their residents along with dealing with other mental health issues in the residence hall.

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

H) Peer Counseling- A Place To Talk (APTT) and Sexual Assault Response Unit (SARU) 2012-13 Coordinator Report (Clare King)

APTT

The 2012-2013 school year was a big year for A Place to Talk (APTT). Beginning with a second room in the renovated Wolman Hall, APTT expanded to become to become more accessible to students living off campus, and offered one-on-one peer listening in a smaller, more intimate setting.

APTT was also fortunate to have so many partnerships this year as they promoted themselves on campus. In the fall, APTT and the Counseling Center, CHEW, and Hopkins Feminists collaborated on "Love Your Body Day" --an event that featured a body-positivity and self-care message. In the spring, APTT and the Career Center collaborated on a networking and communication skills workshop and dinner called "Speed Meet & Greet" which drew in many students to network, and learn about listening skills.

APTT also took part in the "Hop into Health" fair with JHU International Service Learning, an event to introduce members of the Baltimore community to positive psychology, and a discussion of the importance of mental health. APTT community outreach efforts culminated in the popular end of the year "Relax Fair", where they partnered with PEEPs to reach hundreds of students and help reduce final exams stress. The event featured an inflatable obstacle course, puppies, free food, and education on a variety of health issues ranging from practicing safe sex to alcohol and drug awareness.

SARU

The Sexual Assault Resource Unit, renamed this year, had a year of transition. Eager to expand the group, SARU now includes members who are not members of APTT. This has presented a challenge for training, but one that has re-defined the group. After much discussion, this Spring, the group began an intensive training in Outreach and Education as well as Sexual Assault Response The goal will be to broaden the reach of SARU, and the group hopes to respond to a need for education and outreach during Orientation and throughout the year. During Sexual Assault Awareness Month, SARU had several events including a photography exhibit, "Unbreakable."

I) Counseling Center Advisory Boards (CCAB) 2012-13 Coordinator Reports (Clare King)

CCAB

The Counseling Center Advisory Board met frequently over the summer, to discuss ways to enhance community and promote well-being on campus. During the academic year the group met less frequently, but enthusiastically discussed possible approaches and hoped to examine best practices at peer institutions. The highlight of the year was a meeting with Dean Scheinerman, during which the group shared views of the JHU climate, including ways to encourage faculty-student interaction

J) Professional Development 2012-13 Coordinator Report (Dr. Michael Varhol). (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, five professional development programs were sponsored by the Counseling Center. With the Counseling Center staff preparing to assist in the university-wide sexual assault Safe Line program, there was a particular emphasis on professional development related to sexual assault response. This year's programs were as follows:

July 17, 2012	Relational Cultural Theory (3 CEU's) Sheila Graham, PhD
January 30, 2013	Sexual Assault Response, Mercy Hospital SAFE Program (1 CEU) Debbie Holbrook, RN
March 13, 2013	Assessment and Treatment of Eating Disorders in the College Population (1 CEU) Wendy Kjeldgaard, PsyD
March 20, 2013	Sexual Assault Response, Baltimore City Sexual Response Unit (1 CEU) Heather Brantner and Gail Reid
April 15, 2013	Assessment and Management of Suicidal Clients (3 CEU's) David Jobes, PhD

K) Research Program 2012-13 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 2012-13 Coordinator Report (Dr. Fred Gager)

- There were 159 (161) students seen who were seen in counseling for substance use issues during the 2012-2013 school year. Of the students who addressed substance use in therapy, 27 were mandated by the Dean of Students, Residential Life or the Athletic Department. Of the 132 students who voluntarily reported substance use difficulties, 41 reported substance abuse as a presenting problem, while 91 identified substance use as problematic during the course of treatment. (28 mandated, 40 self-referred, 93 emerged in therapy)
- The substance abuse services coordinator trained the pre-doctoral interns in a) the brief assessment of substance abuse problems, b) brief motivational intervention strategies and c) the use of norm based personal feedback.
- The Counseling Center continued to utilize the e-CHUG online assessment, which is available to any student from our website. This instrument was used in counseling sessions to conduct alcohol assessments and to provide norm based personalized written feedback to students.
- The coordinator provided information and consultation to the Deans and other staff when requested.
- The coordinator facilitated an alcohol information and alcohol screening outreach event on April 18,2013 for undergraduate and graduate students. Security participated in this event by facilitating a beer goggle activity. Fifty one students participated in this two hour event.

- The coordinator's goals for the substance abuse program for the following year include:
  1) Develop a protocol for scheduling/assigning intakes for mandated substance abuse referrals
  2) Train staff and interns to utilize a uniform assessment, intervention and referral procedures with mandated clients. It is the goal of the coordinator that all staff members will be competent in delivering a brief motivational interview with norm based personal feedback from the e Chug
  3) Successfully recruit students to participate in a substance use harm reduction therapy group
  4) Consider the need for integrate additional assessment tools (for example, the e toke) in the assessment process utilized by the Counseling Center.

M) Training Program 2012-13 Report (Dr. Matt Torres) – See Section V of this report for details.

N) Graduate Student 2012-13 Coordinator Report (Dr. Eric Rose)

As the new coordinator of Graduate Student Services my primary goals were to broadly assess the unmet mental health needs of graduate students at JHU; to gain a better understanding of the system the university currently has in place to address graduate student mental health needs; and to develop / strengthen relationships with key stakeholders. Significant progress was made in each of these domains.

This year the Counseling Center made a strong and positive connection with the current chairs of the Graduate Representative Organization (GRO). In September, I was invited by them to speak with the Graduate Student Council (comprised of student representatives from each department) and introduce the council to our services. For this meeting, I analyzed, prepared and discussed data relating to graduate student use of services at the Counseling Center. In late September, the GRO also distributed to their mailing list a letter I prepared describing the Counseling Center and the services we provide for grad students. In April, I was invited by the GRO to represent the Counseling Center at the "Dean's Luncheon," an event where graduate students are given a forum to ask questions to university administrators and personnel about graduate student life.

The Counseling Center also strengthened its relationship with the Office of Graduate Affairs and Admissions (OGAA) for the Krieger and Whiting Schools. The GRO had emphasized their wish to help graduate students to have more positive experiences with their graduate advisors. Through continued dialogue, I came to understand that this was also a strong desire of the OGAA. In January, I began to develop an outreach geared towards helping graduate students in their relationships with advisors. At the invitation of the Director of the OGAA, I presented my ideas at a meeting of the Directors of Graduate Studies (DGS). The various DGS were enthusiastic and supportive of the outreach, and plans were made to continue collaborating on this project. Making direct contact with the various DGS will offer the Counseling Center a means to communicate directly with key stakeholders in graduate student life. A number of DGS approached me to discuss ideas and plans for engaging in outreach with graduate students in their departments.