COUNSELING CENTER

2015-2016 ANNUAL REPORT

AND

DATA SUMMARY

JOHNS HOPKINS UNIVERSITY

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July 2016

COUNSELING CENTER: 2015-16 ANNUAL REPORT AND DATA SUMMARY

★ The Counseling Center (CC) provided **19,113 hours of overall service** during the Academic Year (September 2015 - May 2016) and **24,551 hours for the full year**. Direct clinical services (individual, group, psychiatric services and case management of direct clinical services) accounted for 73% of all Counseling Center service time.

★ **Individual Personal Counseling** was provided to **1,353 students** (in 7,742 sessions) for an average of 5.7 sessions per client. This is an **increase of 46 student clients** from the previous year.

★ **Group Counseling** was provided to **99 students in 15 groups** totaling **151 sessions**.

★ **Psychiatric services** were provided to **421 students** in 1,745 sessions (1016 hours) for an average of 5.3 sessions. This represents 31% of all clients served in individual therapy.

★ In addition to Individual, Group, and Psychiatric Services, the CC engaged in **Training and Supervision** (5% of time), **Outreach and Workshops** (1%), **Consultations** (2%), **Community Activity and Committees** (2%), **Professional Development** (2.3%), **Administrative Activity** (14%), and **Professional Activity** including Research and Teaching (1.2%).

★ The Counseling Center's 24/7 confidential **Sexual Assault Help Line** received a total of 20 sexual assault related calls including 9 after-hours sexual assault-related calls in 2015-16 (compared to 14 and 11 in 2014/15), representing a 43% increase in sexual assault related calls. Overall, the Help Line received 58 calls (28 after-hours; 30 daytime calls) which represents a 29% increase over 2014-15 (this number includes 19 after-hours and 19 daytime calls that were not clinical in nature).

★ The Counseling Center continues to use the **Behavioral Health Monitor (BHM20) to measure client progress and therapy outcome**. For the past 5 years clients utilized laptops in the CC waiting room to complete their BHM20 questionnaires electronically. **2015-16 Counseling Center clients demonstrated significant improvement during treatment** from intake to their last session (average score increased from 2.27 to 2.72 on a 5 point scale ranging from 0 (worst health) to 4 (best health). Of the 387 distressed clients who had more than one session, (which allows for measurement of behavioral change), 252 (65%) showed improvement including 152 (39%) that indicated full recovery.

★ The CC continues to engage in **research** to improve monitoring of potentially suicidal clients and to work with Dr. David Jobes, a suicidologist at Catholic University. In addition, working with Dr. Mark Kopta, the CC has finished its second year utilizing a beta version of the MedBHM, a version of the BHM20 to be used by psychiatrists. 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 **227 client sessions/visits per week** (including psychiatrist sessions/visits) in the Fall 2015 semester. This compares to 242 client sessions in the Fall of 2014. In the Spring 2016 semester the CC **averaged 246 client sessions per week** (including psychiatrists). This compares to 234 in the Spring 2015 semester.

★ During 2015-16, the average wait time for an initial appointment was 5.19 days with 60% of clients beings see within 5 days. The wait time during the academic year was 5.51 days (5.55 in the Fall and 6.58 in the Spring).

★ In the Fall 2015 semester the CC responded to an average of **8 clinical urgent care/emergencies per week** compared to 11.3 the previous year. In the Spring 2016 semester the CC responded to 5.8 clinical urgent care/**emergencies** per week compared to 9.4 clinical urgent care/emergencies per week the previous Spring. The maximum number of **clinical urgent care/emergencies seen per week was 13.**

★ The Counseling Center served 255 clients presenting in urgent need (about 19% of clients served). This is a decrease from the previous year when 357 clients (27%) presented in urgent need. This decrease, at least in the Spring, may be attributable to an increase in the number of intakes offered per week, which was part of an effort to see all first time client within 1 ½ weeks of contact. The Counseling Center responded to 233 **after hour emergency calls** serving 128 individuals. This represents a 21% increase from the 192 calls received last year and a 49% increase from the 86 individual callers the previous year. The CC made **12 violence**

assessments (compared to 11 the previous year) and monitored **94 students in its suicide tracking system** (compared to 108 students the previous year), recommended 90 mental health leaves (compared to 77 the previous year), and administered 69 readmission evaluations (compared to 47 the previous year).

★ The Counseling Center made 267 **referrals** for off-campus treatment (to a total of 193 clients) compared to 206 referrals the previous year. The CC played a significant role in preventing 118 students from dropping out of school this past year, while 45 were given assistance in exercising appropriate extensions or withdrawal from classes. There were 29 **emergency room visits** resulting in 13 **hospitalizations**. This compares to 24 emergency room visits and 20 hospitalizations the previous year.

★ The **most common problems/symptoms** presented by clients during individual therapy include: "general anxieties and worries" (41%), "feelings of being overwhelmed" (36%), "time management and motivational issues" (35%), "academic concerns" (28%), "lack of self-confidence or self-esteem" (26%), "overly high standards for self" (25%), "depression" (22%), "generally unhappy and dissatisfied" (20%), "thoughts of ending your life" (20%), "lack of motivation, detachment, and hopelessness" (20%), and "sleep problems" (20%). These problems are not mutually exclusive.

★ The CC continued its collaborative efforts with the Student Health and Wellness Center to utilize the Patient Health Questionnaire-9 **(PHQ-9)** as a brief mental health assessment and referral tool. The CC received 41 PHQ-9 referrals (compared with 47 in 2014-15) from SHWC. Thirty-two (78%) of the referred students were seen at the CC after their referral (30 and 64% in 2014-15).

★ The CC provided 61 **Outreach Activities, Workshops, and Consultation programs** last year serving 1,905 students, 70 faculty and staff, and 739 "others" such as parents for an overall total of 2,714 individuals.

★ The CC **Intake Service Evaluation Questionnaire**, an anonymous survey taken after the initial clinical session, and completed by 61% of CC clients reveals that **97% of clients felt that the personal counseling intake experience was excellent or good** (61% rated the experience as excellent).

★ The CC also provided services to the **Peabody Conservatory of Music**. Fifty-one (53%) of Peabody student clients completed an anonymous survey, after the initial session, on the quality of the services they received. **100% of Peabody student clients felt that the personal counseling intake experience was excellent or good** (68% rated the experience as excellent).

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

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

★ CC staff are active in **professional development and professional activity.** Clinical staff participated in 49 professional workshops, conferences, courses, seminars and other educational activities. In addition, professional staff engaged in 10 professional activities (e.g., teaching, professional boards, consultation, and research activities, etc...) and are members of 15 professional organizations.

★ The CC continues to foster values of **teamwork** and **collaboration** by participating on 67 Inter-departmental, Divisional or University wide community activities, programs, and committees. In addition, CC staff served on 12 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**, in coordination with JHSAP/FASAP, played an active role in sending email letters to all Homewood/Peabody faculty and staff on "How to recognize and respond to distressed students." Similarly, the Counseling Center Advisory Board (CCAB) co-authored an email letter to all Homewood and Peabody students on "How to recognize and assist distressed students."

TABLE OF CONTENTS

SECTION I. Overview of CC Hours by Service Activity: Academic Year 2015-16 (August 24, 2015- May 15, 2016) and Full Year (May 18, 2015- May 15, 2016)		
Function/Activity for 2015-16 Academic Year (AY)	**Staff Hours AY 2015-2016 (Full Year)**	**% Staff Hours AY 2015-2016**
1. Individual Therapy - Counselors (includes after hour on-call hours/HelpLine)	**6,553 (7,710 hours for full year)**	**34.3%**
2. Psychiatrists' Visits/Medication Checks	**845 (1745 appts/1016 hours for full year)**	**4.4%**
3. Group Therapy	**239 (259 hours for full year)**	**1.2%**
4. Clinical Management (Individuals, Psychiatrists & Groups)	**6,752 (8,645 hours for full year)**	**35.3%**
5. Training & Supervision Activity	**1085 (1,386 hours for full year)**	**5.7%**
6. Outreach and Workshops Activity	**216 (265 hours for full year)**	**1.1%**
7. Consultation Activity	**342 (464 hours for full year)**	**1.8%**
8. JHU Community Activity	**359 (525 hours for full year)**	**1.9%**
9. Professional Development Activity	**276 (582 hours for full year)**	**1.4%**
10. Professional Activity*	**71 (305 hours for full year)**	**.4%**
11. Administrative Activity**	**2,365 (3664 hours for full year)**	**12.4%**
All Services: Total for Academic Year in hours	**19,103 (24,551 hours for full year)**	**100.0%**

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

****Note:** Administrative Activity includes staff meetings, public relations, budget activity, data management, coordinating activity with Peabody, coordinator responsibilities of professional staff, coordinating and directing internship program, coordinating and training of Peer Counseling program (APTT), marketing, evaluation, planning, and all personnel activity. (1,006 hours of the 2,365 administrative hours or 43% of all administrative hours were incurred by the CC director (Dr. Torres) during the academic year; 1,343 of 3,663 administrative hours for full year or 37% %.)

SECTION II: Individual Psychotherapy Statistics: May 18, 2015 - May 15, 2016	
A) Direct Services Caseload Statistics	
1. General Numbers	**#**
No. of Clients seen in Personal Counseling (Full year)	1,353
No. of Therapy Sessions (Full Year) - (Not including Consulting Psychiatrists)	7,742
No. of Clients seen by Consulting Psychiatrists (Full Year)	421 (31%)
No. of Therapy sessions by Consulting Psychiatrists (Full Year)	1745
No. of Peabody Conservatory Students served (% of all clients)	97 (7.2%)
No. of Peabody Conservatory Students therapy sessions	550
No. of Peabody Students served by Consulting Psychiatrists (% of Peabody Clients)	39 (40%)
No. of Peabody Conservatory Students Consulting Psychiatrist sessions	131
No. of Clients seen in urgent need/emergency/crisis (Day- Academic Year)	228
No. of Clients seen in urgent need/emergency/crisis (Day- Fall Semester)	139
No. of Clients seen in urgent need/emergency/crisis (Day – Spring Semester)	89
No. of Emergency clients served after-hours by CC staff	128
No. of Emergency phone calls received after-hours by CC staff	233
No. of Help Line calls received after hours by CC staff	28
No. of Sexual Assault Help Line calls received Daytime plus After-hours	58
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	91 hours, 3 min
Avg. Number of minutes spent responding to each after hour emergency call	23 min
No. of Weeks during year that required after hours emergency response	46 of 52
No. of Students sent to emergency room– after hours plus day	29
No. of Students sent to emergency room– after hours	21
No. of Students sent to emergency room– day	8
No. of Students hospitalized - after hours plus day	13
No. of Students hospitalized - after hours	8
No. of Students hospitalized - day	5
No. of Clients CC estimated to have helped stay in school	118 (9%)
No. of Students who received CC Mental Health Withdrawal Recommendations	90 (7%)
No. of Clients given academic assistance (i.e., letter for course withdrawal or extension)	45 (3%)
No. of Students who received Readmission Evaluation	69 (5%)
No. of Clients in CC Suicide Tracking System	99 (7%)
No. of Clients with whom steps were taken to prevent from harming self/others	133 (10%)
No. of Clients who presented with or were believed to have ADHD	58 (4%)
No. of Clients treated or assessed for Substance Abuse	188 (14%)
No. of Clients treated or assessed for Eating Disorders	114 (8%)
No. of Clients who received some form of Violence Assessment	12 (1%)
No. of clients who report that “someone in their family owns a gun”	201 (15%)
No. of Clients who received counseling regarding a Sexual Assault in the past year	18 (1%)
No. of Clients estimated to have successfully terminated at end of AY	400 (30%)
No. of Clients referred off campus	182 (13%)
No. of Client referrals assisted by Case Manager	231
No. of Non-Client referrals assisted by Case Manager	74

2. Intakes (New & Returning Clients) Seen per Week during Academic Year	
Average # of Intakes /Week (Fall Semester)	32.6
Average # of Intakes /Week (Spring Semester)	22.4
Average # of Intakes /Week (Academic Year)	27.5
Maximum # of Intakes/Week (Academic Year) – Week of 9/21/15	52

3. Clients Seen per Week during Academic Year (AY)	
Average # of clients seen/Week (Fall - Not including Psychiatrists)	186
Average # of clients seen/Week (Fall - Including Psychiatrists)	224
Average # of clients seen/Week (Spring - Not including Psychiatrists)	198
Average # of clients seen/Week (Spring- Including Psychiatrists)	241
Maximum # of clients seen/Week (AY- Not include Psychiatrists) – Week of 11/2/15	230
Maximum # of clients seen/Week (AY- Including Psychiatrists) - Weeks of 11/3/14 & 4/4/16	275

4. Psychiatrist Clients Seen per Week during Academic Year	
Average # of Psychiatrist clients seen/Week (Fall Semester)	38
Average # of Psychiatrist clients seen/Week (Spring Semester)	44
Maximum # of Psychiatrist clients seen/Week (Academic Year) – Week of 3/21/16	55

5. Emergency Daytime Walk-in Clients Seen per Week during Academic Year	
Average # of daytime emergencies seen/Week (Fall Semester)	8
Average # of daytime emergencies seen/Week (Spring)	6
Maximum # of daytime emergencies seen/Week (AY) – Week 9/28/15	13

6. Total # of Individual Clients Seen since 2000	
Total # Clients Seen for 2015-16	1,353
Total # Clients Seen for 2014-15	1,307
Total # Clients Seen for 2013-14	1,244
Total # Clients Seen for 2012-13	1,214
Total # Clients Seen for 2011-12	1,181
Total # Clients Seen for 2010-11 (Note: Stopped serving Nursing School Students)	1,051
Total # Clients Seen for 2009-10	1,081
Total # Clients Seen for 2008-09	972
Total # Clients Seen for 2007-08	995
Total # Clients Seen for 2006-07	957
Total # Clients Seen for 2005-06	1,035
Total # Clients Seen for 2004-05	1,083
Total # Clients Seen for 2003-04	916
Total # Clients Seen for 2002-03	886
Total # Clients Seen for 2001-02	802
Total # Clients Seen for 2000-01	726

7. AY Weekly Case Load Comparisons since 2000 (not including Psychiatry Sessions)	
Average Sessions/Week for 2015-16	191
Average Sessions/Week for 2014-15	211
Average Sessions/Week for 2013-14	206
Average Sessions/Week for 2012-13	201
Average Sessions/Week for 2011-12	209
Average Sessions/Week for 2010-11	185
Average Sessions/Week for 2009-10	193
Average Sessions/Week for 2008-09	162
Average Sessions/Week for 2007-08	140
Average Sessions/Week for 2006-07	143
Average Sessions/Week for 2005-06	144
Average Sessions/Week for 2004-05	163
Average Sessions/Week for 2003-04	160
Average Sessions/Week for 2002-03	145
Average Sessions/Week for 2001-02	144
Average Sessions/Week for 2000-01	114

8. AY Daytime Average Emergency Sessions per Week -Comparisons since 2000	
Average Sessions for 2015-16	6.9
Average Sessions for 2014-15	10.4
Average Sessions for 2013-14	9.5
Average Sessions for 2012-13	10.9
Average Sessions for 2011-12	17.0
Average Sessions for 2010-11	13.3
Average Sessions for 2009-10	11.4
Average Sessions for 2008-09	9.4
Average Sessions for 2007-08	9.8
Average Sessions for 2006-07	10.1
Average Sessions for 2005-06	9.5
Average Sessions for 2004-05	13.3
Average Sessions for 2003-04	9.8
Average Sessions for 2002-03	7.1
Average Sessions for 2001-02	5.8
Average Sessions for 2000-01	5.4

9. # of Appointments per client during past year	(A) Clinical Staff Only (n=1,345)	(B) Psychiatrists Only (n=421)	(C) All Staff incl Psychiatrists +Triage (n=1,353)
1 appointment	267 (20%)	100 (24%)	250 (19%)
2 appointments	203 (15%)	60 (14%)	191 (14%)
3 appointments	138 (10%)	66 (16%)	116 (9%)
4 appointments	122 (9%)	45 (11%)	118 (9%)
5 appointments	107 (8%)	40 10%)	90 (7%)
6 appointments	91 (7%)	29 (7%)	77 (6%)
7 appointments	72 (5%)	20 (5%)	70 (5%)
8 appointments	46 (3%)	20 (5%)	50 (4%)
9 appointments	54 (4%)	10 (2%)	49 (4%)
10 appointments	35 (3%)	9 (2%)	44 (3%)
11 appointments	34 (3%)	3 (1%)	43 (3%)
12 appointments	26 (2%)	10 (2%)	27 (2%)
13 appointments	22 (2%)	2 (1%)	29 (2%)
14 appointments	21 (2%)	1 (<1%)	22 (2%)
15 appointments	18 (1%)	1 (<1%)	20 (2%)
16+appointments	89 (7%)	5 (1%)	157 (12%)

9a. # of Appointments per client during past year	(A) Clinical Staff Only (n=1,353)	(B) Psychiatrists Only (n=421)	(C) All Staff incl Psychiatrists +Triage (n=1,353)
1-5 appointments	765 (57%)	311 (74%)	765 (57%)
6-10 appointments	290 (21%)	88 (21%)	290 (21%)
11-15 appointments	141 (10%)	17 (4%)	141 (10%)
16- 20 appointments	72 (5%)	5 (1%)	72 (5%)
21+ appointments	85 (6%)	0 (0%)	85 (6%)
Average # of visits/per client (staff only)			5.7 visits
Average # of visits/per client (psychiatrists)			5.3 visits
Average # of visits/per client (triage + staff + psychiatrists)			7.0 visits

10. Health Insurance	
No. of clients who reported having University (Consolidated Health Plan) Insurance Policy	481 (35.6%)
No. of graduate student clients who reported having CHP Insurance	298 of 373 (79.9%)
No. of undergrad student clients with CHP Insurance	176 of 950 (18.5%)
No. of international Students who reported having CHP Insurance	169 of 195 (86.7%)
No. of clients referred to off-campus providers	182 of 1,353 (13%)
No. of clients with CHP Insurance who were referred to off-campus providers	65 of 481 (13%)

B) Individual Psychotherapy: Demographics of Counseling Center Clients (N=1,353)		
1. Sex at Birth	**Number**	**Percentage**
Male	529	39.1%
Female	820	60.6%
Intersex	0	0%
Prefer Not to Answer	4	0.3%

2. Gender	**Number**	**Percentage**
Man	524	38.7%
Woman	799	59.1%
Transgender Man/Trans Man/FTM	3	0.2%
Transgender Woman/Trans Woman/MTF	1	0.1%
Genderqueer	14	1.0%
Other Gender Identity	3	0.2%
Prefer Not to Answer	9	0.7%

3. Sexual Orientation	**Number**	**Percentage**
Heterosexual	1102	81.4%
Lesbian	17	1.3%
Gay	47	3.5%
Bisexual	70	5.2%
Questioning	37	2.7%
Asexual	7	0.5%
Queer	18	1.3%
Other Sexual Orientation	10	0.7%
Prefer Not to Answer	45	3.3%

4. School Affiliation	**Number**	**Percentage**
Arts and Sciences	922	68.1%
Engineering	326	24.1%
Peabody Conservatory of Music	97	7.2%
Post- Baccalaureate Program (Pre-Med)	8	0.6%

5. Age		
Age Range	17-51 years	
Mode	19 years	
Mean	21.987 years	
Median	21.0 years	

6. Ethnic Status	**Number**	**Percentage**
African-American/Black	72	5.3%
American Indian/Alaskan Native	2	0.1%
Asian-American/Asian	299	22.1%
Hispanic/Latino	137	10.1%
Native-Hawaiian/Pacific Islander	3	0.2%
Multi-Racial	70	5.2%
White/Caucasian	710	52.6%
Prefer Not to Answer	30	2.2%
Other / No Response	30	2.2%

7. Marital Status	**Number**	**Percentage**
Single	852	63.2%
Serious Dating / Committed Relationship	426	31.6%
Civil Union / Domestic Partnership	7	0.5%
Married	59	4.4%

Divorced	2	0.1%
Separated	2	0.1%
Widowed		

8. Class Year	**Number**	**Percentage**
Freshman	170	12.6%
Sophomore	277	20.5%
Junior	253	18.7%
Senior	254	18.8%
Graduate Student	374	27.6%
Post-Bac Program-Premed	12	0.9%
Other	1	0.1%
Post-Doctoral Student/Fellow	12	0.9%

9. Academic Standing	**Number**	**Percentage**
Good Standing	1,244	93.0%
Academically dismissed	6	0.4%
Reinstated	7	0.5%
On Probation	80	6.0%

10. Other Items	**Number**	**Percentage**
International Students	195	14.5%
Transfer Students	35	2.6%
Physically Challenged Students	9	0.7%
Students concerned about Attention Deficit Disorder (ADD)	204	15.2%

11. Academic Major	**Number**	**Percentage**
Undeclared/ Undecided	**24**	**1.8%**
Arts and Science Totals (Some students report more than one major)	**1,007**	**74.8%**
Anthropology	17	1.3%
Behavioral Biology	16	1.2%
Biology	70	5.2%
Biophysics	18	1.3%
Chemistry	28	2.1%
Classics	10	0.7%
Cognitive Science	33	2.4%
Earth & Planetary Science	17	1.3%
East Asian Studies	4	0.3%
Economics	64	4.7%
English	22	1.6%
Environmental Earth Sciences	13	1.0%
Film and Media Studies	10	0.7%
French	6	0.4%
German	3	0.2%
History	35	2.6%
History of Art	13	1.0%
History of Science, Medicine, & Technology	8	0.6%
Humanistic Studies	2	0.1%
International Studies	71	5.3%
Italian Studies	4	0.3%
Latin American Studies	2	0.1%
Mathematics	25	1.9%
Music	92	6.8%
Natural Sciences	1	0.1%
Near Eastern Studies	9	0.7%
Neuroscience	85	6.3%
Philosophy	15	1.1%

Physics & Astronomy	32	2.4%
Political Science	50	3.7%
Pre-Med Cert (Post-Baccalaureate)	13	1.0%
Psychological and Brain Sciences	34	2.5%
Public Health	98	7.3%
Romance Languages	4	0.3%
Science, Medicine & Technology	1	0.1%
Sociology	13	1.0%
Social & Behavioral Sciences	1	0.1%
Spanish	4	0.3%
Writing Seminars	56	4.2%
Other Arts & Sciences	8	0.6%
Other Area Majors	4	0.3%
Engineering Totals	**309**	**23.2%**
Biomedical Engineering	58	4.3%
Chemical Engineering	52	3.9%
Civil Engineering	9	0.7%
Computer Engineering	9	0.7%
Computer Science	45	3.5%
Electrical Engineering	20	1.5%
Engineering Mechanics	3	0.2%
Geography & Environmental Engineering	13	1.0%
Materials Science & Engineering	18	1.3%
Mathematical Sciences	16	1.2%
Mechanical Engineering	52	3.9%
Other Engineering	14	1.0%

12. Medical Information/History	**Number**	**Percentage**
Previously received counseling elsewhere	504	37.6%
Currently taking medication	612	45.8%
Experiencing medical problems	269	20.1%
Medical problem in family	527	39.2%
Emotional problem in family	543	40.3%
Alcoholism / Substance Abuse in family	378	28.0%

13. Residence	**Number**	**Percentage**
On-Campus Residence Hall / Apt.	467	34.5%
Fraternity / Sorority House	16	1.2%
On / off Campus Co-operative	18	1.3%
Off-campus Apartment / House	798	59.0%
Other Housing	50	3.7%

14. How first heard of Counseling Center	**Number**	**Percentage**
Brochure	78	5.9%
Career Center	14	1.1%
Faculty	52	3.9%
Flyer	36	2.7%
Friend	351	26.9%
Relative	35	2.6%
Residence Hall Staff	83	6.3%
Contact w/ Center Staff	35	2.6%
Newsletter	14	1.1%
Saw Location	10	0.8%
Student Health & Wellness	120	9.1%
JHU Publication	35	2.6%
Peabody Publication	13	1.0%
Word of Mouth	194	14.6%
Dean of Students	31	2.3%

Security Office	3	0.2%
Other	219	16.6%

15. Referral Source	**Number**	**Percentage**
Myself	793	59.1%
Friend	220	16.4%
Relative	50	3.7%
Residential Life Staff	27	2.0%
Faculty	44	3.3%
Staff	12	0.9%
Student Health & Wellness	80	6.0%
Career Center	1	0.1%
Academic Advising	25	1.9%
Dean of Students	40	3.0%
Security Office	5	0.4%
Other	44	3.3%

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

#	Presenting Concern	#	%
1	Anxieties, fears, worries (Item #18)	553	41.0%
2	Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	477	35.5%
3	Time management, procrastination, motivation (Item #3)	474	35.2%
4	Academic concerns; school work / grades (Item #1)	380	28.2%
5	Self-confidence / Self-esteem; feeling inferior (Item#16)	342	25.5%
6	Overly high standards for self (Item #5)	341	25.4%
7	Depression (Item #26)	291	21.7%
8	Generally unhappy and dissatisfied (Item #21)	276	20.5%
9	Thoughts of ending your life (BHM item #10) (including Sometimes and A Little Bit)	271	20.1%
10	General lack of motivation, interest in life; detachment and hopelessness (Item #25)	266	19.7%
11	Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	264	19.6%
12	Decision about selecting a major / career (Item #8)	219	16.3%
13	Eating problem (overeating, not eating or excessive dieting) (Item #29)	217	16.1%
14	Loneliness, homesickness (Item #9)	200	14.9%
15	Pressures from competition with others (Item #6)	195	14.5%
16	Test anxiety (Item #2)	193	14.4%
17	Pressure from family for success (Item #7)	179	13.3%
18	Stage fright, performance anxiety, speaking anxiety (Item #4)	174	13.0%
19	Concern over appearances (Item #17)	166	12.4%
20	Concern regarding breakup, separation, or divorce (Item #13)	143	10.7%
21	Physical stress (Item #35)	128	9.5%
22	Conflict / argument with parents or family member (Item #14)	120	8.9%
23	Relationship with romantic partner (Item #12)	117	8.7%
24	Shy or ill at ease around others (Item #15)	116	8.6%
25	Relationship with friends and/or making friends (Item #11)	113	8.4%
26	Concern that thinking is very confused (Item #40)	104	7.7%
27	Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39)	100	7.4%
28	Have been considering dropping out or leaving school (Item #44)	83	6.2%
29	Eating problem (overeating, not eating or excessive dieting) (Item #29)	81	6.0%
30	Problem adjusting to the University (Item #20)	74	5.5%
31	Grief over death or loss (Item #27)	65	4.8%

32	Distress related to relationship with advisor/mentor(s) (Item #46)	56	4.2%
33	Concerns about health; physical illness (Item #34)	51	3.8%
34	Confusion over personal or religious beliefs and values (Item #22)	47	3.5%
35	Physically or emotionally abused, as a child or adult (Item #33)	43	3.2%
36	Sexually abused or assaulted, as a child or adult (Item #32)	40	3.0%
37	Relationship with roommate (Item #10)	38	2.8%
38	Concerns related to being a member of a minority (Item #23)	38	2.8%
39	Sexual matters (Item #37)	37	2.8%
40	Fear of loss of contact with reality (Item #42)	37	2.8%
41	Issue related to gay / lesbian identity (Item #24)	32	2.4%
42	Alcohol / drug problem in family (Item #31)	27	2.0%
43	Alcohol and/or drug problem (Item #30)	22	1.6%
44	Violent thoughts, feelings, or behaviors (Item #43)	21	1.6%
45	Fear that someone is out to get me (Item #41)	13	1.0%
46	Problem pregnancy (Item #38)	4	0.3%
47	Feel that someone is stalking/harassing me (item #45)	2	0.1%

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

Career Issues	**Number**	**%**
Decision about selecting a major / career (Item #8)	219	16.3%
Distress related to relationship with advisor/mentor(s) (Item #46)	56	4.2%
Academic Issues		
Time management, procrastination, motivation (Item #3)	474	35.2%
Academic concerns; school work / grades (Item #1)	380	28.2%
Overly high standards for self (Item #5)	341	25.4%
Pressures from competition with others (Item #6)	195	14.5%
Test anxiety (Item #2)	193	14.4%
Pressure from family for success (Item #7)	179	13.3%
Stage fright, performance anxiety, speaking anxiety (Item #4)	174	13.0%
Have been considering dropping out or leaving school (Item #44)	83	6.2%
Relationship Issues		
Loneliness, homesickness (Item #9)	200	14.9%
Concern regarding breakup, separation, or divorce (Item #13)	143	10.7%
Conflict / argument with parents or family member (Item #14)	120	8.9%
Relationship with romantic partner (Item #12)	117	8.7%
Shy or ill at ease around others (Item #15)	116	8.6%
Relationship with friends and/or making friends (Item #11)	113	8.4%
Relationship with roommate (Item #10)	37	2.8%
Self-esteem Issues		
Self-confidence / Self-esteem; feeling inferior (Item#16)	342	25.5%
Concern over appearances (Item #17)	166	12.4%
Shy or ill at ease around others (Item #15)	116	8.6%
Anxiety Issues		
Anxieties, fears, worries (Item #18)	553	41.0%
Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	477	35.5%
Problem adjusting to the University (Item #20)	74	5.5%
Existential Issues		
Generally unhappy and dissatisfied (Item #21)	276	20.5%
Confusion over personal or religious beliefs and values (Item #22)	47	3.5%
Concerns related to being a member of a minority (Item #23)	38	2.8%
Issue related to gay / lesbian identity (Item #24)	32	2.4%
Depression		

Depression (Item #26)	291	21.7%
General lack of motivation, interest in life; detachment and hopelessness #25)	266	19.7%
Grief over death or loss (Item #27)	65	4.8%
Eating Disorder		
Eating problem (overeating, not eating or excessive dieting) (Item #29)	81	6.0%
Eating problem (overeating, not eating or excessive dieting - including moderate concern) (Item #29)	217	16.1%
Substance Abuse		
Alcohol / drug problem in family (Item #31)	27	2.0%
Alcohol and/or drug problem (Item #30)	22	1.6%
Sexual Abuse or Harassment		
Physically or emotionally abused, as a child or adult (Item #33)	43	3.2%
Sexually abused or assaulted, as a child or adult (Item #32)	40	3.0%
Stress and Psychosomatic Symptoms		
Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	264	19.6%
Physical stress (Item #35)	128	9.5%
Concerns about health; physical illness (Item #34)	51	3.8%
Sexual Dysfunction or Issues		
Sexual matters (Item #37)	38	2.8%
Problem pregnancy (Item #38)	4	0.3%
Unusual Thoughts or Behavior		
Concern that thinking is very confused (Item #40)	104	7.7%
Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39)	100	7.4%
Fear of loss of contact with reality (Item #42)	37	2.8%
Violent thoughts, feelings, or behaviors (Item #43)	21	1.6%
Fear that someone is out to get me (Item #41)	13	1.0%
Feel that someone is stalking/harassing me (item #45)	2	0.1%

18. Behavioral Health Monitor by Item at Intake (N=1,353)	**# Reporting Extremely or Very Serious Problem (+moderate Problem)**	**%**
1) How distressed have you been?	533	39.4%
2) How satisfied have you been with your life?	484	35.8%
3) How energetic and motivated have you been feeling?	595	44.0%
4) How much have you been distressed by feeling fearful, scared?	277	20.5%
5) How much have you been distressed by alcohol/drug use interfering with your performance at school or work?	28	2.1%
6) How much have you been distressed by wanting to harm someone? (Including 'Sometimes' and 'A Little Bit')	11 (30)	0.8% (2.2%)
7) How much have you been distressed by not liking yourself?	391	29.0%
8) How much have you been distressed by difficulty concentrating?	542	40.1%
9) How much have you been distressed by eating problems interfering with relationships with family and or friends?	56	4.1%
10) How much have you been distressed by thoughts of ending your life? Almost Always, Often, Sometimes (and 'A Little Bit')	37 (111)	2.7 % (8.2%)
11) How much have you been distressed by feeling sad most of the time?	356	26.3%
12) How much have you been distressed by feeling hopeless about the future?	351	26.0%
13) How much have you been distressed by powerful, intense mood swings (highs and lows)?	295	21.8%

14) How much have you been distressed by alcohol / drug use interfering with your relationships with family and/or friends?	14	1.0%
15) How much have you been distressed by feeling nervous?	464	34.3%
16) How much have you been distressed by your heart pounding or racing?	237	17.5%
17) Getting along poorly or terribly over the past two weeks: work/school (for example, support, communication, closeness).	229	17.0%
18) Getting along poorly or terribly over the past two weeks: Intimate relationships (for example: support, communication, closeness).	340	25.1%
19) Getting along poorly or terribly over the past two weeks: Non-family social relationships (for example: communication, closeness, level of activity).	286	21.7%
20) Getting along poorly or terribly over the past two weeks: Life enjoyment (for example: recreation, life appreciation, leisure activities).	290	22.5%
21) Risk for Suicide (Extremely High, High, Moderate Risk) (Including Some Risk)	10 (30)	3.8% (11.3%)

C) Individual Psychotherapy: Intake Service Evaluation Survey.

1) Respondents' Characteristics: (N=824) (61% return rate)

1) Race:		**2) Class Status:**		**3) Residence:**	
African-American	5.3%	Freshman	13.5%	On-campus	38.3%
Asian-American	21.5%	Sophomore	21.3%	Off-campus w family	3.9%
Caucasian	52.6%	Junior	17.8%	Other off-campus	57.8%
Latino	12.3%	Senior	17.6%		
Other	8.3%	Graduate Student	28.8%		
		Alumnus	0.4%		
		Other	0.6%		
4) School Affiliation		**5) Gender**:		**6) Status:**	
Arts and Sciences	67.7%	Male	37.6%	Student	99.4%
Engineering	25.4%	Female	62.4%	Staff Member	0.4%
Nursing	0.2%			Other	0.2%
Peabody Conservatory	6.2%				
Other	0.5%				

2) Respondents' Evaluation and Comments:

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

Yes ---------- 97.5% No ---------- 1.7% Unsure---------- 0.8%

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

Yes ---------- 97.7% No ---------- 0.8% Unsure---------- 1.6%

9) I felt comfortable waiting in the reception area:

Yes ---------- 96.5% No ---------- 2.2% Unsure ---------- 1.3%

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

Yes ---------- 99.6% No ---------- 0% Unsure ---------- 0.4%

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

Yes ---------- 95.6% No ---------- 0.2% Unsure---------- 4.1%

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

Yes ---------- 96.1% No ---------- 2.0% Unsure ---------- 2.0%

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

Yes, I was satisfied with service	80.8%
Yes, If I can get a convenient appointment	7.7%
Yes, but I'm not sure this is the best place	4.8%
Yes, if	2.6%
No, because problem was solved	1.3%
No, because I don't have a problem	0.2%
No, because I don't like the therapist	0.0%
No, the hours are not convenient	0.1%
No, not eligible	0.0%
No, they cannot help me	0.1%
No, not now	1.2%
No, because	1.1%
No Response (NR)	0.0%

14) Overall Impression of Counseling Center?

Excellent ---------61.2% Good ---------- 36.6% Fair ------ 2.2% Poor -------- 0%

15) Comments. There were 105 comments on the Counseling Center's Service Evaluation Forms. 85 comments (81%) were viewed as positive, 18 comments (17%) were assessed as somewhat negative, and 5 comments (5%) were considered neutral. Most of the negative comments related to the waiting room experience and to the perceived difficulty arranging frequent appointments. Others mentioned wanting more feedback from therapists.

Comment #	Evaluation #	COMMENTS	Pos.	Neu.	Neg.
1	9	During the academic year it was difficult to get an appointment. This is not the fault of staff but a fault of the university for not giving enough to the mental needs of the student body. In short – they need to hire more staff			1
2	16	Love Therapist 104 – she's incredibly helpful and an incredible listener	1		
3	17	Therapist 93 continues to be excellent at helping me	1		
4	28	I wish it was easier to contact my psych. To get med refills and such.			1
5	31	Therapist 100 and Therapist 19 are great.	1		
6	32	Thank you guys so much. Therapist 105 is an outstanding counselor and wonderful human being – she deserves a raise	1		
7	34	Thank you!	1		
8	40	I feel like I've been largely helped through a challenging time and I may not need any more help here for a while.	1		
9	48	Thank you!	1		
10	53	Best therapist ever!	1		
11	56	One possible thing that I think is helpful is to provide therapists' CV on website or somewhere. I'd like to know my therapists age and experience but it's not polite to ask (I think)		1	
12	65	Therapist 93 is great.	1		
13	66	Thanks so much	1		
14	72	More candy! ☺	1		
15	78	You all were so kind and helpful. Thank you!	1		

16	83	I have been coming here for two years now, and it has improved my outlook of life immeasurably. I'm deeply grateful to the entire staff and to Therapist 88 in particular for the good care they have taken of me.	1		
17	91	Great resource for students, should offer more group classes and more personalized care		1	
18	94	I don't think you should be forced to keep seeing a therapies once you've found a medication regiment that works for you.			1
19	96	Therapist 119 had great statements	1		
20	99	I've had nothing but extremely helpful experiences with the counseling center.	1		
21	101	Very supported understanding of my voiced concerns. Made me feel very at ease and I'm grateful. Great experience	1		
22	109	Organized	1		
23	117	Since the move to the new building a few years back I've noticed great improvements in the ability of service the center provides. The atmosphere is great and welcoming. Therapist 93 is also the best therapists I've ever had. I owe the improvement on my quality of life (in part) to him. Also, the rest of the staff is great and helpful. (But really, Therapist 93 is amazing!)	1		
24	119	The counseling center has been such an incredible resource for me thanks.	1		
25	120	Every therapist and psychiatrist I've talked to has been great – attentive, helpful, knowledgeable	1		
26	136	Please consider adding some variety to the reception area music.			1
27	137	Therapist 100 is an excellent therapist and very attentive to my needs.	1		
28	138	Thanks!	1		
29	144	My therapist is amazing and understanding. I look forward to working with her again.	1		
30	189	The only way I am sane at this school is because of the therapist.	1		
31	190	Great service, thank you! ☺	1		
32	196	Very helpful!	1		
33	208	Thank you so much for helping me. It was scary to come here but I feel better after my appointment	1		
34	209	Having music in the waiting room is a great idea	1		
35	217	I would appreciate if the counselor gave more verbal feedback than just listen.			1
36	223	I am very satisfied with the services provided and hope that one day grade students will be separated from undergrad students. I am not at ease when I meet my students here.	1		1
37	239	Great first session	1		
38	267	I'm glad to be back working on my issues in a safe understanding environment.	1		
39	274	I really loved talking to Therapist 119	1		
40	278	I've come previously and am just again starting service – think it is helpful	1		
41	281	This is a great service. Thank you.	1		
42	294	☺	1		
43	299	Easy to schedule with and talk to	1		
44	312	Love this place, and Love Therapist 2, better than my	1		

		therapist back home, Love Therapist 67!			
45	314	Very great, especially when dealing with my own personal hesitations and anxiety.	1		
46	342	I felt very comfortable during my first meeting. She was very clear on what techniques would be used to help me. I feel confident that my future appointments will be helpful.	1		
47	345	Really comfortable with Therapist 101 already	1		
48	347	Therapist 105 is awesome! She has helped me develop many techniques to help me stress and anxiety during my time at Hopkins	1		
49	361	This is a great space and I'm glad I finally came here	1		
50	366	Helpful with giving referrals but I wish you could provide counseling every week for students so I don't have to go out of my way for therapy			1
51	374	Therapist 112 is fantastic after just one meeting with her!	1		
52	377	Therapist was a little later than my appointment time but I felt that the conversation was productive. Overall a good experience	1		1
53	402	Everyone is very understanding and it creates a really comfortable environment.	1		
54	416	Thanks!	1		
55	421	I don't think my problems can be remedied with a short-term approach		1	
56	422	Thank you very much.	1		
57	423	Looking forward to coming back!	1		
58	427	Therapist 112 was very friendly and easy to talk to I felt comfortable discussing things with her.	1		
59	434	It is super professional and comfortable which made a very good impression on me. I expect to use these services more often.	1		
60	447	Was satisfied w/ the counselor, will be back for another appointment next week	1		
61	459	I really liked Therapist 112! She's detailed and open to whatever I'd like to share and has a lot of diverse background to empathize with students	1		
62	466	Very relieving	1		
63	468	The atmosphere is very comfortable and my therapist was patient and understanding.	1		
64	470	It was two weeks from when I called to the next available appointment; it would be nice to get in within the week, other than that I think the counseling center is awesome.	1		1
65	480	I thought Therapist 105 was very attentive but I would've liked more feedback. I didn't really know if she understood my feelings.			1
66	484	I would've preferred more input from my therapist. I'm not sure if it's because this was my first time here, but I felt I talked most of the time.			1
67	485	The doctor was very helpful, patient and attentive, allowed me to speak and I felt comfortable sharing my concerns with him.	1		
68	499	The counseling center should offer scheduling by text or chat (web) in case persons (like me) feel anxious about talking on the phone or they just feel anxious. I postponed my visit for 2 month because I didn't feel			1

		like calling someone and speaking in a foreign language			
69	507	I had a great first time and can't wait to return	1		
70	525	Therapist 105 was very kind and attentive. She empathized with my situation and encouraged me that my feelings were valid. I am really thankful for her patience.	1		
71	534	I'm not sure I'll be able to resolve things in one semester and I don't have the money to pay for a private therapist so I hope the counseling center will let me continue past a semester if necessary.		1	
72	547	Thanks for offering this great service!	1		
73	555	Very good first experience	1		
74	576	It was fine. Sometimes unsure what therapist can really do to help when only so little time before finals. More my fault for waiting too long.		1	
75	585	I felt really comfortable coming in the future!	1		
76	586	I really enjoyed my time Therapist 101 was extremely helpful and the whole staff seemed really kind!	1		
77	588	Good job	1		
78	603	More availability of counseling sessions			1
79	611	Counseling limits seem steep			1
80	615	Having more times for appointments would be nice. I didn't want to wait so long for an appointment. I know it's a tough problem but with time-sensitive emotions it could have been helpful.			1
81	623	The radio sometimes make buzzing sounds that get in the way of the music			1
82	624	Very easy and convenient during term time. I had considered coming in previously but it was outside normal hours so I put it off.	1		
83	638	Talking with others makes me feel better	1		
84	639	Therapist 119 is amazing <3	1		
85	660	I had a great experience with the counseling center	1		
86	661	Appreciated Therapist 104's tone and demeanor. Very professional but also not cold.	1		
87	667	Provided wonderful support. Very helpful and inviting atmosphere	1		
88	676	I am very happy that I came today. I was able to talk about my concerns in a safe space in which I felt understood and not judged. It was a very helpful session, and I thought the logistics of the check-in and appointment making process went very smoothly.	1		
89	677	The staff was really loud behind the receptionist's desk. It seems like they were celebrating something or a party in the conference room that was just really intimidating and unwelcoming as a first-time attendee			1
90	693	Thank you, this session really helped and I will return for the follow-up appointment	1		
91	712	Tissues next to my chair were a good comfort measure. An office with a window was also very helpful.	1		
92	723	Therapists are very understanding and frank. She made me feel very comfortable	1		
93	737	This place is pretty nice.	1		
94	739	Very good, hope this can help	1		
95	740	I felt very secure and comfortable throughout my time here.	1		

96	741	I had a good experience	1		
97	763	Need more concrete help/action items to work on			1
98	771	He asked great guiding questions that helped me consider things I hadn't thought about before	1		
99	774	Thank you!	1		
100	782	Very helpful and reassuring. Felt like even after the first time that I had a plan to help me in day to day life.	1		
101	805	My therapist seems like she really cared about my well-being: she made me feel very comfy and at home	1		
102	806	I was hesitant to come here. But thanks to the emergency counseling, I could get help when I needed it. I am glad the counseling center scheduled the appointment that day. Otherwise, I might not have come here at all. So far, I feel much better and feel the support.	1		
103	808	Overall pleased.	1		
104	809	Therapist 119 was incredibly supportive and not in the least bit judgmental. I thoroughly enjoyed the session and appreciate her work.	1		
105	824	The therapist and psychiatrist are both very serious, caring and respectful!	1		

SECTION III: Research Projects

A) THE BEHAVIORAL HEALTH MONITOR (BHM20).

1) <u>Background.</u>

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) <u>BHM20 Research Findings: 2002-07.</u>

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

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

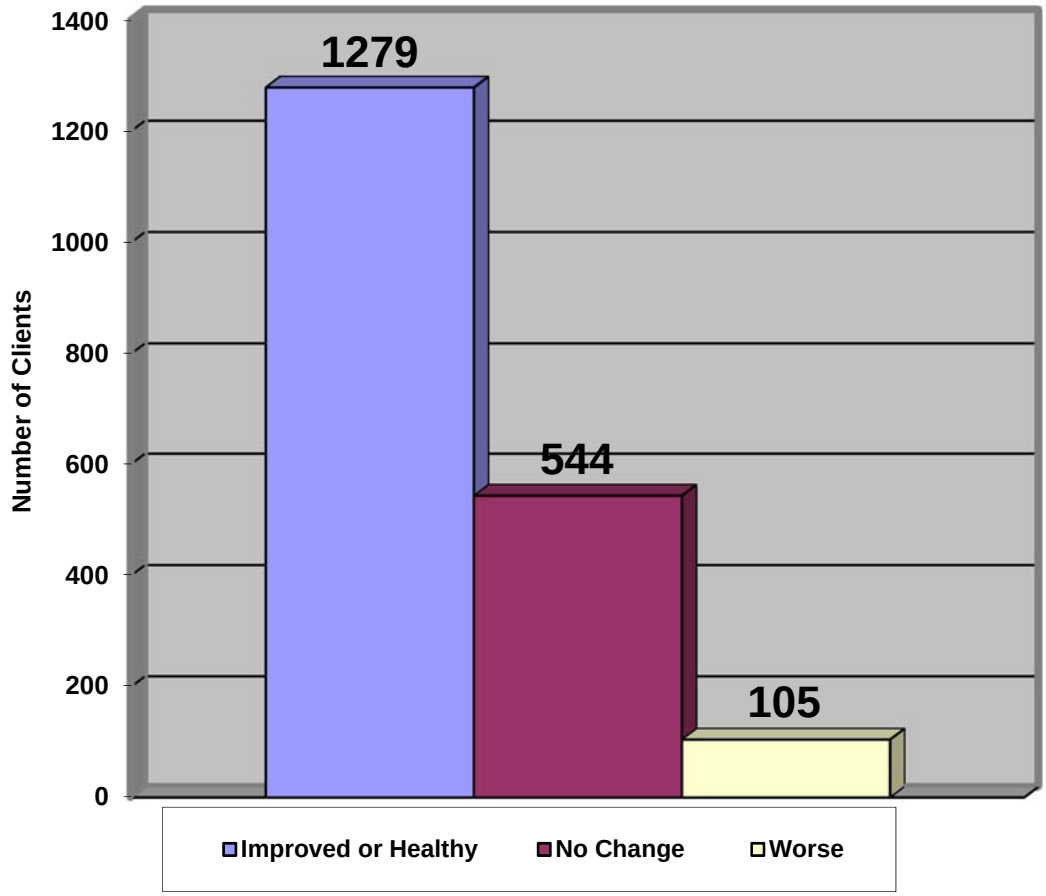
Over a 5 year period, from 2002- 2007, all clients were given the BHM20 prior to every session. A comparison of the mean BHM20 scores of all new clients at intake and at their last session is shown below in Table 1. This table shows that approximately 1/3 of the clients who arrive at the Counseling Center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

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

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

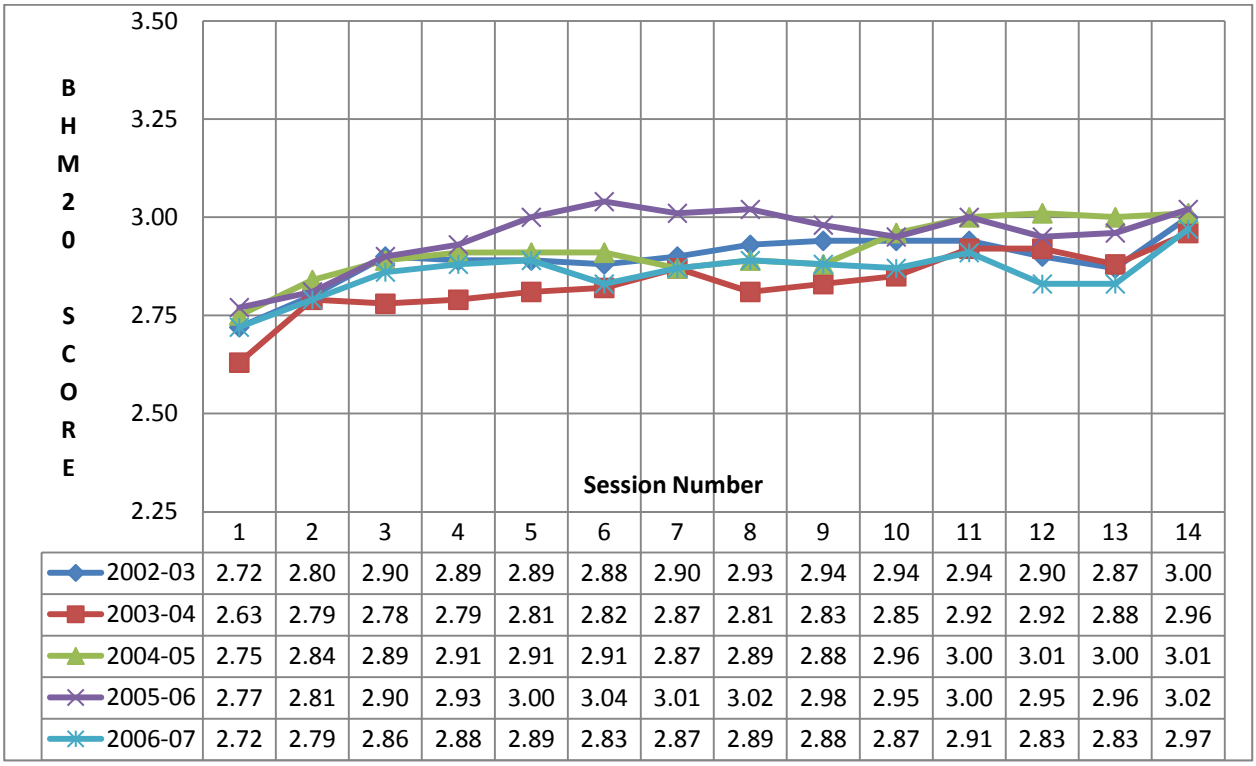
example, students at intake who reported being "healthy" may have improved to an even "healthier" level (i.e., BHM20 score increased by a score of .63 which is equal to one standard deviation). Likewise, student clients who were in the "serious illness" category may have gotten significantly worse even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

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



The change in the mean BHM20 scores for Johns Hopkins University Counseling Center clients across sessions for these same groups of new clients over 5 years (2002-03, 2003-04, 2004-05, 2005-06, and 2006-07) is shown in Figure 2 below. It can be seen that significant improvement across sessions has occurred for all 5 client groups from the initial intake through the last session of therapy. (The last session is indicated in "session 14.") In all 5 years the average score for the clients in the intake session was in the "mild illness or adaptive difficulty" range. Average BHM20 scores for the last session for all 5 years, regardless of the number of sessions, are in the "healthy" range. It has been hypothesized that the average BHM20 score improves only modestly across sessions because the most improved clients leave therapy as their illness abates leaving the less improved clients to continue in therapy. A more in depth analysis of the data is anticipated in separate reports or articles. (Note: The analysis below includes only "new" clients that were seen at the Center that year. Clients returning from previous years are excluded from the data analysis as their session numbers are not continued between years.)

Figure 2. Average BHM20 scores for new CC clients over a 5 year period across 13 sessions and last session (14).



	1	2	3	4	5	6	7	8	9	10	11	12	13	14
2002-03	2.72	2.80	2.90	2.89	2.89	2.88	2.90	2.93	2.94	2.94	2.94	2.90	2.87	3.00
2003-04	2.63	2.79	2.78	2.79	2.81	2.82	2.87	2.81	2.83	2.85	2.92	2.92	2.88	2.96
2004-05	2.75	2.84	2.89	2.91	2.91	2.91	2.87	2.89	2.88	2.96	3.00	3.01	3.00	3.01
2005-06	2.77	2.81	2.90	2.93	3.00	3.04	3.01	3.02	2.98	2.95	3.00	2.95	2.96	3.02
2006-07	2.72	2.79	2.86	2.88	2.89	2.83	2.87	2.89	2.88	2.87	2.91	2.83	2.83	2.97

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

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

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

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

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

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

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

Table 3 below provides a breakdown of how "new clients" in 2008-09 change between mental health categories. Overall, this table shows that 77.8% of new clients were in the normal mental health range at their last

session, 13.0% did not change, and 9.2% deteriorated. This compares to 71.2%, 19.6%, and 8.7% respectively in 2007-08.

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

	Change in mental health category between Intake Session and Last Session	# New Clients	% New Clients	Healthy (Normal) or Improved Significantly	No Change & in Unhealthy Range	In Unhealthy Range or got Significantly Worse
Improved	1) Severe to Moderate (1 to 2)	10	2.6%	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: 2008-13.

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

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

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

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

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

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

9) BHM20 Data Results: 2013-14

During 2013-14 the Counseling Center served 1,244 clients in individual therapy. Of these, 649 were new clients with an average of 5.3 sessions. The following analysis is based on these new clients. As with every client seen at the CC each new client completed a BHM20 self-assessment at intake and a self-assessment prior to every therapy session thereafter**.** These self-assessments are completed electronically on net-books located in the waiting area of the Counseling Center. The results of the self-assessments are immediately available to the therapist prior to the session. The therapist obtains this information by logging onto the CC BHM20 data at the CelestHealth web site. In addition, the CelestHealth web site allows for administrative reports that summarize the self-assessment data for all the Center's new clients.

The CelestHealth administrative report shows that during this past year the Center's new clients averaged 5.3 therapy sessions with an average intake score of 2.28 (in the moderately distressed range) and an average final score as of May 18, 2014 of 2.78 (mildly distressed range). It should be noted that the scores were taken at the end of the academic

year and do not necessarily reflect the completion of therapy. In fact, it is anticipated that while some clients will return for the summer session many who left for the summer will likely return in the Fall 2014 semester to continue their therapy.

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

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

BHM20 Health Category	# of Students at Initial Session of 2013-14 Year (n=647)	%	# of Students at Last Session of 2012-13 Year (n=498)	%	% change
Normal range (BHM= 2.94 - 4.00)	232	36%	290	58%	+22%
Mildly distressed range (BHM=2.38 – 2.93)	197	30%	121	24%	-6%
Moderately distressed range (BHM= 2.09 - 2.37)	97	15%	44	9%	-6%
Severely distressed range (BHM= <2.09)	121	19%	43	9%	-10%
TOTALS	**627**	**100%**	**498**	**100%**	

Another way to assess client change in this data is to review only those clients in the distressed ranges at intake (plus those that also deteriorated in subsequent sessions) who had at least 2 sessions of therapy to review whether they recovered, improved, stay unchanged or deteriorated. In 2013-14 there were 337 such clients. Table 19 below shows on the BHM20 Global Health Measure that 229 (68%) clients showed improvement including 150 (45%) clients that indicated full recovery. Table 19 also shows (as of May 18, 2014) that 79 (23%) of the distressed clients had not changed significantly as of end of the academic year while 50 clients (8%) showed deterioration.

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

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

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

Table 19 above also summarized client changes on 4 subscales including anxiety, depression, suicide risk, and alcohol. As can be seen improvement, as measured by these subscales, is substantial including improvement rates of 62% for depression and 82% for suicidality. It should be noted that total recovery for suicidal clients is 73%. (Table 11 above provides the actual cutoff scores for each of the subscales).

10) BHM20 Data Results: 2014-15

During 2014-15 the Counseling Center served 1,307 clients in individual therapy. Of these, 695 were new clients with an average of 4.9 sessions. The following analysis is based on these new clients. As with every client seen at the

CC each new client completed a BHM20 self-assessment at intake and a self-assessment prior to every therapy session thereafter**.** These self-assessments are completed electronically on net-books located in the waiting area of the Counseling Center. The results of the self-assessments are immediately available to the therapist prior to the session. The therapist obtains this information by logging onto the CC BHM20 data at the CelestHealth web site. In addition, the CelestHealth web site allows for administrative reports that summarize the self-assessment data for all the Center's new clients. The CelestHealth administrative report shows that during this past year the Center's new clients averaged 4.9 therapy sessions with an average intake score of 2.24 (in the moderately distressed range) and an average final score as of May 18, 2014 of 2.72 (mildly distressed range). It should be noted that the scores were taken at the end of the academic year and do not necessarily reflect the completion of therapy. In fact, it is anticipated that while some clients will return for the summer session many who left for the summer will likely return in the Fall 2015 semester to continue their therapy.

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

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

BHM20 Health Category	# of Students at Initial Session of 2014-15 Year (n=689)	%	# of Students at Last Session of 2014-15 Year (n=539)	%	% change
Normal range (BHM= 2.94 - 4.00)	245	36%	283	52%	+16%
Mildly distressed range (BHM=2.38 – 2.93)	195	28%	149	28%	0%
Moderately distressed range (BHM= 2.09 - 2.37)	113	16%	53	10%	-6%
Severely distressed range (BHM= <2.09)	136	20%	54	10%	-10%
TOTALS	**689**	**100%**	**539**	**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 2014-15 there were 370 such clients. Table 21 below shows on the BHM20 Global Health Measure that 245 (66%) clients showed improvement including 148 (40%) clients that indicated full recovery. Table 21 also shows (as of May 17, 2015) that 90 (24%) of the distressed clients had not changed significantly as of end of the academic year while 70 clients (10%) showed deterioration.

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

BHM Measure	n	Intake Score	End of Year Score	Improved	Recovered	Unchanged	Deteriorated
Global Mental Health	370	2.24	2.72	245 (66%)	148 (40%)	90 (24%)	70 (10%)
Anxiety	309	1.61	2.30	188 (61%)	126 (41%)	94 (30%)	75 (11%)
Depression	367	1.85	2.54	230 (63%)	130 (35%)	109 (30%)	63 (9%)
Suicidality	132	2.37	3.55	104 (79%)	89 67%)	22 (17%)	22 (3%)
Alcohol	95	2.75	3.48	64 (67%)	48 (51%)	23 (24%)	31 (4%)

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

Table 21 above also summarized client changes on 4 subscales including anxiety, depression, suicide risk, and alcohol. As can be seen improvement, as measured by these subscales, is substantial including improvement rates of 63% for depression and 79% for suicidality. It should be noted that total recovery for suicidal clients is 67%.
(Table 11 above provides the actual cutoff scores for each of the subscales).

Since inception (since 5/18/2009) of the electronic Behavioral Health Monitoring (BHM20) CelestHealth system

the CC has served 3,910 student clients. Table 22 below summarizes client changes on 4 subscales including anxiety, depression, suicide risk, and alcohol. As can be seen improvement, as measured by these subscales, ranges from 65% for depression to 84% for suicidality. Total recovery for suicidal clients is 73%. (See Table 11 above for cutoff scores for each subscale.)

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

BHM Measure	n	Intake Score	Last Score	Improved	Recovered	Unchanged	Deteriorated
Global Mental Health	2,166	2.26	2.79	1,444 (67%)	979 (45%)	516 (24%)	406 (10%)
Anxiety	1,837	1.66	2.42	1,207 (66%)	845 (46%)	446 (24%)	480 (12%)
Depression	2,197	1.90	2.63	1,421 (65%)	891 (41%)	604 (27%)	407 (10%)
Suicidality	666	2.35	3.60	559 (84%)	483 (73%)	80 (12%)	151 (4%)
Alcohol	558	2.87	3.57	407 (73%)	331 (59%)	96 (17%)	220 (6%)

11) BHM20 Data Results: 2015-16

During 2015-16 the Counseling Center served 1,353 clients in individual therapy. Of these, 728 were new clients with an average of 4.8 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 lap-top computers located in the waiting area of the Counseling Center. The results of the self-assessments are immediately available to the therapist prior to the session. The therapist obtains this information by logging onto the CC BHM20 data at the CelestHealth web site. In addition, the CelestHealth web site allows for administrative reports that summarize the self-assessment data for all the Center's new clients. The CelestHealth administrative report shows that during this past year the Center's new clients averaged 4.8 therapy sessions with an average intake score of 2.27 (in the moderately distressed range) and an average final score as of May 15, 2016 of 2.72 (mildly distressed range). It should be noted that the scores were taken at the end of the academic year and do not necessarily reflect the completion of therapy. In fact, it is anticipated that while some clients will return for the summer session many who left for the summer will likely return in the Fall 2016 semester to continue their therapy.

Table 23 below shows the mental health category distribution of new clients at the initial intake session and at their last therapy session of the 2015-16 year. The table shows that at intake 34% of the 725 (data is not available for 3 students) 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 23 also shows that of these students, 562 students completed at least two sessions before the end of the 2015-16 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 19% increase of clients in the normal range and a corresponding decrease in the percentage of clients remaining in the distressed ranges.

Table 23: Distribution and Change of Client BHM20 Scores at the Initial and Last Session in 2015-16 by Mental Health Category.

BHM20 Health Category	# of Students at Initial Session of 2015-16 Year (n=728)	%	# of Students at Last Session of 2015-16 Year (n=562)	%	% change
Normal range (BHM= 2.94 - 4.00)	246	34%	295	53%	+19%
Mildly distressed range (BHM=2.38 – 2.93)	233	32%	158	28%	-4%
Moderately distressed range (BHM= 2.09 - 2.37)	97	13%	46	8%	-5%
Severely distressed range (BHM= <2.09)	149	21%	63	11%	-10%
TOTALS	**725**	**100%**	**562**	**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 2015-16 there were 387 such clients. Table 24 below shows on the BHM20 Global Health Measure that 252 (65%) clients showed improvement including 152 (39%) clients that indicated full recovery. Table 24 also shows (as of May 15, 2016) that 95 (25%) of the distressed clients had not changed significantly as of end of the academic year while 70 clients (13%) showed deterioration.

Table 24: Client Change in Mental Health Status in New CC Clients Seen More than 1 Session: 2015-16*

BHM Measure	n	Intake Score	End of Year Score	Improved	Recovered	Unchanged	Deteriorated
Global Mental Health	387	2.27	2.72	252 (65%)	152 (39%)	95 (25%)	70 (13%)
Anxiety	343	1.66	2.26	205 (60%)	137 (40%)	92 (27%)	88 (16%)
Depression	389	1.86	2.49	234 (60%)	128 (33%)	119 (31%)	71 (13%)
Suicidality	134	2.41	3.48	100 (75%)	87 65%)	29 (22%)	27 (5%)
Alcohol/Drugs	101	2.84	3.52	74 (73%)	57 (56%)	19 (19%)	30 (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 24 above also summarized client changes on 4 subscales including anxiety, depression, suicide risk, and alcohol/drugs. As can be seen improvement, as measured by these subscales, is substantial including improvement rates of 60% for anxiety and depression, and 75% for suicidality. It should be noted that total recovery for suicidal clients is 65%.

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

Since inception (since 5/18/2009) of the electronic Behavioral Health Monitoring (BHM20) CelestHealth system the CC has served 4,638 student clients. Table 25 below summarizes client changes on 4 subscales including anxiety, depression, suicide risk, and alcohol/drugs. As can be seen improvement, as measured by these subscales, ranges from 65% for anxiety to 83% for suicidality. Total recovery for suicidal clients is 73%. (See Table 11 above for cutoff scores for each subscale.)

Table 25: Client Change in Mental Health Status since inception (since 5/18/2009) for New CC Clients Seen More than 1 Session

BHM Measure	n	Intake Score	Last Score	Improved	Recovered	Unchanged	Deteriorated
Global Mental Health	2,569	2.26	2.79	1,713 (67%)	1159 (45%)	608 (24%)	488 (13%)
Anxiety	2,201	1.66	2.40	1,422 (65%)	993 (45%)	541 (25%)	580 (15%)
Depression	2,605	1.90	2.61	1,674 (64%)	1054 (40%)	715 (27%)	499 (13%)
Suicidality	805	2.36	3.61	668 (83%)	582 (72%)	106 (13%)	188 (5%)
Alcohol/Drugs	666	2.87	3.61	503 (76%)	415 (62%)	110 (17%)	249 (6%)

B) SUICIDE TRACKING.

In the Fall of 1996 the Counseling Center began a Suicide Tracking System (STS) for students considered to be at risk for suicide. The program was developed, in part, as a research project working with Dr. David Jobes, a suicidologist at Catholic University. It was designed: 1) to assure close monitoring of suicidal clients by Counseling Center staff (Clinical and Managerial) and 2) to collect data that would allow for an analysis of treatment outcomes for potentially suicidal clients (Research). Since the project began 1054 students have been monitored through our suicide tracking system (STS).

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

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

Sixty clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). This accounted for 5.8% of all student clients seen at the Counseling Center in 2010-11. This is a 25% increase from 48 Suicide Tracking System Clients tracked in 2009-10. These 60 clients were followed closely with weekly staff

reviews at the Center case management meetings including the monitoring of their Behavioral Health Monitor (BHM20) scores. (The BHM20 scores range from 0, severely distressed, to 4, healthy with 2.93 as the cut-off point for healthy college students.) Table 18 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the Table 23 below, 16 of the 60 STS clients (27%) completely resolved their suicidality in an average of 11.1 sessions. Fifteen suicidal clients (25%) continue in treatment as the academic year ended, 4 suicidal clients was referred out, 11 clients withdrew from the University, 3 clients graduated before their suicidality was resolved completely, 10 clients dropped out of treatment, and 1 stopped treatment at the Counseling Center because of hospitalization. Again, as shown in the table, it is noted that all categories of STS clients showed improvement between their first and last session on the STS at the Counseling Center.

Table 26: 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 24 below compares STS clients who received medication with those that did not receive medication in 2010-11. The results indicate that both groups improved. It is interesting to note that the clients not treated with medication had more severe initial intake scores than the clients who went on medication. However, it should also be noted that the clients on medication also received on average more therapy sessions.

Table 27: 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 25 below shows that for the 16 clients who successfully resolved their suicidality the improvement in both groups was about the same whether they were treated with medication or not.

Table 28: 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 this year 211 clients (18%) of 1,181 clients presenting at the Counseling Center reported some suicidal content at intake. This included 122 females and 89 males. Also, 40 were international students. Of these 211 clients, 89 (7.5% of all student clients) reported moderate, serious, or severe suicidal thoughts (40 males, 49 females, 14 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts, 64 were enrolled in Arts and Science, 19 were enrolled in Engineering, and 6 were enrolled at Peabody. Two identified as African-American, 1 as American Indian, 25 as Asian-American/Asian, 1 as East Indian, 5 as Hispanic/Latino, 40 as European American/White/Caucasian, 7 as Multiracial, 1 Other, and 6 Preferred Not to Answer. Thirteen reported they were freshmen, 23 were sophomores, 19 were juniors, 17 were seniors and 17 were graduate students.

Eighty seven clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). This accounted for 7.4% of all student clients seen at the Counseling Center in 2011-12. This is a 45% increase from 60 Suicide Tracking System Clients tracked in 2010-11. These 87 clients were followed closely with weekly staff reviews at the Center case management meetings including the monitoring of their Behavioral Health Monitor (BHM20) scores. (The BHM20 scores range from 0, severely distressed, to 4, healthy with 2.93 as the cut-off point for healthy college students.) Table 24 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the table, 26 of the 87 STS clients (30%) completely resolved their suicidality in an average of 12.0 sessions. Twenty four suicidal clients (28%) continue in treatment as the academic year ended, 7 suicidal clients was referred out, 15 clients withdrew from the University, 7 clients graduated before their suicidality was resolved, 7 clients dropped out of treatment, and 3 clients have incomplete data at the time of this report. Again, as shown in the table, it is noted that all categories of STS clients showed improvement between their first and last session on the STS at the Counseling Center except those clients whose therapy was interrupted by graduation from the University.

Table 29: Summary of Change in Suicide Tracking Clients for 2011-12.

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

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

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

Eighty five clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). 51 were enrolled in Arts & Science, 25 in Engineering, and 9 at the Peabody Conservatory. This accounted for 7% of all student clients seen at the Counseling Center in 2012-13. This compares to 87 clients that were placed in the Suicide Tracking System Clients tracked in 2011-12. These 85 clients were followed closely with weekly staff reviews at the Center case management meetings including the monitoring of their Behavioral Health Monitor (BHM20) scores. (The BHM20 scores range from 0, severely distressed, to 4, healthy with 2.93 as the cut-off point for healthy college students.) Table 27 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the table, 28 of the 85 STS clients (33%) completely resolved their suicidality in an average of 9.3 sessions. Twenty four suicidal clients (28%) continue in treatment as the academic year ended, 6 suicidal clients was referred out, 9 clients withdrew from the University, 6 clients graduated before their suicidality was resolved, 9 clients dropped out of treatment, and 5 clients have incomplete data at the time of this report. Again, as shown in the Table 24 below, it is noted that all categories of STS clients showed improvement between their first and last session on the STS at the Counseling Center.

Table 30: 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**

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

During the past year 206 clients (16.6%) of 1,244 clients presenting at the Counseling Center reported some suicidal content at intake. This included 118 females and 88 males. Also, 40 were international students. Of these 206 clients, 78 (6.3% of all student clients) reported moderate, serious, or severe suicidal thoughts (27 males, 51 females, 12 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts, 49 were enrolled in Arts and Science, 22 were enrolled in Engineering, and 7 were enrolled at Peabody. Two identified as African- American, 21 as Asian-American/Asian, 10 as Hispanic/Latino, 34 as European American/White/Caucasian, 7 as Multiracial, 2 Other, and 2 Preferred Not to Answer. Eighteen reported they were freshmen, 16 were sophomores, 14 were juniors, 16 were seniors and 13 were graduate students. Eighteen suicidal clients reported they were heterosexual, 3 reported being gay, 4 reported being bisexual, 2 were "questioning," and 2 preferred not to answer with regard to their sexual orientation.

Eighty two clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). 48 were enrolled in Arts & Science, 25 in Engineering, and 8 at the Peabody Conservatory. This accounted for 6.6% of all student clients seen at the Counseling Center in 2013-14. This compares to 85 clients that were placed in the Suicide Tracking System Clients tracked in 2012-13. These 82 clients were followed closely with weekly staff reviews at the Center case management meetings including the monitoring of their Behavioral Health Monitor (BHM20) scores. (The BHM20 scores range from 0, severely distressed, to 4, healthy with 2.93 as the cut-off point for healthy college students.) Table 26 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the table, 24 of the 82 STS clients (29%) resolved their suicidality in an average of 9.8 sessions. Thirty one suicidal clients (38%) continue in treatment as the academic year ended, 2 suicidal clients was referred out, 4 clients withdrew from the University, 9 clients graduated before their suicidality was resolved, and 11 clients dropped out of treatment. Again, as shown in the Table 28 below, it is noted that all categories of STS clients showed improvement between their first and last session on the STS at the Counseling Center.

Table 31: Summary of Change in Suicide Tracking Clients for 2013-14.

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

5) <u>Data for Clients Indicating Suicidality: 2014-15</u>.

During the past year 239 clients (18.3%) of 1,307 clients presenting at the Counseling Center reported some suicidal content at intake. This included 137 women and 101 males. Also, 40 were international students. Of these 239 clients, 100 (7.7% of all student clients) reported moderate, serious, or severe suicidal thoughts (36 males, 63

females, 17 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts, 73 were enrolled in Arts and Science, 17 were enrolled in Engineering, and 10 were enrolled at Peabody. Five identified as African- American, 31 as Asian-American/Asian, 8 as Hispanic/Latino, 42 as European American/White/Caucasian, 7 as Multiracial, 2 Other, and 3 Preferred Not to Answer. Sixteen reported they were freshmen, 26 were sophomores, 18 were juniors, 24 were seniors and 15 were graduate students. Eighty-three suicidal clients reported they were heterosexual, 4 reported being gay, 4 reported being bisexual, 2 were "questioning," 3 responded "other" and 4 preferred not to answer with regard to their sexual orientation.

One-hundred and eight clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). 84 were enrolled in Arts & Science, 13 in Engineering, 9 at the Peabody Conservatory (plus one combined Engineering/Peabody student) and 1 post-bac student. This accounted for 8.3% of all student clients seen at the Counseling Center in 2014-15. This compares to 82 clients (6.6%) that were placed in the Suicide Tracking System Clients tracked in 2013-14. These 108 clients were followed closely with weekly staff reviews at the Center case management meetings including the monitoring of their Behavioral Health Monitor (BHM20) scores.
(The BHM20 scores range from 0, severely distressed, to 4, healthy with 2.93 as the cut-off point for healthy college students.) Table 29 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the Table 29, 29 of the 108 STS clients (27%) resolved their suicidality in an average of 18.1 sessions. Thirty suicidal clients (28%) continue in treatment as the academic year ended, 4 suicidal clients was referred out, 17 clients withdrew from the University, 13 clients graduated before their suicidality was resolved, and 15 clients dropped out of treatment. Again, as shown in the Table xx below, it is noted that all categories of STS clients showed improvement between their first and last session on the STS at the Counseling Center.

Table 32: Summary of Change in Suicide Tracking Clients for 2014-15.

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

6) <u>Data for Clients Indicating Suicidality: 2015-16</u>.

During the past year 271 clients (20%) of 1,353 clients presenting at the Counseling Center reported some suicidal content at intake. This included 161 women and 100 males. Of these 271 clients, 111 (8% of all student clients) reported moderate, serious, or severe suicidal thoughts (36 males, 63 females, 17 international students). Table 30 below provides further examination of the characteristics of the 111 student clients who reported moderate, serious, or severe suicidal thoughts. This table includes the percent of the 111 clients in each category of the clients who reported moderate, serious, or severe suicidal thoughts and the percent of all 1,353 clients in each of these categories.

Table 33: Comparison of All Clients and Clients Reporting Moderate, Serious or Severe Suicidal Thoughts for 2015-16.

Client Characteristics	# and % of Clients with Moderate, Serious or Severe Suicidal Thoughts	# and % of All CC Clients
Males	**40(36%)**	**529(39%)**
Females	**71(64%)**	**820(61%)**
International Students	**16(14%)**	**195(15%)**
African American	**10(9%)**	**72(5%)**
Asian American	**31(28%)**	**299(22%)**
Hispanic/Latino	**12(11%)**	**137(10%)**
White/ Caucasian	**42(38%)**	**710(53%)**
Multiracial	**12(11%)**	**70(5%)**
Freshmen	**21(19%)**	**170(13%)**
Sophomore	**22(20%)**	**277(21%)**
Juniors	**30(27%)**	**253(19%)**
Senior	**18(17%)**	**254(19%)**
Grad Student	**20(18%)**	**374(28%)**
Heterosexual	**81(73%)**	**1102(81%)**
Lesbian	**2(2%)**	**17(1%)**
Gay	**2(2%)**	**47(4%)**
Bisexual	**12(11%)**	**50(5%)**
Questioning	**5(5%)**	**37(3%)**
Asexual	**1(<1%)**	**7(<1%)**
Queer	**5(5%)**	**18(1%)**
Arts and Sciences	**67(60%)**	**922(68%)**
Engineering	**29(26%)**	**326(24%)**
Peabody	**15(14%)**	**97(7%)**

Ninety-four clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking System (STS). 64 were enrolled in Arts & Science, 15 in Engineering, 14 at the Peabody Conservatory and 1 post-bac student. This accounted for 6.9% of all student clients seen at the Counseling Center in 2015-16. This compares to 108 clients (8.3%) that were placed in the Suicide Tracking System Clients tracked in 2014-15. These 94 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 31 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the Table 31, 21 of the 94 STS clients (22%) resolved their suicidality in an average of 17 sessions. Twenty-nine suicidal clients (31%) continue in treatment as the academic year ended, 6 suicidal clients were referred out, 17 clients withdrew from the University, 8 clients graduated before their suicidality was resolved, and 13 clients dropped out of treatment. Again, as shown in the Table 31 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 34: Summary of Change in Suicide Tracking Clients for 2015-16.

Client Outcome at the End of AY2015-16	# of Clients	Mean 1st Session BHM20 Score	Mean AY Last Session BHM20 Score	Mean Change Score	Mean # of Session on STS
Clients who Successfully Achieved Resolution of Suicidality	21 (22%)	1.90	2.95	+1.05	17
Clients who dropped out of therapy	13 (14%)	1.62	2.48	+0.86	4
Clients referred out	6 (6%)	1.93	2.35	+0.42	31
Clients who graduated without resolution of suicidality	8 (9%)	1.83	2.48	+0.65	15
Clients continuing in treatment	29 (31%)	1.94	2.31	+0.37	11
Clients who withdrew/left School	17 (18%)	1.78	2.13	+0.35	7
All Suicide Tracking Clients	**94 (100%)**	**1.85**	**2.25**	**+0.40**	**12**

6) <u>Continuing Suicide Tracking and Behavioral Health Monitor Research 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.

Additionally, the Counseling Center, working closely with the developer of the BHM20, S. Mark Kopta, Ph.D., has incorporated the Suicide Tracking Questions into a Suicide Monitoring Scale which was added to the Behavioral Health Monitor (BHM20) Scale – a measure that monitors mental health across treatment sessions. The Counseling Center continues to successfully utilize laptop computers to allow for efficient electronic entry of client information including level and risk for suicide, easy tracking of client suicidality by the therapists, and comprehensive administrative summary reports on the Center's work with suicidal clients. It is worth noting that the US Department of Defense has indicated an interest in the use of the BHM for use as a screening device to monitor behavioral mental health and especially suicidality.

This year, the Counseling Center continued to work with Dr. Kopta to beta test the MedBHM, a version of the BHM20 for psychiatrists. The Counseling Center's 2015/16 psychiatric fellow and one of the Counseling Center's consulting psychiatrists utilized the beta version of the MedBHM as we continue to work toward the goal of implementing the MedBHM for use by all consulting psychiatrists and psychiatric fellows working at the Center. For the coming year, our plan is to continue to work on the development of the instrument, as we benefit from the experience and feedback of those using the beta version. The MedBHM training manual will also continue to be revised.

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

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

The Counseling Center also developed policies and procedures for following-up on these referrals. For referred students whose overall PHQ 9 score is 0 to 14, the Counseling Center contacts the student within 1 business day by phone (with resulting voicemail message if necessary and email if there is no voicemail option). For referred students whose overall PHQ 9 score is 15 and above (and students who indicate suicidal ideation regardless of their overall score), the CC's initial response is the same, with an additional follow-up if there is no response by the student within 2 weeks. Additionally, if the referred student is a current client, the CC therapist is notified of the PHQ-9 referral and handles the referral as needed.

In 2015-16 we received 41 PHQ-9 referrals (compared with 47 in 2014-15). Thirty-two (78%) of the referred students were seen at the Counseling Center after their referral (30 or 64% in 2014-15). Five referred students were current clients of the CC and all were seen for follow-up after the referral (compared with 5 current clients in 2014-15, all of whom were seen for follow-up). Five were former clients, and 4 of those were seen for follow-up after the referral

(compared with 6 former clients in 2014-15, 5 of whom were seen for follow-up).

SECTION IV: Summary of Group Psychotherapy Provided by Counseling Center Staff: 2015-16

The Counseling Center offers a variety of groups each year. In the past year the Counseling Center conducted 15 psychotherapy groups for a total of 151 group sessions/258.75 hours of group therapy. A total of 99 students participated in group therapy.

#	Therapy Group	# of Sessions	# of Clients Seen	Length of Each Session	Total Hours of Group
1	Anxiety and Stress Management Support Group I	6	9	60 minutes	6
2	Anxiety and Stress Management Support Group II	6	8	60 minutes	6
3	Anxiety and Stress Management Support Group III	4	7	60-120 minutes	5.75
4	Dialectical Behavior Therapy (DBT) Skills Group I	6	4	90 minutes	6
5	Dialectical Behavior Therapy (DBT) Skills Group II	6	7	60 minutes	6
6	Dissertation Support Group	45	13	90 minutes	67.5
7	Eating Disorders Treatment Group I	7	6	90 minutes	10.5
8	Eating Disorders Treatment Group II	14	3	75 minutes	17.5
9	Gott Love?	4	5	60 minutes	4
10	Graduate Student Process Group	23	6	90 minutes	34.5
11	LGBTQ Student Support Group I	7	8	90 minutes	10.5
12	LGBTQ Student Support Group II	6	8	90 minutes	9
13	Students of Color Discussion Group	4	4	60 minutes	4
14	Surviving to Thriving	4	3	60 minutes	4
15	Undergraduate Student Therapy Group Spring 2016	9	8	90 minutes	13.5
	Totals	**151**	**99**		**258.75**

SECTION V: Summary of Sexual Assault Services and Sexual Assault Help Line 2015-16

During the 2015-16 year, the Counseling Center hired an Associate Director for Outreach and Sexual Assault Services, Dr. Christine Conway, who joined the staff in January 2016. This position represents a new role in the Counseling Center to coordinate the Center's involvement in University wide efforts to address and prevent sexual violence. In addition, a new position was created for a Staff Psychologist/Sexual Assault specialist and Dr. Katherine Jones was hired in March 2016. Dr. Jones will join the staff in August 2016.

During the Spring 2016 semester, the Associate Director met with colleagues and student groups on campus involved in sexual violence prevention and adjudication of Title IX issues to learn more about the University's current prevention and intervention efforts. In addition, outreach to TurnAround, the Baltimore City agency involved in sexual violence work, provided information about local community resources. The Sexual Assault Helpline protocol was revised and reviewed with Counseling Center staff. Information on the Counseling Center website about sexual assault services was updated. Finally, a proposal was submitted to the Dean of Student Life regarding confidential reporting options on campus for victims of sexual violence and increased involvement of the Counseling Center in sexual violence prevention on campus.

2015-16 represents the second year that the Sexual Assault Help Line was available via the Sexual Assault Response and Prevention website to JHU students University wide. Data on the calls received this year, indicate that overall there was a 29% increase in calls to the line. This represents a 55% increase in survivors looking for assistance though this service.

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

	Total # Of Calls	Caller had been sexually assaulted	Caller concerned about someone who had been sexually assaulted	Clinical concern not related to sexual assault	Non-clinical call (e.g., wrong number or shuttle)
TOTAL CALLS					
2015-16	58	14	6	0	38
2014-15	45	9	5	6	22
2013-14	12	3	2	0	5
After-Hours					
2015-16	28	7 students (5 men, 2 women)	2	0	19
2014-15	29	8 (4 confirmed students)	3 (1 confirmed student)	3	15
2013-14	8	2	1	1	3
Daytime					
2015-16	30	7 (2 men, 5 women)	4	0	19
2014-15	16	1 student	2 students	6	7
2013-14	4	1	1	0	2

SECTION VI: Summary of Counseling Center Pre-Doctoral Internship Training Program 2015-16

Dr. Durriya Meer joined the Counseling Center in November 2015 as Associate Director/Training Director and currently leads Center's American Psychological Association accredited Training program. Dr. Meer arranges for individual supervision of the interns by the professional staff, coordinates the Training Seminars series, 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 2015-2016.

Below is a description of the 2015-2016 training program including: (1) a summary of the interns and supervisors for 2015-2016, (2) an overview of the services and activities of the training program, (3) a description of the training assessment process, (4) a statement of contact with interns' academic programs, (5) a summary of the Intern recruitment and selection process for 2016-2017, and (6) a description of the ongoing development and changes to the Doctoral Psychology Internship Program.

A. Trainees and Supervisors

- Director of Training – Durriya Meer, Psy.D.

- Four Doctoral Psychology Interns:
  - **Kourtney Bennett, MSEd.** (Fordham University - Lincoln Center)
  - **Yin Lin, M.S., M.A.** (Virginia Commonwealth University)
  - ***Stephanie Moceri, M.F.T.** (Adler School of Professional Psychology, Chicago, IL)
  - **Lyubov (Luba) Popivker, M.A., Ed.S.** (Loyola University of Maryland)
  -

  *Stephanie Moceri voluntarily terminated the internship at the end of April 2016 due to extenuating personal circumstances.

- Clinical Supervisors:

Supervisor Name	Primary Supervisor for:	Group Therapy Supervisor	Supervision Group Supervisor	Daytime On-Call Supervisor
Larry David	Kourtney – Fall Yin - Spring			Kourtney– Fall Yin - Spring
Fred Gager			Fall & Spring	
Leslie Leathers	Kourtney - Spring			
Emily Massey	*Stephanie - Fall			*Stephanie - Spring
Justin Massey	Luba – Fall *Stephanie – Spring	*Stephanie – Spring		
Rosemary Nicolosi		Stephanie – Fall Yin – Fall Kourtney - Spring	Fall & Spring	
Eric Rose	Yin – Fall Luba - Spring	Kourtney – Fall Luba - Spring		
Barbara Baum		Yin - Spring		

- Additional Supervision:
  Amani Surges, LCSW-C - Intern support group facilitator, Fall and Spring semesters

B. The Training Program

- Interns provided **intake and individual counseling services** to Homewood and Peabody students under staff supervision. The 2015-2016 interns performed 294 intake evaluations, including 8 emergency intakes, during the Fall and Spring semesters. During that period they saw 373 clients for 2027 sessions, including 39 emergency sessions.

- All interns co-led at least one **group** for students with a professional staff member. The groups were either of a process-oriented, interpersonal nature or a blend of the interpersonal and psychoeducational. They provided a total of 266 group appointments over the course of the year.

- Interns provided **walk-in crisis services** to students with their supervisors in the Fall semester and on their own under supervision in the Spring. They also were on-call for **consultation** with students, parents, faculty, and staff during walk-in hours.

- Each Intern (except for Stephanie Moceri) provided 2 weeks of **after-hours on-call emergency coverage** (including the JHU sexual assault Help Line) with senior staff back-up during the Spring semester.

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

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

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

C. Training Program Assessments

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

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

- **An assessment of the training program** was completed in writing by interns in August 2015 by the 2014-2015 internship class and this feedback was discussed with the Counseling Center's training staff.

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

D. Contact with Academic Training Programs

- **Contacts were made with the academic programs** with which the 2014-2015 and 2015-2016 interns were associated. These contacts included feedback to the programs regarding intern performance and notification of completion of internship.

E. Recruitment and Selection of 2016-2017 Interns

- **Received 116 completed applications.** Consistent with the previous year, there was significant representation of ethnic minorities and although the number of applications from sexual minorities was significantly less, considerable geographic representation, and strong representation from both clinical and counseling psychology academic programs, as well as from both Ph.D. and Psy.D. programs. The internship program continues to attract a national level of attention, consistent with the University's status as a "national university."

- **Interviewed 26 candidates**. The group of interviewees was very diverse in the same ways as the entire applicant pool, i.e., representation of ethnic minorities, geographic locations of academic programs, and

applicants from both counseling and clinical psychology academic programs. Of the 27 interviewees, 8 self-identified as members of an ethnic, cultural or sexual minority group, and 4 were international students. The majority of the interviewees were from outside of the immediate Baltimore-Washington, D.C. area, and from schools on the East Coast.

- **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 Doctoral psychology interns. The following interns will be joining us in August 2016:

    - Althea Bardin – Hofstra University
    - Eleanor Benner – LaSalle University
    - Soyeung Kim – Case Western University
    - Michael Lent – Hofstra University

SECTION VII: Summary of Outreach/Workshops and Consultation by CC Staff: 2015-16

The Counseling Center's Associate Director for Outreach left the Center August 20, 2015 and Dr. Justin Massy stepped in and coordinated this area of service during the Fall 2015 semester. The Counseling Center's new Associate Director for Outreach and Sexual Assault Services, Dr. Christine Conway, joined the staff in January 2016.

The Counseling Center continued to provide outreach programs to the University community on a broad range of topics including: information about the Counseling Center and how to make referrals; helping skills for RAs, peer mentors, and tutors; programs on diversity and identity development; LGBTQ issues; sexual violence prevention; transition issues for international students; and health and wellness. A complete list of programs and the number of people served is provided on the chart below. During 2015-16 the Counseling Center provided 61 Outreach Activities, Workshops, and Consultation programs serving 1,905 students, 70 faculty and staff, and 739 "others" such as parents for an overall total of 2,714 individuals.

In addition, the Counseling Center staff had discussions this year about future directions for outreach programs sponsored by the Center. The idea of developing a theme or branding idea for all outreach programs was explored. Additionally, suicide prevention gatekeeper programs were researched and the Center decided to implement the QPR (Question, Persuade, Refer) program on campus beginning Fall 2016. Several staff members will be trained this summer to conduct these trainings on campus.

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./Staf f Served	# Others Served
1	Post-Baccalaureate Premedical Orientation	Post-Baccalaureate Premedical	5/18/2015	33	2	0
2	HOP-IN Students Introduction to Counseling Center	Office of Multicultural Affairs (OMA) and HOP-IN	7/6/15	30	0	0
3	HOP-IN Training	Office of Multicultural Affairs (OMA) and HOP-IN	7/23/15	7	0	0
4	Caring Community Panel at Orientation	Parent Orientation	8/15/2015	0	0	300
5	Resident Advisor Training: Behind Closed Doors Facilitation	Office of Residential Life	8/17/2014	34	0	0
6	Reflective Listening	Office of Multicultural Affairs (OMA)	8/17/2015	10	0	0
7	Graduate Student Orientation - Presentation and Participation	Graduate Student Services	8/20/2014	500	0	0
8	Parents' Reception I	Parent Orientation	8/21/2014	8	0	50
9	Parents' Reception II	Parent Orientation	8/22/2014	0	0	46
10	International Students Parents' Panel	Parent Orientation	8/22/2014	0	0	75
11	Cultural Transitions	Office of International Services (OIS)	8/22/2014	300	0	0
12	Orientation HOP 101	Homewood Student Affairs (HSA)	8/22/2014	0	0	46
13	Active Listening Center for Health Education and Wellness (CHEW)	Homewood Student Affairs (HSA)	8/25/2014	10	0	0
14	Stress Management Program	Students	8/26/2015	9	0	0
15	Prospective Student/Parent Fair	Peabody Conservatory	8/28/2015	30	0	0
16	Surviving in Graduate School Bridge Program	Admissions	9/26/2015	0	0	34
17	Dealing with Depression and Isolation	International Student Organization	9/28/2015	4	0	0

18	Mental health awareness	Center for Leadership Education	10/6/2015	8	1	0
19	Family Weekend - Student Affairs Meet & Greet Reception	Peabody	10/20/2015	30	0	0
20	Recognizing and Helping Distressed Students	Homewood Student Affairs (HSA)	10/23/2015	0	0	100
21	Intimate Partner Violence Panel	Staff & Faculty	10/29/2015	0	30	0
22	Recognizing and Helping Distressed Students – Krieger School of Arts and Sciences (KSAS)	Sexual Assault Resource Unit (SARU), Center for Health Education and Wellness (CHEW), Hopkins Feminists	10/29/2015	20	0	0
23	Mechanical Engineering Staff Meeting - Presentation of Services and Referrals	Staff & Faculty	11/5/2015	0	25	0
24	Black Bile: Mental Health and the Impact of Going to a PWI on the Black Psyche I	Academic Department	11/9/2015	0	12	0
25	Mental Health and the Impact of Going to a PWI on the Black Psyche II	Black Student Union (BSU)	11/18/2015	25	0	0
26	Counseling Center Overview	Biomedical Scholars Association (BSA)	11/18/2015	25	0	0
27	Combatting homesickness	Office of LGBTQ Life	11/20/2015	0	6	0
28	Combatting homesickness (online webinar)	Office of International Services (OIS)	11/23/2015	1	0	0
29	Residential Advisor Training - Distress and Tolerance I	Residential Life Office	11/23/2015	N/A (electronic)	0	0
30	Stress management and work-life balance	Residential Life at Peabody	1/7/2016	9	0	0
31	Residential Advisor Training - Distress and Tolerance II	Residential Life Office	1/7/2016	9	0	0
32	Distress Tolerance & Self-Care	Students	1/21/2016	70	0	0
33	Outreach - Health Leads	Residential Life Office	1/21/2016	70	0	0
34	Self-care Workshop	Students	2/22/2016	73	0	0
35	National Eating Disorders Awareness Week	Health Leads	2/22/2016	73	0	0
36	Self-care Workshop	JHU Counseling Center & Center for Health Education and Wellness (CHEW)	2/23/2016	unknown	0	0
37	Dissertation Survival Skills	Alpha Phi Omega	2/27/2016	20	0	0
38	Mental Health Stigma in the Black Community	Center for Leadership Education	2/29/2016	11	0	0
39	U.S. Relationships 101 (Webinar) I	Alpha Phi Alpha	3/9/2016	17	0	0
40	US. Relationships 101 (Webinar) II	Office of International Services	3/18/2016	unknown	0	0
41	Stress Management Program	Office of International Services	3/18/2016	unknown	0	0
42	National Students Online (Webinar)	Graduate Student Organization	3/22/2016	40	0	0
43	Finding Work-Life Balance (Webinar)	Office of International Services	3/23/2016	5	0	0
44	Formation: Media & Multicultural Identity Workshop	Office of International Services	3/23/2016	5	0	0

45	Campus and Counseling Resources	Residential Life Office, Office of Multicultural Affairs (OMA)	4/1/2016	4	4	0
46	Sexual Assault Resource Unit (SARU) Meeting	The SEED School of Maryland	4/4/2016	23	0	0
47	Spring Open House I	Students	4/5/2016	12	0	0
48	Returning Home (Webinar)	Homewood Student Affairs (HSA)	4/6/2016	0	50	0
49	Accepted Student Day	Admissions	4/6/2016	25	0	50
50	A Place To Talk (APPT)	Students	4/13/2016	0	0	50
51	Spring Open House II	Spring Open House	4/13/2016	18	1	0
52	Outreach Workshop	Homewood Student Affairs (HSA)	4/13/2016	0	50	0
53	*My Depression* Movie	Active Minds	4/21/2016	unknown	0	0
54	Send Silence Packing	Active Minds, Students, Faculty, Staff	4/21/2016	5	0	3
57	Sexual Assault Support and Response in Counseling Centers	Students	4/21/2016	5	0	0
58	Sexual Assault Prevention for a Sorority	Center for Health Education and Wellness (CHEW)	4/22/2016	0	3	0

No. Workshop/Outreach and Community Consultation Programs	**58**
No. of Students served	**1,505**
No. of Faculty and Staff served	**184**
No. of "Other People" served	**754**
Total No. of People served in Outreach and Community Consultation Programs	**2,443**

SECTION VIII: Summary of JHU Community Activity by Counseling Center Staff: 2015-16

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) **12 intra-departmental committees, projects, or events** and 2) **67 inter-departmental/divisional, university-wide, and external involvements.** They are listed below:

#	1) Departmental Level Community Activity/Project Involvement
1	2014-2015 Intern Farewell Luncheon
2	2015-2016 Intern Welcome Brunch
3	Counseling Center Annual Retreat
4	Counseling Center Brown Bag Luncheon
5	Counseling Center Committee Chair Search Committee
6	Counseling Center Diversity Committee (CCDC)
7	Counseling Center Holiday Party Counseling
8	Counseling Center Intern Training Committee
9	Counseling Center Staff Picnic Meeting
10	Counseling Center Staff Potluck Luncheon
11	Counseling Center Website Committee
12	Farewell Lunch for Dr. Garima Lamba

#	2) Interdepartmental/Divisional/University-Wide/External Community Involvement
1	1st Generation Drop-in Group
2	Athletic Department Meeting
3	Attended JHU Forum on Race in America
4	Attended White Privilege. Male Privilege. In Science. By Prof. Jeffrey Gray
5	Bias Incident Response Team (BIRT)
6	Black Faculty and Staff Association (BFSA) Lunch
7	Counseling Center Advisory Board (CCAB) Meetings
8	Dean of Student Life Director's Meeting
9	Dean of Student Life Conduct Interview
10	Dean of Student Life Holiday Party
11	Dean of Student Life Case Manager Interviews
12	Dean of Student Life Welcome Back Reception
13	Diversity Leadership Council (DLC) Subcommittee Meeting
14	Early Psychosis Intervention Clinic Program Meeting
15	Farewell Reception for Dean Shepard
16	Forum on Improving the Experience of Black Undergraduates at Homewood
17	Freshman Book Read Meeting
18	Group Interview for Center for Health Education and Wellness (CHEW) Open Position
19	Group Interview for Residential Life Open Position
20	Health and Wellness Team Meetings
21	Homewood Student Affairs (HSA) Breakfast
22	Homewood Student Affairs (HSA) Directors Meetings
23	Homewood Student Affairs (HSA) End of Year Celebration

24	Homewood Student Affairs (HSA) Student Life Holiday Party
25	Homewood Student Affairs (HSA) Vision Meeting
26	Homewood Student Affairs (HSA) Welcome Back Reception
27	Insurance Committee
28	Introductions at Student Health and Wellness Center (SHWC)
29	JHU Business Continuity Table Top Exercise
30	JHU Forums on Race
31	JHU Road Map
32	JHU Task Force on Mental Health and Well Being
33	LGBTQ Staff and Faculty and Staff End of Year Party
34	Maryland Collaborative Health & Counseling Leadership Meeting
35	Maryland Collaborative to Reduce College Drinking Meeting to Discuss Survey Results
36	Meet and Greet with Office of Institutional Equity (OIE)
37	Meet and Greet with Campus Safety and Security
38	Meet and Greet with Career Center
39	Meet and Greet with Peabody
40	Meet and Greet with Pre-Professional Advising
41	Meet and Greet with the Office of Residential Life Staff
42	Meeting with Dean of Student Life Case Managers
43	Meeting with Alain Joffe, Associate Professor for the School of Medicine
44	Meeting with Allison Leventhal, Case Manager
45	Meeting with Linda Ziegler, Student Health and Wellness (SHW) about University Insurance
46	Meeting with Mike Scrivner, Homewood Student Affairs (HAS) Web Content Manager
47	Meeting with Stephanie Baker, Homewood Student Affairs (HAS) Case Manager
48	Meeting with Terry Martinez Re: Sexual Assault Services
49	National Coming Out Day Breakfast
50	New Student Sexual Assault Orientation
51	Office of Multicultural Affairs (OMA) Speakers Series: Bree Newsome
52	Presentation to Hop-In Program
53	President's Strategic Planning Meeting – Mental Health & Counseling Center Presentation
54	Provost's Sexual Violence Advisory Committee Meeting
55	Racial Climate on Campus: Rapid Response Webinar by Jamie Washington
56	Residence Life Assistant Director Interviews
57	Residential Life Staff Meeting
58	Retirement Party for Debbie Savage, President of Black Faculty and Staff Association
59	Roadmap on Diversity and Inclusion
60	Safe Zone Training
61	Senior Associated Dean for Health and Wellness Interviews
62	Sexual Assault Bystander Intervention Training
63	Student Health and Wellness Center Staff Meeting Presentations of Counseling Center Referrals
64	Student Conduct Officer Interview
65	Visit with Disabilities Services Office
66	Website Demonstration
67	Where We Stand (Office of Gender Equality)

SECTION IX: Summary of Professional Development, Professional Activity, and Professional Memberships by CC Staff: 2015-16

The Johns Hopkins University Counseling Center offered State Board approved CE credits to professional staff members for preparing and attending Counseling Center sponsored professional development programs. Ten professional development programs were offered, and 5 of these were approved for a total of 10 CE credits. This year's professional development programs were as follows:

CEU Program Title	Presenter	Date	CEU's
ADDRESSING framework	Justin Massey, Psy.D.	1/6/2016	1
CBT-I	Justin Massey, Psy.D.	7/2/2015	3
CBT-E	Emily Massey, Psy.D.	8/5/2016	3
CAMS Update	David Jobes, Ph.D. ABPP	1/6/2016	2
Psychopharmacology and Substance of Abuse	Art Hildreth, M.D.	6/10/2015	1
Non-CEU Program		**Date**	
Diversity Dialogues Speakers Bureau (DDSB)	DDSB	3/2/2016	
DSM 5		6/17/2015	
JED Foundation Webinar: Marginality, Belonging, and Success: The U. Experience and the Mental Health of Students		4/6/2016	
JED Foundation Webinar: Promising Strategies for Mental Health on Campus and Beyond for Young People of Color		4/12/2016	
JED Foundation Webinar: How Culture Mindset and Identity Shape and Affect Mental Health		4/13/2016	

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 **49 development / educational activities** (see Section A below). Counseling Center staff was also actively engaged **in 10 professional activities** and involvements that contribute to the betterment of the profession such as research, teaching, etc... (See Section B below). Finally, Counseling Center staff has **memberships in 16 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	2016 Update On New Laws and Regulations that Impact the Practice of Psychology
2	Association for the Coordination of Counseling Center Clinical Services (ACCCCS) Conference
3	Age, Disability, Religion, Ethnicity, Social Class, Sexual Orientation, Indigenous Background, National Origin, Gender (ADRESSING) Framework
4	Analyst in the Trenches as Developmental Object
5	American Psychological Association (APA) Convention
6	Approaching Campus Violence on Campus
7	Association for University and College Counseling Center Directors (AUCCCCD) Conference
8	Borderline Personality Disorder: An Illness of Poor Emotional Interoception?
9	Collaborative Assessment and Management of Suicidality (CAMS) Update by David Jobes
10	Cognitive Behavioral Therapy-Insomnia
11	Cognitive Behavioral Therapy- Eating Disorders

12	Diversity and Inclusion: 21st Century Higher Education
13	Diversity Dialogues – Speakers Bureau
14	Diversity Leadership Council Diversity Conference
15	Diagnostic and Statistical Manual of Mental Disorders (DSM-5) Presentation
16	Eating Disorders: Diagnosis and Treatment Presentation
17	Feminist Therapy with Black Clients
18	Forums on Race
19	High End Autism Spectrum Disorder (Asperger's)-Conceptualization/Therapeutic
20	Hoarding Disorder: Conceptualizations and Clinical Interventions
21	How Culture, Mindset, & Identity Shape & Affect Mental Health Among Young Adults
22	In-service: Suicidality Update with David Jobes
23	In-service: Psychopharmacology of Substance Abuse
24	In-service: Diversity Dialogues
25	Intrusive Thoughts and Subtle OCD
26	Jed Foundation Webinars
27	JHU Safe Zone Training
28	Limiting Secondary Stress and Improving Therapist Resilience
29	Male Privilege. White Privilege. In Science.
30	Marginality, Belonging, and Success: The University Experience and the Mental Health of Students
31	Mental Health First Aid Instructor Training
32	Mid-Atlantic Intern Conference
33	OCD and the Family
34	Personality Disorders Conference
35	Practicing Psychology in a Technology World: Ethical, Legal, & Clinical Issues
36	Promising Strategies for Mental Health on Campus and Beyond for Young People of Color
37	Psychoanalytic Models of Intergenerational Transmission of Trauma
38	Psychodynamic Understanding of the Suicidal Patient: Fostering Hope and Resilience
39	Psychopharmacology and Substances of Abuse
40	Race, Class & Trauma reflected in Individual/Intergroup Fantasies
41	Racial Climate on Campus by the Office of Multicultural Affairs (OMA)
42	Sport Psychology and Performance Enhancement
43	Therapeutic Alliance Conference
44	Treating LGBT Patients: Ethical Issues, Gender Dysphoria & Mental Health
45	Treating Sleep Disorders
46	Unconscious Bias Workshop
47	Visions for the Future of Mood Disorder Treatment
48	Webinar: Developing Cultural Humility: Seeing Ourselves in Others
49	When Anxiety Affects Education: Evidence-Based Treatment of Anxiety-Based School

#	Section B) Professional Activities
1	Association of Counseling Center Training Agencies (ACCTA) Standing Committee on Diversity-Steering Committee
2	Collaboration with Mark Kopta on Behavioral Health Measurement (BHM-MD)
3	Consultation with JHU Camp Kesem
4	Interview with Diversity Consultants
5	Participation in Dissertation Defense for Rene Lento
6	Presentation to the Association on Higher Education and Disability at Towson University
7	Presentation on Cognitive Behavioral Therapy for Eating Disorders to JHU Counseling Center Staff
8	President of the Baltimore Psychological Association (BPA) for 2015 and 2016
9	Renewal of Psychology License for the State of Maryland
10	Renewal of National Register Membership

#	Section C) Professional Memberships
1	American Counseling Association (ACA)
2	American Psychological Association (APA)
3	American Psychological Association Division 44
4	Association of Black Psychologists (ABPsi)
5	Association for Contextual Behavioral Science (ACBS)
6	Association for Counseling Center Coordinators of Clinical Service (ACCCCS)
7	Association for University and College Counseling Center Outreach (AUCCCO)
8	Association for University and College Counseling Center Directors (AUCCCCD)
9	Baltimore Psychological Association (BPA)
10	Eating Disorder Network of Maryland (EDN)
11	Higher Education Case Managers Association (HECMA)
12	Maryland Psychological Association (MPA)
13	National Board of Certified Counselors (NBCC)
14	National Latina/o Psychological Association (NLPA)
15	National Register of Health Service Providers in Psychology
16	Society for Psychotherapy Research (SPR)

SECTION X: Counseling Center Coordinator Reports: 2015-16

A) Black Student Programs 2015-16 Coordinator Report (Dr. Leslie Leathers)

Dr. Leathers worked to foster relationships with students, faculty and staff within the Black community at Johns Hopkins University. To this end, she met with individuals and groups and attended events sponsored by the Office of Multicultural Affairs (OMA), Black Student Union (BSU), Office of Institutional Equity, the Black Faculty and Staff Association (BFSA), and JHU Forums on Race series. She served on the Counseling Center's internal Diversity Committee and on the Hopkins institution's Diversity Leadership Council as the chair of the Communications subcommittee. Dr. Leathers worked to increase the visibility of the Counseling Center among students of color. She presented outreach programs to the BSU and HOP-IN program (for students that are first generation, low-income and/or from Title I schools). She participated in informal outreach activities such as co-facilitating a discussion of Ta-Nehisi Coates' The Beautiful Struggle for the freshman common read initiative. Dr. Leathers facilitated the Students of Color Discussion group during the Spring 2016 Semester and offered a drop-in group for first generation students. She also contributed to the training of doctoral interns by providing seminars on Working with Black Students, Multicultural Competence and Feminist Psychotherapy.

B) Eating Disorder (ED) Program 2015-16 Coordinator Report (Dr. Emily Massey)

Client and Treatment Statistics

- 114 Eating Disorder clients were seen by the staff of the JHU Counseling Center (JHUCC).
- Seeking assessment and individual therapy, 64 Eating Disorder clients were seen by the Eating Disorder (ED) Coordinator, and 20 were seen by Senior Staff Psychologist Justin Massey who also specializes in Eating Disorders.
- 5 clients participated in JHUCC's "Next Steps" Eating Disorders treatment/support group facilitated by Senior Staff Psychologist Justin Massey.
- 90 clients were referred to the Student Health & Wellness Center (SHWC) for medical management of their Eating Disorders.
- 86 clients were referred to the SHWC dietitian for nutritional counseling.
- 3 clients were referred to JHUCC by SHWC for their Eating Disorders.

Programming and Community Activity

- The Eating Disorders Coordinator designed and facilitated a 3-hour training seminar for JHUCC staff on Eating Disorders assessment and the leading evidence-based treatment for Eating Disorders -- Enhanced Cognitive-Behavioral Therapy (CBT-E).
- The ED Coordinator planned and presented a 3-hour training on ED assessment and evidence-based treatments EDs to the pre-doctoral interns.
- To strengthen collaborative relationships with coaches and trainers, the ED Coordinator presented and answered questions about ED symptoms and treatment at JHUCC during the JHU Athletics department's annual all-staff meeting. The JHUCC Director and Substance Abuse Coordinator also presented at this meeting and reviewed referral procedures.

C) Group Therapy Coordinator 2015-16 Report (Dr. Reisha Moxley)

See Section IV of this report.

D) International Students and Students of Asian Origin 2015-16 Coordinator Report (Dr. Durriya Meer)

Dr. Lamba served as the coordinator and liaison for international students and students of Asian origin until she left the Counseling Center in August 20, 2015. In November, 2015 Dr. Durriya Meer joined the staff and took on the role of coordinator of services to international students.

As the coordinator of services to international students, Dr. Meer met with Scott King, Director of OIS, John Lorch, Associate Director and Semhar Okbazion, Assistant Director to discuss programming for international students. The plan is to collaborate closely during the summer to develop necessary programs before international students arrive

for orientation. There was discussion regarding the possibility of direct referrals to Dr. Meer when students present with mental health concerns related to their unique status in the USA. In 2015-16, Dr. Meer received one referral from John Lorch and provided individual therapy to one international student whose presenting concerns were of an academic nature exacerbated by her status.

Counseling Center staff presented the following programs to international students as part of the **International Bridge Program**:

- Cultural Transitions
- Surviving in Graduate School (a webinar that is now available for students via the Counseling Center website)
- Combatting Homesickness (a program that has been recorded as a webinar and will be made available through our website)

The Counseling Center also participated in a New Student Orientation program for the parents of new international undergraduates.

The position of coordinator of services to students of Asian origin remains unfilled at this time. The plan is to hire someone in 2016-17 to serve as the coordinator of services to students of Asian origin.

E) LGBTQ 2015-16 Coordinator Report (Dr. Rosemary Nicolosi)

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

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

During 2015-16, the assistance offered to the University by the Counseling Center which focused on LGBTQ students included:

- All Counseling Center counselors provided individual therapy to many LGBTQ students.
- The LGBTQ Student Support Group was offered over both semesters. This group is a safe, supportive environment for the members to share their concerns and to work together in giving and getting help. The LGBTQ Student Support Group will continue to be offered during the next school year.
- Dr. Nicolosi provided outreach to DSAGA, the student LGBTQ student group at Homewood, and helped students understand what services were available at the Counseling Center.
- All Counseling Center interns received the three hour, formal Safe Zone training as part of their professional development program.
- Dr. Nicolosi represents the Counseling Center at University programs which are targeted to LGBTQ students, including the Lavender Graduation – a special event held to recognize the achievements and contributions of LGBTQ students who are about to graduate; Where We Stand - a program to discuss issues about gender identity; and the viewing and panel discussion of a film about marriage equality presented by the Hopkins Alumni Office.
- The Counseling Center's computerized intake process was updated. The collection of demographic information which pertains to sexual orientation and gender identity was significantly improved.

F) Outreach/Workshop Program 2015-16 Coordinator Report (Dr. Christine Conway)
See Section VII of this report for more details.

G) Peabody Conservatory of Music 2015-2016 Coordinator Report
(See separate 2015-16 Peabody Conservatory Annual Report for a more detailed report.)

Dr. Garima Lamba served as the Counseling Center's coordinator for services to the Peabody Conservatory until she left the Counseling Center August 20, 2015. At that time, it was decided in discussion with the Kyley Sommer (Peabody Director of Student Affairs) that the Counseling Center Director would serve in the coordinator role until a replacement could be found. Peabody students continued to benefit from the full range of services offered by the Counseling Center on the Homewood Campus. Individual counseling continued to be the most utilized service while a small number of students also sought group therapy. After hours on call services also continued to be utilized for emergency situations on weekends and evenings. A number of therapy, skills development, and support groups were also available for the Peabody students through the Counseling Center.

Consultation was available on an ongoing basis to faculty, staff, and administrators regarding psychological issues. The Counseling Center provided RA training at the start of the academic year to help residents recognize and deal with students in distress, an orientation program describing Counseling Center services and providing tips for Stress Management, and mental health awareness presentations in 2 classes.

A goal for the coming year is to hire a new staff member who will serve as the coordinator for services to Peabody students.

H) Peer Counseling- A Place To Talk (APTT) 2015-16 Coordinator Report (Amani Surges Martorella)

In its 33rd year at JHU, A Place to Talk is the student-to-student peer listening group for the Hopkins community. APTT offers a safe environment for students to discuss anything, from everyday frustrations to serious concerns. APTT's peer listeners are undergraduate students who have been selected and trained in 40 hours of listening skills and crisis intervention through the Counseling Center. APTT is an autonomous student group with a strong partnership to the Counseling Center through their advisor, Amani Surges Martorella, LCSW-C, who helps oversee the activities of the group as a whole. The advisor is fundamentally involved in the training process of new members and works closely with the leadership of the group. APTT members are trained to listen empathetically and respond without giving advice. Their role is to be supportive to others by helping students explore their thoughts and feelings in a private setting. During the semester, APTT holds shifts from Sunday-Thursday, 7pm-1am. At all times, APTT has both their own advisor as well as the Counseling Center after hours on-call clinician available in case a student presents with issues beyond the scope of what APTT'ers are trained to handle. APTT is governed by an Executive Board of 13 members, including the Executive Leadership listed below.

This was an exciting year for APTT. Over the course of two semesters, 20 new students were trained and are now active members of the group, with a total membership at the end of the year of 66 (not including 18 seniors who are graduating). Beginning last year, APTT has been collecting data on the use of its services on campus and continues to work towards increased compliance of its membership to complete data logs. New this year, Mental Health First Aid was formally integrated into the training process of new APTT membership. APTT's advisor became a certified MHFA Instructor in June 2015. The first class was conducted in September 2015 for current members (this was voluntary but highly encouraged). Two additional classes were taught (in November 2015; mandatory for new Fall trainees, and February 2016; mandatory for Spring Trainees) leading to a total of 53 members of APTT now being Mental Health First Aid Certified (80% of the full membership). Now that MHFA is a mandatory part of training for all new members, this rate should reach 100% by the end of next academic year. Also new this year, the Dean of Student Life requested APTT put together a formal budget proposal for the upcoming academic year, requiring APTT leadership to think about and plan for next year in a more formalized way than before. APTT partnered other student groups to put on events throughout the year, the largest of these being "Rest Fest" which occurred on the last day of classes of the Spring Semester. APTT also provided external trainings on Active Listening Skills to a number of student groups on campus including PILOT, Study Consultants, Learning Den, and Alpha Phi Omega, reaching over 100 students. This was the first year for the new Board Position of External Training Director who managed and organized these trainings.

Next year's goals are to continue to improve the process and accountability behind tracking and compiling data on APTT usage. With next year being the first with a more formal budget and spending process, the financial processes of the group will be assessed and improved with the support of the APTT Advisor. The incoming leadership is looking forward to clarifying the roles and responsibilities of various Board members as well as establishing some new processes around budget and spending. This will likely refocus APTT leadership on finalizing a constitution for the

group, in the hopes that APTT will formally adopt a constitution by the end of next year.

Outgoing Leadership (2015-16)
Julia Felicione, Co-Director
Yonis Hassan, Co-Director
Adithi Rajagopolan, Training Director

Incoming Leadership (2016-17)
Helena Arose, Co-Director
Sarah Braver, Co-Director
Sansriti Tripathi, Training Director

I) Counseling Center Advisory Boards (CCAB) 2015-16 Coordinator Reports (Dr. Eric Rose)

This was a year of transition for the Counseling Center Advisory Board (CCAB) with the departure of a number of student leaders the prior May. In 2014-2015 the CCAB established a two-faceted mission for itself: (1) to be a hub for various student groups on campus who are interested in mental health issues, and (2) to serve as a bridge between these groups and the Counseling Center. In service of this mission, this year the CCAB was led by two undergraduate seniors who worked to build relationships with various student groups. This year's effort had only marginal success, and ideas to make next year more successful are already being discussed. Some of these ideas include choosing CCAB leaders earlier in the year, and reaching out to leaders of other student groups earlier in the year.

J) Research Program 2015-16 Coordinator Report (Dr. Dr. Matthew Torres)

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

K) Substance Abuse 2015-16 Coordinator Report (Dr. Fred Gager)

Substance Abuse Services Provided by the JHU Counseling Center in 2015 - 2016

Total number of students seen in counseling for substance use issues: 188

Number of students mandated by the Dean of Students, Residential Life or the Athletic Department: 31

Total number of students who voluntarily reported substance difficulties: 157
As a presenting problem: 51
During the course of treatment: 106

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

- Trained the pre-doctoral interns in a) the brief assessment of substance abuse problems, b) brief motivational intervention strategies and c) the use of norm based personal feedback.
- Reinstated use of the e-Checkup to Go (marijuana). This assessment/feedback tool has been useful with interventions of athletes who have tested positive for cannabis.
- Maintained involvement and communication with the Maryland Collaborative to Reduce College Drinking and related Problems
- Reinforced procedures for the scheduling of intakes for mandated students through coordination with administrative staff and referring entities within the University. This effort allowed for a greater number of mandated students to be scheduled with the coordinator.
- Provided consultation to the Deans, Residential Life and the Athletic Department.

The Counseling Center continued to utilize the e-Checkup to Go (alcohol) online assessment, which is available to any student from our website. This instrument was used in counseling sessions to conduct alcohol assessments and to provide norm based personalized written feedback to students.

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

- Continue to work with administrative staff and the Clinical Director to further refine/improve procedures for scheduling/assigning intakes for mandated substance abuse referrals
- Recruit students for a time limited substance use harm reduction group. A group could not be initiated for the 2015-6 year.
- Update/train clinical staff regarding procedures and clinical interventions regarding mandated substance use referrals

L) Training Program 2015-16 Report (Dr. Durriya Meer) – See Section VI of this report for details.

M) Graduate Student 2015-16 Coordinator Report (Dr. Eric Rose)

This year marked a year of strong partnerships and collaborations between the Counseling Center and graduate life at JHU. One area of collaboration was with the Student Affairs directors of both the Krieger and Whiting Schools. This year, Directors Kavanagh and Seitz approached me in hopes that I could provide trainings for the administrative staffs of their graduate departments on how to help students in distress. Separate trainings were convened for both Krieger and Whiting. These sessions were not only well-attended, but involved a great deal of positive interchange. Staff said they came away with a better sense of Counseling Center resources and how they might spot a student in distress in the future.

Another area of collaboration was with the Graduate Representative Organization (GRO). This year's GRO was extremely sensitive to the mental health needs of graduate students, and also proactive in wanting to create programming for them. I met with the GRO to review the results of an internal survey they had performed to determine areas where graduate students feel they need additional support. Following this meeting, we created a stress management session for students that was both well-attended and interactive. The GRO was also interested in working with the Counseling Center to develop online content specifically geared towards graduate students, and this work is well underway as of the spring.

N) Referral Coordinator 2015-16 Report (Mary Haile)

This report marks the end of the third complete academic year that the Counseling Center has had a Referral Coordinator (as part of the Case Manager's responsibility). The Counseling Center provided 231 referrals to off campus providers for 182 students (some students were referred out for more than one reason and at more than one time). In addition, the Referral Coordinator provided 74 referrals to non-students, a group that included parents, alumni, and clinicians from other colleges or universities. When needed, the Referral Coordinator also assisted students taking a Medical Leave of Absence find mental health providers in their local areas, including locations abroad. In addition, the coordinator assisted clinical staff by handling student requests for prescription refills.

The Coordinator also met with 39 therapists/agencies to recruit them to see JHU students, network and learn of their practices/specialties. The Coordinator helped expand referral resources to include specialized areas such as Grief, Substance Abuse, Bipolar Disorder and Autism Spectrum Groups, acute anxiety disorders (Obsessive-Compulsive Disorder, Trichotillomania), and Substance Abuse, etc.

The Coordinator also continued to serve on the University's Student Health Insurance Committee and several subcommittees that were convened to develop policies regarding the University's Student Health Insurance Plan with Consolidated Health Plans (CHP).

The Coordinator was able to increase 'in network' participation by recruiting several local Clinicians who do not otherwise participate with any insurance plans. The Coordinator also assisted clinical providers and students in resolving several insurance disputes. Finally, the Referral Coordinator assisted in training new pre-Doctoral interns in the CC referral process.

O) Sexual Assault Services Coordinator 2015-16 Report (Chris Conway) - See Section V of this report for details