

**COUNSELING CENTER**  
**2016-2017 ANNUAL REPORT**  
**AND**  
**DATA SUMMARY**  
**JOHNS HOPKINS UNIVERSITY**

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## COUNSELING CENTER: 2016-17 ANNUAL REPORT AND DATA SUMMARY

- ★ The Counseling Center (CC) provided **20,665 hours of overall service** during the Academic Year (September 2016 - May 2017) and **25,752 hours for the full year**. Direct clinical services (individual, group, psychiatric services and case management of direct clinical services) accounted for 69% of all Counseling Center service time.

**Presenting Concerns: the most common problems/symptoms** presented by clients during individual therapy include:

1. general anxieties and worries (41%)
2. feelings of being overwhelmed (38%)
3. time management and motivational issues (34%)
4. academic concerns (26%)
5. lack of self-confidence or self-esteem (24%)
6. overly high standards for self (24%)
7. generally unhappy and dissatisfied (22%)
8. depression (19%)
9. lack of motivation, detachment, and hopelessness (19%)
10. sleep problems (17%)

*(These problems are not mutually exclusive.)*

### **Individual Personal Counseling:**

- **1,404 students** were seen for 8,214 sessions for an average of 5.85 sessions per client. This is an **increase of 48 student clients** from the previous year.
- **Treatment Effect:** The Counseling Center continues to use the **Behavioral Health Monitor (BHM20)** to measure client progress and therapy outcome. **2016-17 Counseling Center clients demonstrated significant improvement during treatment** from intake to their last session (average score increased from 2.29 to 2.72 on a 5 point scale ranging from 0 (worst health) to 4 (best health). Of the 410 distressed clients who had more than one session (which allows for measurement of behavioral change), 265 (65%) showed improvement including 175 (43%) that indicated full recovery.
- **Sessions Per Week:** The CC averaged **232 client sessions/visits per week** (including psychiatrist sessions/visits) in the Fall 2015 semester. This compares to 224 client sessions in the Fall of 2015. In the Spring 2017 semester the CC **averaged 256 client sessions per week** (including psychiatrists). This compares to 241 in the Spring 2016 semester.
- **Average Wait Time:** During 2016-17, the average wait time for an initial appointment was 6.46 days (compared to 5.19 in 2015/16) with 48% of clients being seen within 5 work days. The wait time during the academic year was 6.88 days (6.85 in the Fall and 7.51 in the Spring).

**Group Counseling: 130 students** participated in **21 groups** totaling **164 sessions (2015/16: 99;15;151)**.

**Psychiatric services: 380 students** (compared to 421 in 2015/16) participated in 1,647 sessions (1,745 in 2015/16) for a total of 948 hours and an average of 4.3 sessions. This represents 27% of all clients served in individual therapy.

### **Crisis Services - Day:**

- **Sexual Assault Help Line:** The 24/7 confidential **Sexual Assault Help Line** rings at the Counseling Center Front Office during business hours. During the day, the CC received a total of 24 calls on the Help Line, including 7 sexual assault-related calls.
- **Daytime Emergencies:** In the Fall 2016 semester the CC responded to an average of **8 daytime clinical urgent care/emergencies per week** compared to 8 the previous year. In the Spring 2017 semester the CC responded to 7 clinical urgent care/emergencies per week compared to 6 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 229 clients presenting in urgent need (about 16% of clients served). This is a decrease from the previous year when 255 clients (19%) presented in urgent need. This is the second consecutive year in which the number of students seen on an emergency basis has decreased.

### **Crisis Services - After-Hours:**

- **After-Hours On-Call Coverage:** The Counseling Center responded to 218 **after hour emergency calls** serving 139 individuals. This represents a 9% decrease from the 233 calls received last year (the result of a change in how we counted the calls) and a 9% increase from the 128 individual callers the previous year.

- **Sexual Assault Help Line:** During all non-business hours, the 24/7 confidential **Sexual Assault Help Line** is answered by Counseling Center clinical staff. After hours, the Help Line received a total of 24 calls, including 12 sexual assault-related calls.
- **Emergency Room/Hospital:** The Counseling Center played some role in 31 emergency room visits resulting in 18 hospitalizations. This compares to 29 emergency room visits and 13 hospitalizations the previous year.

#### **Risk Management:**

- The CC decreased the number of completed in-house **violence assessments** from 12 the previous year to 4 this year. This change occurred because of a decision to rely more fully on the Risk Assessment Team process, including the JHSAP/FASAP interview, for assessing student risk.
- 278 clients (**20%**) of **1,404 clients presenting at the Counseling Center reported some suicidal content at intake.**
- Of these 278 clients, 39 clients (**3% of all student clients**) reported moderate, high or extremely high suicidal risk.
- Monitored **105 students in its suicide tracking system** (compared to 94 students the previous year)
- Recommended 64 mental health leaves (compared to 90 the previous year) and administered 65 readmission evaluations (compared to 69 the previous year).
- 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 27 PHQ-9 referrals (compared with 44 in 2015-16) from SHWC. Seventeen (63%) of the referred students were seen at the CC after their referral (32 and 78% in 2015-16).

#### **Outreach Activities and Workshops:**

- The CC provided **154 Outreach Programs and Workshops serving 3,423 students and 1659 non-students** (faculty and staff, parents, etc.). These numbers represent a significant increase from 2015/16 when the CC provided 61 Outreach Programs and Workshops serving 1,905 students, and 809 non-students.
- **Outreach Theme:** “Be Well, Do Well, Live Well: inspiring wellness at Hopkins” with the purpose of guiding our programming efforts and to increase the visibility of the Counseling Center on campus.
- **QPR – Question, Persuade & Refer:** Established a suicide prevention initiative utilizing the evidence-based QPR program to train gatekeepers on campus in identifying suicidal risk factors and practice intervention strategies.
- **Mindfulness:** Developed programming to encourage students to learn and utilize mindfulness skills, which included the Mindfulness Meditation Workshop, Drop-In Meditation Group and a weekly Mindful Yoga Class
- **RA Training:** Significantly increased Counseling Center involvement in RA Training this year, offering training sessions on Helping Skills 101, QPR Suicide Prevention, Boundary Setting and Self-Care, Responding to Survivors of Sexual Assault and Intimate Partner Violence, and role play debriefing on mental health scenarios through their Behind Closed Door program.

#### **Sexual Assault Services:**

- The CC provided Individual services to 41 students who had experienced a sexual assault.
- 7 students participated in a CC Women’s Empowerment Group for female-identified survivors of unwanted sexual experiences.
- Training was provided to the university’s confidential resources (Counseling Center, Student Health and Wellness, the University Chaplains and Johns Hopkins Student Assistance Program) on how to respond to survivors, community resources and the Title IX process, and a training for University Health Services is planned for the Summer.

#### **Referral Assistance:**

- The Counseling Center made **240 referrals to a total of 224 clients** (16% of Counseling Center clients) for off-campus treatment. This compares to 193 clients the previous year. It is important to note that some number of these 224 students received referrals for particular types of outside assessment/treatment while also continuing to receive Counseling Center services.
- Additionally, the Counseling Center’s Referral Coordinator provided referral assistance to **71 current and previous JHU students (who were not Counseling Center clients), 8 parents, 15 JHU faculty/staff, 4 local**

clinicians and 14 Case Manager colleagues throughout the US.

**Services to the Peabody Conservatory of Music:**

- The Counseling Center provided services to 107 Peabody students, representing 18% of students enrolled at Peabody and 7.6% of the students seen at the Counseling Center.
- Fifty-seven (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** (57% rated the experience as excellent).

**Impact and Evaluation of Counseling Center Services: Emergency Room/Hospital:**

- **Intake Service Evaluation Questionnaire:** An anonymous survey taken after the initial clinical session, and completed by 59% of CC clients, reveals that **97% of clients felt that the personal counseling intake experience was excellent or good** (58% rated the experience as excellent).
- The CC played a significant role in preventing 121 students from dropping out of school this past year, while 53 were given assistance in exercising appropriate extensions or withdrawal from classes.

**Research:**

- The Counseling Center participated in a research project, in collaboration with Principal Investigator Dr. Leslie Miller, examining Interpersonal Counseling (IPC), which is a brief, structured modification of Interpersonal Psychotherapy (IPT). The hope is to continue this participation in 2017/18.
- Working with Dr. S. Mark Kopta, the CC has finished its third 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.

**Training:**

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

**Areas of Coordinatorship:**

- The following is a listing of the coordinator responsibilities managed by CC staff members:

Sexual Assault Services	Latinx Students
Eating Disorders Services	Students of Asian Origin
Substance Abuse Services	Peabody Students
Liaison to Student Groups	Group Counseling
LGBTQ Students	Outreach
International Students	Training
Black Students	Professional Development

**Professional Development and Professional Activity:**

- Clinical staff participated in 71 professional workshops, conferences, courses, seminars and other educational activities.
- Professional staff engaged in 15 professional activities (e.g., teaching, professional boards, consultation, and research activities, etc...) and are members of 20 professional organizations.

**Community Activity:**

- The CC continues to foster values of **teamwork** and **collaboration** by participating on 98 Inter-departmental, Divisional or University wide community activities, programs, and committees.
- CC staff served on 25 Counseling Center department wide activities or committees.
- The Counseling Center supported the Student Health Service in their effort to screen students entering their clinic for depression.

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<b>SECTION I. Overview of CC Hours by Service Activity: Academic Year 2016-17 (August 22, 2016- May 21, 2017) and Full Year (May 16, 2016- May 21, 2017)</b>		
<b>Function/Activity for 2016-17 Academic Year (AY)</b>	<b>Staff Hours AY 2016-2017 (Full Year)</b>	<b>% Staff Hours AY 2016-2017</b>
<b>1. Individual Therapy - Counselors (includes after hour on-call hours/HelpLine)</b>	<b>7,234 (8,216 hours for full year)</b>	<b>31.9%</b>
<b>2. Psychiatrists' Visits/Medication Checks</b>	<b>802 (1648 appts/948 hours for full year)</b>	<b>3.7%</b>
<b>3. Group Therapy</b>	<b>232 (244 hours for full year)</b>	<b>.9%</b>
<b>4. Clinical Management (Individuals, Psychiatrists &amp; Groups)</b>	<b>6,523 (8,404 hours for full year)</b>	<b>32.6%</b>
<b>5. Training &amp; Supervision Activity</b>	<b>1270 (1,772 hours for full year)</b>	<b>6.9%</b>
<b>6. Outreach and Workshops Activity</b>	<b>271 (299 hours for full year)</b>	<b>1.2%</b>
<b>7. Consultation Activity</b>	<b>371 (435 hours for full year)</b>	<b>1.7%</b>
<b>8. JHU Community Activity</b>	<b>508 (707 hours for full year)</b>	<b>2.7%</b>
<b>9. Professional Development Activity</b>	<b>680 (832 hours for full year)</b>	<b>3.2%</b>
<b>10. Professional Activity*</b>	<b>260 (315 hours for full year)</b>	<b>1.2%</b>
<b>11. Administrative Activity**</b>	<b>2,514 (3580 hours for full year)</b>	<b>13.9%</b>
<b>All Services: Total for Academic Year in hours</b>	<b>20,665 (25,752 hours for full year)</b>	<b>100.0%</b>

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

**\*\*Note:** Administrative Activity includes staff meetings, public relations, budget activity, data management, coordinating activity with Peabody, coordinator responsibilities of professional staff, coordinating and directing internship program, coordinating and training of Peer Counseling program (APTT), marketing, evaluation, planning, and all personnel activity. (710 hours of the 2,514 administrative hours or 28% of all administrative hours were incurred by the CC director (Dr. Torres) during the academic year; 911 of 3,580 administrative hours for full year or 25%.)

**SECTION II: Individual Psychotherapy Statistics: May 16, 2016 - May 21, 2017**

**A) Direct Services Caseload Statistics**

**1. General Numbers**

	<b>#</b>
No. of Clients seen in Personal Counseling (Full year)	1,404
No. of Therapy Sessions (Full Year) - (Not including Consulting Psychiatrists)	8,214
No. of Clients seen by Consulting Psychiatrists (Full Year)	380 (27%)
No. of Therapy sessions by Consulting Psychiatrists (Full Year)	1,647
No. of Peabody Conservatory Students served (% of all clients)	107 (7.6%)
No. of Peabody Conservatory Students therapy sessions	634
No. of Peabody Students served by Consulting Psychiatrists (% of Peabody Clients)	37 (35%)
No. of Peabody Conservatory Students Consulting Psychiatrist sessions	127
No. of Clients seen in urgent need/emergency/crisis (Day- Academic Year)	256
No. of Clients seen in urgent need/emergency/crisis (Day- Fall Semester)	136
No. of Clients seen in urgent need/emergency/crisis (Day – Spring Semester)	114
No. of Emergency clients served after-hours by CC staff	139
No. of Emergency phone calls received after-hours by CC staff	218
No. of Help Line calls received after hours by CC staff	24
No. of Sexual Assault Help Line calls received Daytime plus After-hours	48
No. of Clients that required counselor to come to campus for face-to-face evaluation	2
No. of Hours spent in after-hours emergencies by CC staff	117 hours, 19 min
Avg. Number of minutes spent responding to each after hour emergency call	33 min
No. of Weeks during year that required after hours emergency response	49 of 52
No. of Students sent to emergency room– after hours plus day	31
No. of Students sent to emergency room– after hours	27
No. of Students sent to emergency room– day	4
No. of Students hospitalized - after hours plus day	18
No. of Students hospitalized - after hours	27
No. of Students hospitalized - day	4
No. of Clients CC estimated to have helped stay in school	121 (9%)
No. of Students who received CC Mental Health Withdrawal Recommendations	64 (5%)
No. of Clients given academic assistance (i.e., letter for course withdrawal or extension)	53 (4%)
No. of Students who received Readmission Evaluation	65 (5%)
No. of Clients in CC Suicide Tracking System	105 (7%)
No. of Clients with whom steps were taken to prevent from harming self/others	156 (11%)
No. of Clients who presented with or were believed to have ADHD	37 (3%)
No. of Clients treated or assessed for Substance Abuse	106 (8%)
No. of Clients treated or assessed for Eating Disorders	81 (6%)
No. of Clients who received some form of Violence Assessment	4 (<1%)
No. of Clients who received counseling regarding a Sexual Assault in the past year	41 (3%)
No. of Clients referred off campus	224 (16%)
No. of Client referrals assisted by Case Manager	240
No. of Non-Client referrals assisted by Case Manager	120

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

Average # of Intakes /Week (Fall Semester)	36.4
Average # of Intakes /Week (Spring Semester)	23.4
Average # of Intakes /Week (Academic Year)	26.5
Maximum # of Intakes/Week (Academic Year) – Week of 9/12 & 9/19/16	56



<b>3. Clients Seen per Week during Academic Year (AY)</b>	
Average # of clients seen/Week (Fall - Not including Psychiatrists)	195
Average # of clients seen/Week (Fall - Including Psychiatrists)	232
Average # of clients seen/Week (Spring - Not including Psychiatrists)	216
Average # of clients seen/Week (Spring- Including Psychiatrists)	256
Maximum # of clients seen/Week (AY- Not include Psychiatrists) – Week of 4/17/17	251
Maximum # of clients seen/Week (AY- Including Psychiatrists) - Week of 4/17/17	292

<b>4. Psychiatrist Clients Seen per Week during Academic Year</b>	
Average # of Psychiatrist clients seen/Week (Fall Semester)	37
Average # of Psychiatrist clients seen/Week (Spring Semester)	40
Max # of Psychiatrist clients seen/Week (Acad Year) – Weeks of 12/12/16, 4/10 & 5/15/17	52

<b>5. Emergency Daytime Walk-in Clients Seen per Week during Academic Year</b>	
Average # of daytime emergencies seen/Week (Fall Semester)	8
Average # of daytime emergencies seen/Week (Spring)	7
Maximum # of daytime emergencies seen/Week (AY) – Week of 11/21/16	15

<b>6. Total # of Individual Clients Seen since 2000</b>	
Total # Clients Seen for 2016-17	1,404
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

<b>7. AY Weekly Case Load Comparisons since 2000</b> (not including Psychiatry Sessions)	
Average Sessions/Week for 2016-17	189
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

<b>8. AY Daytime Average Emergency Sessions per Week -Comparisons since 2000</b>	
Average Sessions for 2016-17	7.3
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

<b>9. # of Appointments per client during past year</b>	<b>(A) Clinical Staff Only (n=1,396)</b>	<b>(B) Psychiatrists Only (n=380)</b>	<b>(C) All Staff incl Psychiatrists +Triage (n=1,404)</b>
1 appointment	298 (21%)	85 (22%)	283 (20%)
2 appointments	204 (15%)	57 (15%)	191 (14%)
3 appointments	146 (11%)	41 (11%)	137 (10%)
4 appointments	120 (9%)	43 (11%)	105 (8%)
5 appointments	95 (7%)	37 (10%)	80 (6%)
6 appointments	84 (6%)	36 (10%)	70 (5%)
7 appointments	72 (5%)	30 (8%)	68 (5%)
8 appointments	52 (4%)	15 (4%)	64 (5%)
9 appointments	42 (3%)	6 (2%)	44 (3%)
10 appointments	46 (3%)	8 (2%)	47 (3%)
11 appointments	33 (2%)	7 (1%)	35 (3%)
12 appointments	30 (2%)	4 (1%)	30 (2%)
13 appointments	35 (3%)	4 (1%)	36 (3%)
14 appointments	21 (2%)	3 (1%)	22 (2%)
15 appointments	16 (1%)	1 (<1%)	27 (2%)
16+appointments	165 (12%)	3 (1%)	165 (12%)

<b>9a. # of Appointments per client during past year</b>	<b>(A) Clinical Staff Only (n=1,396)</b>	<b>(B) Psychiatrists Only (n=380)</b>	<b>(C) All Staff incl Psychiatrists +Triage (n=1,404)</b>
1-5 appointments	863 (62%)	263 (69%)	796 (57%)
6-10 appointments	296 (21%)	95 (25%)	293 (21%)
11-15 appointments	135 (10%)	19 (5%)	150 (11%)
16- 20 appointments	61 (4%)	3 (1%)	82 (6%)
21+ appointments	41 (3%)	0 (0%)	83 (6%)
Average # of visits/per client (staff only)			5.9 visits
Average # of visits/per client (psychiatrists)			4.3 visits
Average # of visits/per client (staff + psychiatrists)			7.0 visits

<b>10. Health Insurance</b>	
No. of clients who reported having University (Consolidated Health Plan) Insurance Policy	570 (40.6%)
No. of graduate student clients who reported having CHP Insurance	308 of 396 (77.7%)
No. of undergrad student clients with CHP Insurance	254 of 985 (25.8%)
No. of international Students who reported having CHP Insurance	186 of 215 (86.5%)
No. of clients referred to off-campus providers	224 of 1,404 (16%)
No. of clients with CHP Insurance who were referred to off-campus providers	103 of 570 (18%)

**B) Individual Psychotherapy: Demographics of Counseling Center Clients (N=1,404)**

<b>1. Sex at Birth</b>	<b>Number</b>	<b>Percentage</b>
Male	529	37.7%
Female	873	62.2%
Intersex	1	0.1%
Prefer Not to Answer	1	0.1%

<b>2. Gender</b>	<b>Number</b>	<b>Percentage</b>
Man	515	36.7%
Woman	850	60.5%
Transgender Man/Trans Man/FTM	4	0.3%
Transgender Woman/Trans Woman/MTF	1	0.1%
Genderqueer	17	1.2%
Other Gender Identity	6	0.4%
Prefer Not to Answer	11	0.8%

<b>3. Sexual Orientation</b>	<b>Number</b>	<b>Percentage</b>
Heterosexual	1109	79.0%
Lesbian	9	0.6%
Gay	49	3.5%
Bisexual	113	8.0%
Questioning	35	2.5%
Asexual	11	0.8%
Queer	23	1.6%
Other Sexual Orientation	13	0.9%
Prefer Not to Answer	42	3.0%

<b>4. School Affiliation</b>	<b>Number</b>	<b>Percentage</b>
Arts and Sciences	916	65.2%
Engineering	371	26.4%
Peabody Conservatory of Music	107	7.6%
Post- Baccalaureate Program (Pre-Med)	9	0.6%
Other	1	0.1%

<b>5. Age</b>		
Age Range	17-40 years	
Mode	20 years	
Mean	21.99 years	
Median	21.0 years	

<b>6. Ethnic Status</b>	<b>Number</b>	<b>Percentage</b>
African-American/Black	93	6.7%
American Indian/Alaskan Native	5	0.4%
Asian-American/Asian	369	26.4%
Hispanic/Latino	139	10.0%
Native-Hawaiian/Pacific Islander	5	0.4%
Multi-Racial	63	4.5%
White/Caucasian	661	47.3%
Prefer Not to Answer	30	2.1%
Other / No Response	31	2.2%

<b>7. Marital Status</b>	<b>Number</b>	<b>Percentage</b>
Single	845	60.2%
Serious Dating / Committed Relationship	469	33.4%
Civil Union / Domestic Partnership	10	0.7%
Married	56	4.6%
Divorced	3	0.2%
Separated	4	0.3%
Widowed		

<b>8. Class Year</b>	<b>Number</b>	<b>Percentage</b>
Freshman	186	13.2%
Sophomore	265	18.9%
Junior	265	18.9%
Senior	272	19.4%
Graduate Student	397	28.3%
Post-Bac Program-Premed	10	0.7%
Other	7	0.5%
Post-Doctoral Student/Fellow		

<b>9. Academic Standing</b>	<b>Number</b>	<b>Percentage</b>
Good Standing	1,2490	93.0%
Academically dismissed	6	0.4%
Reinstated	12	0.9%
On Probation	79	5.7%

<b>10. Other Items</b>	<b>Number</b>	<b>Percentage</b>
International Students	216	15.4%
Transfer Students	32	2.3%
Physically Challenged Students	19	1.4%
Students concerned about Attention Deficit Disorder (ADD)	225	16.0%

<b>11. Academic Major</b>	<b>Number</b>	<b>Percentage</b>
<b>Undeclared/ Undecided</b>	<b>27</b>	<b>1.9%</b>
<b>Arts and Science Totals (Some students report more than one major)</b>	<b>1,014</b>	<b>72.3%</b>
Anthropology	12	0.9%
Behavioral Biology	16	1.1%
Biology	88	6.3%
Biophysics	16	1.1%
Chemistry	37	2.6%
Classics	8	0.6%
Cognitive Science	32	2.3%
Comparative American Cultures	1	0.1%
Earth & Planetary Science	11	0.8%
East Asian Studies	3	0.2%

Economics	47	3.3%
English	23	1.6%
Environmental Earth Sciences	7	0.5%
Film and Media Studies	8	0.6%
French	6	0.4%
German	2	0.1%
History	32	2.3%
History of Art	14	1.0%
History of Science, Medicine, & Technology	4	0.3%
International Studies	67	4.8%
Italian Studies	6	0.4%
Latin American Studies	2	0.1%
Mathematics	26	1.9%
Music	103	7.3%
Near Eastern Studies	12	0.9%
Neuroscience	92	6.6%
Philosophy	18	1.3%
Physics & Astronomy	30	2.1%
Political Science	39	2.8%
Pre-Med Cert (Post-Baccalaureate)	10	0.7%
Psychological and Brain Sciences	36	2.6%
Public Health	107	7.6%
Romance Languages	6	0.4%
Science, Medicine & Technology	0	0.0%
Sociology	18	1.3%
Spanish	5	0.4%
Writing Seminars	62	4.4%
Other Arts & Sciences	8	0.6%
<b>Engineering Totals</b>	<b>347</b>	<b>24.7%</b>
Biomedical Engineering	61	4.3%
Chemical Engineering	58	4.1%
Civil Engineering	13	0.9%
Computer Engineering	9	0.6%
Computer Science	64	4.6%
Electrical Engineering	22	1.6%
Engineering Mechanics	4	0.3%
Geography & Environmental Engineering	15	1.1%
General Engineering	2	0.1%
Materials Science & Engineering	15	1.1%
Mathematical Sciences	22	1.6%
Mechanical Engineering	41	2.9%
Other Engineering	21	1.5%

<b>12. Medical Information/History</b>	<b>Number</b>	<b>Percentage</b>
Previously received counseling elsewhere	508	36.2%
Currently taking medication	597	42.5%
Experiencing medical problems	254	18.1%
Medical problem in family	566	40.3%
Emotional problem in family	559	39.8%
Alcoholism / Substance Abuse in family	408	29.1%

<b>13. Residence</b>	<b>Number</b>	<b>Percentage</b>
On-Campus Residence Hall / Apt.	487	34.7%
Fraternity / Sorority House	16	1.1%
On / off Campus Co-operative	19	1.4%
Off-campus Apartment / House	829	59.0%
Other Housing	48	3.4%

<b>14. How first heard of Counseling Center</b>	<b>Number</b>	<b>Percentage</b>
Brochure	92	6.6%
Career Center	2	0.1%
Faculty	70	5.0%
Flyer	255	18.2%
Friend	369	26.3%
Relative	30	2.1%
Residence Hall Staff	57	4.1%
Contact w/ Center Staff	22	.6%
Newsletter	5	0.4%
Saw Location	6	0.4%
Student Health & Wellness	100	7.1%
JHU Publication	14	1.0%
Peabody Publication	10	0.7%
Word of Mouth	191	13.6%
Dean of Students	19	1.4%
Security Office	2	0.1%
Other	133	9.5%

<b>15. Referral Source</b>	<b>Number</b>	<b>Percentage</b>
Myself	788	56.1%
Friend	239	17.0%
Relative	44	3.1%
Residential Life Staff	23	1.6%
Faculty	44	3.1%
Staff	21	1.5%
Student Health & Wellness	87	6.2%
Career Center	1	0.1%
Academic Advising	34	2.4%
Dean of Students	42	3.0%
Security Office	4	0.3%
Other	57	4.1%

<b>16. Presenting Concerns by frequency in Rank Order.</b> (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.			
<b>#</b>	<b>Presenting Concern</b>	<b>#</b>	<b>%</b>
1	Anxieties, fears, worries (Item #18)	572	41.1%
2	Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	528	38.0%
3	Time management, procrastination, motivation (Item #3)	472	33.9%
4	Academic concerns; school work / grades (Item #1)	357	25.7%
5	Self-confidence / Self-esteem; feeling inferior (Item #16)	334	24.0%
6	Overly high standards for self (Item #5)	332	23.9%
7	Generally unhappy and dissatisfied (Item #21)	307	22.1%
8	Depression (Item #26)	269	19.4%
9	General lack of motivation, interest in life; detachment and hopelessness (Item #25)	266	19.1%
10	Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	242	17.4%
11	Test anxiety (Item #2)	211	15.2%
12	Decision about selecting a major/career (Item #8)	198	14.3%
13	Pressures from competition with others (Item #6)	197	14.2%
14	Loneliness, homesickness (Item #9)	192	13.8%
15	Pressure from family for success (Item #7)	185	13.3%
16	Stage fright, performance anxiety, speaking anxiety (Item #4)	178	12.8%
17	Concern over appearances (Item #17)	159	11.5%
18	Concern regarding breakup, separation, or divorce (Item #13)	158	11.4%

19	Relationship with romantic partner (Item #12)	147	10.6%
20	Conflict / argument with parents or family member (Item #14)	132	9.5%
21	Physical stress (Item #35)	125	9.0%
22	Relationship with friends and/or making friends (Item #11)	122	8.8%
23	Shy or ill at ease around others (Item #15)	120	8.7%
24	Concern that thinking is very confused (Item #40)	105	7.6%
25	Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39)	84	6.1%
26	Eating problem (overeating, not eating or excessive dieting) (Item #29)	74	5.3%
27	Have been considering dropping out or leaving school (Item #44)	66	4.8%
28	Problem adjusting to the University (Item #20)	58	4.2%
29	Concerns about health; physical illness (Item #34)	58	4.2%
30	Grief over death or loss (Item #27)	52	3.7%
31	Physically or emotionally abused, as a child or adult (Item #33)	51	3.7%
32	Sexually abused or assaulted, as a child or adult (Item #32)	46	3.3%
33	Distress related to relationship with advisor/mentor(s) (Item #46)	44	3.2%
34	Concerns related to being a member of a minority (Item #23)	40	2.9%
35	Sexual matters (Item #37)	40	2.9%
36	Confusion over personal or religious beliefs and values (Item #22)	38	2.8%
37	Fear of loss of contact with reality (Item #42)	37	2.7%
38	Relationship with roommate (Item #10)	35	2.5%
39	Alcohol / drug problem in family (Item #31)	34	2.4%
40	Fear that someone is out to get me (Item #41)	23	1.7%
41	Violent thoughts, feelings, or behaviors (Item #43)	21	1.5%
42	Issue related to gay / lesbian identity (Item #24)	20	1.4%
43	Alcohol and/or drug problem (Item #30)	19	1.3%
44	Feel that someone is stalking/harassing me (item #45)	9	0.6%
45	Problem pregnancy (Item #38)	6	0.4%

**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.

	<b>Number</b>	<b>%</b>
<b>Career Issues</b>		
Decision about selecting a major / career (Item #8)	198	14.3%
Distress related to relationship with advisor/mentor(s) (Item #46)	44	3.2%
<b>Academic Issues</b>		
Time management, procrastination, motivation (Item #3)	472	33.9%
Academic concerns; school work / grades (Item #1)	357	25.7%
Overly high standards for self (Item #5)	332	23.9%
Test Anxiety (Item #2)	211	15.2%
Pressures from competition with others (Item #6)	197	14.2%
Pressure from family for success (Item #7)	185	13.3%
Stage fright, performance anxiety, speaking anxiety (Item #4)	178	12.8%
Have been considering dropping out or leaving school (Item #44)	66	4.8%
<b>Relationship Issues</b>		
Loneliness, homesickness (Item #9)	192	13.8%
Concern regarding breakup, separation, or divorce (Item #13)	158	11.4%
Relationship with romantic partner (Item #12)	147	10.6%
Conflict / argument with parents or family member (Item #14)	132	9.5%
Relationship with friends and/or making friends (Item #11)	122	8.8%
Shy or ill at ease around others (Item #15)	120	8.7%
Relationship with roommate (Item #10)	35	2.5%

<b>Self-esteem Issues</b>		
Self-confidence / Self-esteem; feeling inferior (Item#16)	334	24.0%
Concern over appearances (Item #17)	159	11.5%
Shy or ill at ease around others (Item #15)	120	8.7%
<b>Anxiety Issues</b>		
Anxieties, fears, worries (Item #18)	572	41.1%
Feeling overwhelmed by a number of things; hard to sort things out (Item #19)	528	38.0%
Problem adjusting to the University (Item #20)	58	4.2%
<b>Existential Issues</b>		
Generally unhappy and dissatisfied (Item #21)	307	22.1%
Concerns related to being a member of a minority (Item #23)	40	2.9%
Confusion over personal or religious beliefs and values (Item #22)	39	2.8%
Issue related to gay / lesbian identity (Item #24)	20	1.4%
<b>Depression</b>		
Depression (Item #26)	269	19.4%
General lack of motivation, interest in life; detachment and hopelessness #25)	266	19.1%
Grief over death or loss (Item #27)	52	3.7%
<b>Eating Disorder</b>		
Eating problem (overeating, not eating or excessive dieting) (Item #29)	74	5.3%
Eating problem (overeating, not eating or excessive dieting - including moderate concern) (Item #29)	227	16.3%
<b>Substance Abuse</b>		
Alcohol / drug problem in family (Item #31)	34	2.4%
Alcohol and/or drug problem (Item #30)	19	1.3%
<b>Sexual Abuse or Harassment</b>		
Physically or emotionally abused, as a child or adult (Item #33)	51	3.7%
Sexually abused or assaulted, as a child or adult (Item #32)	46	3.3%
<b>Stress and Psychosomatic Symptoms</b>		
Sleep problems (can't sleep, sleep too much, nightmares) (Item #36)	242	17.4%
Physical stress (Item #35)	125	9.0%
Concerns about health; physical illness (Item #34)	58	4.2%
<b>Sexual Dysfunction or Issues</b>		
Sexual matters (Item #37)	40	2.9%
Problem pregnancy (Item #38)	6	0.4%
<b>Unusual Thoughts or Behavior</b>		
Concern that thinking is very confused (Item #40)	105	7.6%
Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39)	84	6.1%
Fear of loss of contact with reality (Item #42)	37	2.7%
Fear that someone is out to get me (Item #41)	23	1.7%
Violent thoughts, feelings, or behaviors (Item #43)	21	1.5%
Feel that someone is stalking/harassing me (item #45)	9	0.6%

<b>18. Behavioral Health Monitor by Item at Intake (N=1,404)</b>	<b># Reporting Extremely or Very Serious Problem (+moderate Problem)</b>	<b>%</b>
1) How distressed have you been?	509	36.3%
2) How satisfied have you been with your life?	516	36.8%
3) How energetic and motivated have you been feeling?	642	45.8%
4) How much have you been distressed by feeling fearful, scared?	310	22.1%
5) How much have you been distressed by alcohol/drug use interfering with your performance at school or work?	26	1.9%
6) How much have you been distressed by wanting to harm someone? (Including 'Sometimes' and 'A Little Bit')	7 (66)	0.5% (4.7%)



7) How much have you been distressed by not liking yourself?	370	26.4%
8) How much have you been distressed by difficulty concentrating?	579	41.3%
9) How much have you been distressed by eating problems interfering with relationships with family and or friends?	46	3.3%
10) How much have you been distressed by thoughts of ending your life? Almost Always, Often, Sometimes (and 'A Little Bit')	112 (278)	8.0 % (19.8%)
11) How much have you been distressed by feeling sad most of the time?	387	27.6%
12) How much have you been distressed by feeling hopeless about the future?	316	22.5%
13) How much have you been distressed by powerful, intense mood swings (highs and lows)?	277	19.7%
14) How much have you been distressed by alcohol / drug use interfering with your relationships with family and/or friends?	20	1.4%
15) How much have you been distressed by feeling nervous?	489	34.9%
16) How much have you been distressed by your heart pounding or racing?	259	18.5%
17) Getting along poorly or terribly over the past two weeks: work/school (for example, support, communication, closeness).	245	17.5%
18) Getting along poorly or terribly over the past two weeks: Intimate relationships (for example: support, communication, closeness).	372	26.5%
19) Getting along poorly or terribly over the past two weeks: Non-family social relationships (for example: communication, closeness, level of activity).	295	21.6%
20) Getting along poorly or terribly over the past two weeks: Life enjoyment (for example: recreation, life appreciation, leisure activities).	301	22.4%
21) Risk for Suicide (Extremely High, High, Moderate Risk) (Including Some Risk)	39 (169)	14.2% (61.7%)

<b>C) Individual Psychotherapy: Intake Service Evaluation Survey.</b>					
<b>1) Respondents' Characteristics: (N=834) (59% return rate)</b>					
<b>1) Race:</b>		<b>2) Class Status:</b>		<b>3) Residence:</b>	
African-American	7.2%	Freshman	14.6%	On-campus	38.5%
Asian-American	52.2%	Sophomore	19.6%	Off-campus w family	4.9%
Caucasian	24.0%	Junior	18.0%	Other off-campus	56.3%
Latino	9.7%	Senior	18.1%		
Other	6.9%	Graduate Student	28.7%		
		Alumnus	0.5%		
		Other	0.5%		
<b>4) School Affiliation</b>		<b>5) Gender:</b>		<b>6) Status:</b>	
Arts and Sciences	67.6%	Male	37.7%	Student	99.3%
Engineering	25.2%	Female	62.3%	Staff Member	0.4%
Nursing	0.1%			Other	0.4%
Peabody Conservatory	6.9%				
Other	0.1%				

<b>2) Respondents' Evaluation and Comments:</b>		
<b>7) I was able to see a therapist for my first appointment within a reasonable amount of time:</b>		
Yes -----	96.9%	No ----- 2.3%      Unsure----- 0.8%

<b>8) I found the receptionist to be courteous and helpful:</b>	
Yes ----- 96.6%	No ----- 1.8%      Unsure----- 1.7%
<b>9) I felt comfortable waiting in the reception area:</b>	
Yes ----- 96.1%	No ----- 1.5%      Unsure ----- 2.4%
<b>10) Do you feel the therapist was attentive and courteous?</b>	
Yes ----- 99.9%	No ----- 0%      Unsure ----- 0.1%
<b>11) Do you feel the therapist understood your problem(s)?</b>	
Yes ----- 95.3%	No ----- 0.6%      Unsure----- 4.1%
<b>12) Did the therapist give you information about the services of the Counseling Center?</b>	
Yes ----- 95.8%	No ----- 2.3%      Unsure ----- 1.9%
<b>13) Do you plan to continue with additional services at the Center?</b>	
Yes, I was satisfied with service -----	35.1%
Yes, If I can get a convenient appointment -----	3.0%
Yes, but I'm not sure this is the best place -----	1.9%
Yes, if-----	1.3%
No, because problem was solved-----	1.1%
No, because I don't have a problem-----	0.0%
No, because I don't like the therapist-----	0.1%
No, the hours are not convenient-----	0.1%
No, not eligible-----	0.1%
No, they cannot help me-----	0.0%
No, not now -----	0.4%
No, because -----	0.4%
No Response (NR)-----	56.7%
<b>14) Overall Impression of Counseling Center?</b>	
Excellent -----58.0%	Good ----- 38.7%      Fair ----- 3.3%      Poor ----- 0%

**15) Comments.** There were 241 comments on the Counseling Center's Service Evaluation Forms. 208 comments (86%) were viewed as positive, 20 comments (8%) were assessed as somewhat negative, and 12 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.

**A) Data for Clients Indicating Suicidality: 2016-17.**

During the past year 278 clients (20%) of 1,404 clients presenting at the Counseling Center reported some suicidal content at intake. This included 169 females and 109 males. Of these 278 clients, 112 (8% of all student clients) reported **having suicidal thoughts *sometimes, often or almost always*** (47 males, 65 females, 17 international students). Table 1 below provides further examination of the characteristics of the 112 student clients who reported having suicidal thoughts *sometimes, often or almost always*. This table includes (a) the percent of these 112 clients in each of several demographic categories and (b) the percent of all 1,404 clients in each of these demographic categories.

**Table 1: Comparison of All Clients and Clients Reporting That They Sometimes, Often or Almost Always Have Suicidal Thoughts for 2016-17.**

Client Characteristics	# and % of Clients: Sometimes, Often or Almost Always Have Suicidal Thoughts	# and % of All CC Clients
Males	47(42%)	482(34%)
Females	65(58%)	807(58%)
International Students	17(16%)	199(14%)
African American	9(8%)	84(6%)
Asian American	33(29%)	336(24%)
Hispanic/Latino	13(12%)	126(9%)
Pacific Islander	2 (2%)	3(<1%)
White/ Caucasian	44(39%)	617(44%)
Multiracial	6(5%)	57(4%)
Freshmen	22(20%)	163(12%)
Sophomore	29(26%)	236(17%)
Juniors	18(16%)	247(18%)
Senior	21(19%)	251(18%)
Grad Student	21(19%)	376(27%)
Heterosexual	85(76%)	1023(73%)
Lesbian	1(1%)	8(1%)
Gay	4(4%)	45(3%)
Bisexual	9(8%)	104(7%)
Questioning	2(2%)	33(2%)
Arts and Sciences	75(67%)	840(60%)
Engineering	29(26%)	342(24%)
Peabody	7(6%)	100(7%)

Table 2 below presents the characteristics of the 39 clients (3% of all student clients) who reported **moderate, high or extremely high suicidal risk**. This table includes (a) the percent of these 39 clients in each of several demographic categories and (b) the percent of all 1,404 clients in each of these demographic categories.

**Table 2: Comparison of All Clients and Clients Reporting Moderate, High or Extremely High Suicidal Risk for 2016-17.**

<b>Client Characteristics</b>	<b># and % of Clients with Moderate, High or Extremely High Suicidal Risk</b>	<b># and % of All CC Clients</b>
<b>Males</b>	<b>17(44%)</b>	<b>91(33%)</b>
<b>Females</b>	<b>22(56%)</b>	<b>144(53%)</b>
<b>International Students</b>	<b>9(24%)</b>	<b>33(12%)</b>
<b>African American</b>	<b>1(3%)</b>	<b>19(7%)</b>
<b>Asian American</b>	<b>15(38%)</b>	<b>77(28%)</b>
<b>Hispanic/Latino</b>	<b>4(10%)</b>	<b>22(8%)</b>
<b>Pacific Islander</b>	<b>0(0%)</b>	<b>2(&lt;1%)</b>
<b>White/ Caucasian</b>	<b>17(44%)</b>	<b>88(32%)</b>
<b>Multiracial</b>	<b>1(3%)</b>	<b>14(5%)</b>
<b>Freshmen</b>	<b>12(31%)</b>	<b>31(11%)</b>
<b>Sophomore</b>	<b>11(28%)</b>	<b>56(20%)</b>
<b>Juniors</b>	<b>6(15%)</b>	<b>48(18%)</b>
<b>Senior</b>	<b>5(13%)</b>	<b>41(15%)</b>
<b>Grad Student</b>	<b>5(13%)</b>	<b>57(21%)</b>
<b>Heterosexual</b>	<b>27(69%)</b>	<b>177(65%)</b>
<b>Lesbian</b>	<b>0(0%)</b>	<b>1(&lt;1%)</b>
<b>Gay</b>	<b>1(3%)</b>	<b>8(3%)</b>
<b>Bisexual</b>	<b>5(13%)</b>	<b>23(8%)</b>
<b>Questioning</b>	<b>1(3%)</b>	<b>8(3%)</b>
<b>Arts and Sciences</b>	<b>26(67%)</b>	<b>153(56%)</b>
<b>Engineering</b>	<b>11(28%)</b>	<b>62(23%)</b>
<b>Peabody</b>	<b>2(5%)</b>	<b>18(7%)</b>

**One-hundred and Five (105) clients who met the criteria for risk for suicidality** were placed in the Center’s Suicide Tracking System (STS). Sixty-seven (67) were enrolled in Arts & Science, 24 in Engineering, and 14 at the Peabody Conservatory. This accounted for 7.5% of all student clients seen at the Counseling Center in 2016-17. This compares to 94 clients (6.9%) that were placed in the Suicide Tracking System Clients tracked in 2015-16. These 105 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 3 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the Table 3, 35 of the 105 STS clients (33%) resolved their suicidality in an average of 12 sessions. Twenty-nine (29) suicidal clients continued in treatment as the academic year ended, 9 suicidal clients were referred out, 5 clients withdrew from the University, 4 clients graduated before their suicidality was resolved, and 23 clients dropped out of treatment. Again, as shown in the Table 3 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 3: Summary of Change in Suicide Tracking Clients for 2016-17.**

<b>Client Outcome at the End of AY2016-17</b>	<b># of Clients</b>	<b>Mean 1<sup>st</sup> Session BHM20 Score</b>	<b>Mean AY Last Session BHM20 Score</b>	<b>Mean Change Score</b>	<b>Mean # of Session on STS</b>
<b>Clients who Successfully Achieved Resolution of Suicidality</b>	35 (33%)	1.92	2.89	+0.97	12
<b>Clients who dropped out of therapy</b>	23 (22%)	1.82	2.26	+0.44	5
<b>Clients referred out</b>	9 (9%)	1.75	2.63	+0.88	7
<b>Clients who graduated without resolution of suicidality</b>	4 (4%)	1.73	2.79	+1.06	12
<b>Clients continuing in treatment</b>	29 (28%)	1.71	2.26	+0.55	10
<b>Clients who withdrew/left School</b>	5 (5%)	1.70	2.18	+0.48	6
<b>All Suicide Tracking Clients</b>	<b>105 (100%)</b>	<b>1.81</b>	<b>2.52</b>	<b>+0.71</b>	<b>9</b>

**B) Behavioral Health Monitor Research Efforts.**

The Counseling Center continues its well-established research collaboration with S. Mark Kopta, the developer of the Behavioral Health Monitor 20 (BHM20), also known as the CelestHealth System-Mental Health (CHS-MH). For the last two years, our collaboration has focused on the development of psychiatric version of the BHM20, the CHS-MD. For the second year in a row, one of the Counseling Center’s consulting psychiatrist and a psychiatric fellow from the Johns Hopkins University Child and Adolescent Psychiatry Fellowship Program have utilized beta versions of the CHS-MD in their work with students, both informing their practice and providing input toward the further development of the instrument.

**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.

The CC received 27 PHQ-9 referrals (compared with 44 in 2015-16) from SHWC. Seventeen (63%) of the referred students were seen at the CC after their referral (32 and 78% in 2015-16).

## D) Interpersonal Counseling (IPC)

In Fall 2016, the Counseling Center began participation in a research project conducted by Dr. Leslie Miller (Principal Investigator), with IRB approval. The purpose of this study is to investigate Interpersonal Counseling (IPC), which is a brief, structured modification of Interpersonal Psychotherapy (IPT). During 2016/17 all Counseling Center clinical staff received training in IPC, and 2 of our doctoral interns received additional training which qualified them to participate in the study as clinicians. One of these 2 interns utilized IPC with 3 of her clients who provided informed consent for participation in the study. This intern received supervision from Dr. Leslie Miller on these 3 cases, which included the review of session audiotapes. The hope is to continue this participation in 2017/18.

### SECTION IV: Summary of Group Psychotherapy Provided by Counseling Center Staff: 2016-17

The Counseling Center offers a variety of psychotherapy and psychoeducational groups each year designed to provide therapeutic, social and academic support for full-time undergraduate and graduate students in the Krieger School of Arts and Sciences, the Whiting School of Engineering and the Peabody Institute.

In the past year the Counseling Center staff conducted 11 psychotherapy groups for a total of 120 sessions and 177.75 hours of service. A total of 55 students participated in psychotherapy groups. Several psychoeducational groups were also provided this year. Counseling Center staff conducted 10 psychoeducational groups for a total of 66 hours of service. A total of 75 students participated in psychoeducational groups.

The grand total for the Counseling Center's group therapy efforts this year includes 21 groups, 164 group sessions and 243.75 hours\*, with service to 130 Johns Hopkins students.

#	Psychotherapy Group	# of Sessions	# of Clients Seen	Length of Each Session	Total Hours of Group
1	Dissertation Support I	31	9	90 minutes	46.5
2	Dissertation Support II	13	9	90 minutes	19.5
3	Eating Disorders Treatment I	7	5	90 minutes	10.5
4	Eating Disorders Treatment II	5	4	60 minutes	5.0
5	Graduate Student Process I	7	4	90 minutes	10.5
6	Graduate Student Process II	10	7	90 minutes	15.0
7	LGBTQ Student Support I	9	7	90 minutes	13.50
8	LGBTQ Student Support II	12	10	90 minutes	18.25
9	Social Anxiety	7	8	90 minutes	10.5
10	Women's Empowerment	11	7	90 minutes	16.5
11	Understanding Self and Others	8	9	90 minutes	12.0
	<b>Totals</b>	<b>120</b>	<b>55</b>		<b>177.75</b>

#	Psychoeducational Group	# of Sessions	# of Clients Seen	Length of Each Session	Total Hours of Group
1	Anxiety & Stress Management I	5	14	90-120 minutes	8.5
2	Anxiety & Stress Management II	4	5	90 minutes	6.0
3	Anxiety & Stress Management III	4	4	90 minutes	6.0
4	Anxiety & Stress Management IV	4	4	90 minutes	6.0
5	Introduction to Mindfulness Meditation I	4	4	75 minutes	5.0

6	Introduction to Mindfulness Meditation II	4	7	75 minutes	5.0
7	Introduction to Mindfulness Meditation III	8	13	105-135 minutes	16.5
8	Introduction to Mindfulness Meditation IV	4	10	75-90 minutes	5.25
9	Introduction to Mindfulness Meditation V	3	11	75 minutes	3.75
10	Drop-In Meditation	4	3	60 minutes	4.0
<b>Totals</b>		<b>44</b>	<b>75</b>		<b>66.0</b>

\*It should be noted that the total number of group hours listed in last year's Annual Report were listed as 258.75 incorrectly. The actual total number of group hours for the 2015-2016 Academic Year were 204.75.

## SECTION V: Summary of Sexual Assault Services and Sexual Assault Help Line 2016-17

The 2016-17 academic year is the first year that the Counseling Center has had two full time psychologists working specifically in the area of sexual violence prevention. Dr. Christine Conway coordinates the CC's involvement in University wide efforts to address and prevent sexual violence and Dr. Katherine Jones serves as a Sexual Assault Specialist within the CC to provide services and outreach programming for survivors. This allowed the CC to become more involved in this issue on campus and has increased the CC's visibility as a confidential resource for survivors. An important goal this year was to increase awareness within the campus community of the confidential resources for sexual violence on campus. We achieved this by supporting OIE's campaign to raise awareness of resources and by participating in multiple trainings during orientation for RAs, First Year Mentors and first year students during orientation.

**Training:** A second important achievement this year was to offer trainings for the confidential resources at the University. This included training with the CC staff, the SHWC staff, and the University Chaplains on how to respond to survivors, community resources and the Title IX process. We also had an introductory meeting with all the Homewood confidential resources and the OIE Title IX staff. A follow-up session with the SHWC was held at the beginning of the spring semester. A training was also held with the JHSAP staff during the spring semester and we are planning to meet with the University Health and Mental Health staffs this summer. Training for the University's confidential resources will continue to be offered on an annual basis.

**Sexual Assault Awareness Month:** Sexual Assault Awareness Month in April provided the opportunity for the CC to network and partner with key offices on campus (OIE, CHEW, and the Office of Gender Equity) to plan programming to raise awareness and prevent sexual assault and relationship violence. This group of collaborators met on a regular basis leading up to April and we plan to continue to meet regularly to share information and work together on this important issue. Sexual Assault Awareness Month activities, included a University wide Awareness Ribbon campaign – Teal Tuesdays; we brought a speaker to campus to do a program for students and also to meet with SARU to encourage their efforts; programs were also offered for Greeks, international and LGBTQ student groups and we did tabling events to raise awareness of resources on campus. While attendance at some of these events was less than we would have liked, the programs raised awareness, helped to advertise the CC as a resource on this issue and helped us build collaborative relationships with other campus stakeholders on this issue.

**Clinical Services:** In the area of clinical services, the CC continued to offer individual services for survivors and the addition of a sexual assault specialist to the staff allowed students to request this treatment provider. In 2016/17, individual services were provided to 41 students who had experienced a sexual assault. In addition to individual therapy, Dr. Jones offered a therapy group for survivors during the spring semester that was very well received and provided an important treatment option for students. The CC also continues to staff the University wide Sexual Assault Helpline, which is accessible to ALL JHU students via the Sexual Assault Response and Prevention website. Calls to this line were down 17% in 2016-17 compared to last year, which was unexpected given the publicity that was done over the course of the year by OIE to advertise the Helpline. The decrease seems to have been primarily in the non-clinical calls to the line with the clinical calls remaining relatively the same.

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

	<b>Total Number of Calls</b>	<b>Caller had been sexually assaulted</b>	<b>Caller concerned about someone who had been sexually assaulted</b>	<b>Non-clinical calls (e.g., wrong number, shuttle, etc.)</b>
<b>TOTAL CALLS:</b>				
2016-17	48	15	4	29
2015-16	58	14	6	38
2014-15	45	9	5	28
2013-14	12	3	2	5
<b>After-Hours:</b>				
2016-17	24	11	1	12
2015-16	28	7	2	19
2014-15	29	8	3	18
2013-14	8	2	1	4
<b>Daytime:</b>				
2016-17	24	4	3	17
2015-16	30	7	4	19
2014-15	16	1	2	13
2013-14	4	1	1	2

**SECTION VI: Summary of Counseling Center Pre-Doctoral Internship Training Program 2016-17**

Dr. Meer arranges for individual supervision of the interns by the professional staff, coordinates the Training Seminars series, leads the Training and Supervisors’ Committees, 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 2016-2017.

Below is a description of the 2016-2017 training program including: (1) an accreditation update, (2) a summary of the interns and supervisors for 2016-2017, (3) an overview of the services and activities of the training program, (4) a description of the training assessment process, (5) a statement of contact with interns’ academic programs, (6) a summary of the Intern recruitment and selection process for 2017-2018, and (7) a description of the ongoing development and changes to the Doctoral Psychology Internship Program.

**A. Accreditation Update**

The training program in Doctoral Psychology is due for reaccreditation this academic year (the cycle is every 7 years).



The first step in the reaccreditation process is writing the self-study, an intensive process which entails responding to questions set by the Committee on Accreditation (CoA) of the American Psychological Association (APA). The self-study was completed and submitted prior to the January 31, 2017, deadline.

We have been approved for a site visit and this is scheduled for July 10 & 11, 2017.

**B. Trainees and Supervisors**

- Director of Training – Durriya Meer, Psy.D.
- Four Doctoral Psychology Interns:
  - **Althea Bardin, M.A.** (Hofstra University, NY)
  - **Eleanor Benner, M.A.** (LaSalle University, PA)
  - **Soyeong Kim,** (University of Akron, OH)
  - **Michael Lent,** (Hofstra University, NY)
- Clinical Supervisors:

Supervisor Name	Primary Supervisor for:	Group Therapy Supervisor	Peer Supervision Co-Facilitator	Daytime On-Call Supervisor
Chris Conway			*Whole year	
Larry David	Althea – Fall Michael – Spring/part Summer			Althea– Fall & Spring
Fred Gager	Eleanor – Fall Soyeong – Spring/Summer			
Katherine Jones/Chris Conway		Soyeong - Spring		
Leslie Leathers	Soyeong - Spring			*Whole year
Justin Massey	Michael – Fall, July Eleanor – Spring	Eleanor- Fall & Spring Michael - Spring		
Rosemary Nicolosi			*Whole year	

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

**C. The Training Program**

- Interns provided **intake and individual counseling services** to Homewood and Peabody students under staff supervision. To date, the 2016-2017 interns have provided a total of **2112 hours** of direct clinical services to students. This includes intakes, both scheduled and emergency, individual and group counseling.
- Three of the interns co-facilitated 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 primary supervisor as ‘dedicated’ backup, especially during the Fall. Interns also provided **consultation** to students, parents, faculty, and staff during walk-in hours.
- Each intern will provide 2 weeks of **after-hours on-call emergency coverage** (including the JHU sexual assault Help Line) with senior staff backup during the Spring and Summer semesters.

- Interns participated in a total of 118 hours of the Center's outreach activities, either with a staff member or by themselves (see Outreach Coordinator's Report for further detail).
- Interns received two and one-half (2 1/2) hours of **individual supervision** per week during the internship year. Additionally, two senior staff members co-facilitated 1 ½ hours of peer supervision group per week. Interns spent 1 hour per week in a support group facilitated by Ms. Amani Surges.
- **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**.

#### **D. 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 2016 by the 2015-2016 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.

#### **E. 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.

#### **F. Recruitment and Selection of 2017-2018 Interns**

- **Received 76 completed applications.** Like sites throughout the country, there was a *decrease* in the number of applications received (we received 76 as opposed to previous years when the numbers were generally in the 110s-120s). This is because there are now more accredited sites offering internships.
- Applicants represented a range of racial, ethnic and sexual minorities, geographical diversity and age range. The field has been seeing an increasing number of nontraditional and international students. Applicants from Clinical Psy.D. programs were over-represented, again consistent with national trends.
- **Interviewed 27 candidates.** Applicants selected for interviews also represented a range of diversity in terms of gender, sexual orientation, national origin and geographical region.
- **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 2017:

- Brandon Davis – Azusa Pacific University, CA
- Sodah Minty – California Lutheran University
- Saloni Taneja – Florida Institute of Technology
- Angela Termini – George Washington University

**SECTION VII: Summary of Outreach/Workshops and Social Media 2016-17**

The Counseling Center established an **outreach theme** to guide our programming efforts this year and to increase the visibility of the Counseling Center on campus. This theme was developed and designed in collaboration with two JHU seniors.



Cell phone wallets printed with this wellness theme were handed out to all first year students during orientation. Inside each wallet was a card with information about the Counseling Center and one of seven different messages promoting wellness. Our goal was to provide relevant, upbeat messages to encourage self-care, to reduce stigma about utilizing our services, meet students where they are, and to be viewed as an office that is relevant for to all students. Cell phone wallets and stickers were distributed at outreach programs all year.

The “Be Well. Do Well. Live Well.” theme was also used to guide our programming efforts in developing workshops and presentations that encourage the development of new skills, the exploration of topics related to wellness and mental health, and the promotion of healthy lifestyle choices. There was a significant increase in outreach programming during the 2016-17 academic year.

**2016-17 Outreach Programs**

	Number of Programs	Number of People Served
Student Programs	137	3423
Non-Student Programs	17	1659
<b>TOTAL</b>	<b>154</b>	<b>5082</b>

In 2015/16 the Counseling Center presented a total of 61 programs to 2,174 individuals. This increase reflects several initiatives in the area of outreach. First, through increased collaboration with Residential Life, the Counseling Center **participated more significantly in RA Training** this year, offering training sessions on Helping Skills 101, QPR Suicide Prevention, Boundary Setting and Self-Care, Responding to Survivors of Sexual Assault and Intimate Partner Violence, and role play debriefing on mental health scenarios through their Behind Closed Door program. We participated in **First Year Mentor training** with a presentation on Sexual Assault Response. The CC also participated in multiple programs during orientation for new undergraduate and graduate students and their parents.

The Counseling Center Outreach Committee also identified specific areas of focus for the year including: establishing a suicide prevention initiative to train gatekeepers on campus in identifying suicidal risk factors and practice intervention strategies (**QPR – Question, Persuade & Refer**); development of programming to encourage students to learn and utilize mindfulness skills, which included the **Mindfulness Meditation Workshop** (attendance reported under group programs), **Drop-In Meditation Group** and a weekly **Mindful Yoga Class**; several staff members helped to

facilitate the First Year Diversity and Inclusion Program; Eating Disorders/Body Image programs were offered for the athletes; programming was offered during Sexual Assault Awareness Month; and health and wellness materials were developed for utilization at tabling events. Tabling events included: a campus wide Health Fair; the Clothesline Project; welcome events for incoming students, international students, graduate students, and parents; Sexual Assault Prevention Programs; Blue Jay Day; Gratitude Tabling before Thanksgiving; and the Masculinity Project, Men’s Health Fair.

A listing of the number of programs and participants for both Student and Non-Student outreach programs by topic area is as follows:

**2016-17 Outreach Programs by Topic Area**

	STUDENT PROGRAMS		NON-STUDENT PROGRAMS	
	Number of Programs	Number of Participants	Number of Programs	Number of Participants
Academic Issues	4	106	-----	-----
Adjustment/Transition	7	398	-----	-----
Diversity	7	295	-----	-----
(Diversity & Inclusion First Year Program)	4	115	-----	-----
Eating Issues/Body Image	5	58	-----	-----
Health & Wellness	12	292	-----	-----
(Mindful Yoga)	20	189	-----	-----
Helping Skills	8	209	-----	-----
Identity	4	98	-----	-----
Introduction to Counseling Center	12	614	5	1285
Mental Health Awareness	10	162	-----	-----
Mindfulness & Meditation *	10	63	-----	-----
Psychological First Aid	-----	-----	1	22
Public Relations/Networking	1	30	2	200
Reaction to Current Events	7	268	-----	-----
Sexual Violence Prevention	12	267	4	35
Stress Management *	8	157	-----	-----
Suicide Prevention (QPR)	6	102	5	117
<b>TOTAL</b>	<b>137</b>	<b>3423</b>	<b>17</b>	<b>1659</b>

**\*Mindfulness Meditation Workshop & Anxiety & Stress Management Workshop participation included in Group Programs**

In September of 2016, Dr. Susana Ferradas, Dr. Katherine Jones, and Dr. Jeanna Stokes established **social media** accounts for the Counseling Center. The main purpose of the Center’s Instagram, Facebook, and Twitter accounts were to broadcast Counseling Center outreach events with the Johns Hopkins University community, including students, faculty, staff, parents, alumni, and other interested parties. The sites were also used to promote mental health awareness, familiarize the JHU community with the Center’s staff, and celebrate diversity. We also collaborated with campus partners to get information about our programs out to students through their list serves and social media sites. The goal for the Social Media Committee next year is to double the number of followers on each site through collaboration with the Counseling Center’s Outreach Committee and Counseling Center Advisory Board.

The Counseling Center also utilized our website and flyers for advertising events. The establishment of an on-line sign-up system, accessed through the Counseling Center website, has made it easier for students to sign-up for

specific programs. Additionally outreach programs can be requested electronically by members of the campus community for a specific organization, group or department.

**SECTION VIII: Summary of JHU Community Activity by Counseling Center Staff: 2016-17**

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) **25 intra-departmental committees, projects, or events** and 2) **98 inter-departmental/divisional, university-wide, and external involvements**. They are listed below:

#	1) Departmental Level Community Activity/Project Involvement
1	Clinical Director Search Committee
2	Counseling Center Annual Intern Alumni Panel
3	Counseling Center Annual Retreat Planning Committee
4	Counseling Center Annual Staff Retreat
5	Counseling Center C2E2 Committee
6	Counseling Center Diversity Committee (CCDC)
7	Counseling Center Fall Retreat Planning Committee
8	Counseling Center Gift Wrapping Party
9	Counseling Center Group Staff Photo
10	Counseling Center Holiday Party Committee
11	Counseling Center Intern Farewell/Welcome Luncheons
12	Counseling Center Intern Selection Committee
13	Counseling Center Intern Training Committee
14	Counseling Center Mid-Year Evaluation
15	Counseling Center Picnic Committee
16	Counseling Center Search Committee Chair
17	Eating Disorder Committee
18	Farewell Lunch for Emily Massey
19	Farewell Lunch for Eric Rose
20	Multicultural Lab
21	Outreach Planning Committee
22	Performance Review Meeting
23	Prospective Staff Member Interviews/Candidate Tours/Lunches
24	Social Media Committee
25	Staff Psychologist Search Committee

#	2) Interdepartmental/Divisional/University-Wide/External Community Involvement
1	Academics United - Resist the Immigration Ban March
2	Alain Joffe Retirement Party
3	Beyond Jihad: Understanding the Muslim World
4	Bi-Weekly Health and Wellness Team Meetings
5	Bi-Weekly HopReach Meetings
6	Black History Month - Black Issues in Higher Education Panel

7	Black Lives Matter Solidarity Demonstration
8	Business Management Table Top Exercise
9	Case Manager COP Meeting
10	Case Managers of Local Colleges Meeting
11	Case Managers of Local Schools Meeting
12	Case Study and Feedback Meeting
13	Community Conversations: Unpacking Race Relations in the 21st Century
14	Crisis Management Table Top Exercise
15	Crossing Borders: Supporting International Student and Scholar Transitions
16	Dean of Student Life Holiday Party
17	Diversity and Inclusion Facilitator Appreciation Lunch
18	Diversity and Inclusion Team Meet and Greet
19	Diversity and Inclusion Train the Trainer Workshop
20	Diversity Leadership Council (DLC) Conference
21	Eating Disorder Treatment Team Meetings with Student Health and Wellness
22	First Year Experience Committee
23	Foreign Affairs Symposium with Junot Diaz
24	Homewood Student Affairs (HSA) End of Year Celebration
25	Homewood Student Affairs (HSA) Fall Breakfast
26	Homewood Student Affairs (HSA) Student Life Holiday Party
27	Homewood Student Affairs (HSA) Welcome Back Reception
28	HopArts Program - Something Rotten Musical
29	HOP-IN meeting with Advisory Board
30	Insurance Committee
31	International Women's Day March
32	Interviewer for Associate Dean for Diversity and Inclusion
33	Interviewer for Field Hockey Coach
34	Interviewer for Residence Director of Residential Life
35	Interviewing for Office of Residential Life Associate Director Position
36	Interviewing for Student Health and Wellness Director Position
37	JHU Forums On Race in America - Dr. Carl Hart: Drug Policy is Race Policy
38	JHU Forums on Race in America- A Discussion of Intersecting Dimensions of Identity
39	JHU Hospital High School Lecture
40	LGBTQ National Coming Out Day Celebration
41	Lunch Meet and Greet with Student Health and Wellness
42	Meeting the Bobby van Allen (Track Coach)
43	Meeting the Jackie Lebeau (Recreation Center)
44	Meeting with Academic Advising
45	Meeting with Ashely Waller (LCPC)
46	Meeting with Athletic Training
47	Meeting with Barbara Roth (LCSW) Directory of Family and Children's Services
48	Meeting with Bert Nayfack, MD
49	Meeting with Beth DiRicco, Caron Center in Pennsylvania
50	Meeting with Campus Security
51	Meeting with Career Center

52	Meeting with Catherine Sullivan-Windt, PhD
53	Meeting with Dean of Peabody, Kyley Somer
54	Meeting with Dean of Student Life Case Managers
55	Meeting with Disability Services
56	Meeting with Emily Massey, Psy.D.
57	Meeting with Graduate Student Coordinators
58	Meeting with Jeannine Heynes on Gender Equity
59	Meeting with Jessica Rothstein, PsyD for Greater Baltimore Counseling Center, LLC
60	Meeting with Jessica Sides, nutritionist
61	Meeting with Joseph Andrews, MD
62	Meeting with Judith Andai, (LCSW-C)
63	Meeting with Kathy Schnurr from the Interfaith Center (IFC)
64	Meeting with LGBTQ Life
65	Meeting with Michael Slevin (LCSW-C)
66	Meeting with Residential Life
67	Meeting with Sam Chan (UMAB)
68	Meeting with Scott King from the Office of International Services (OIS)
69	Meeting with Shawn Hales, Psy.D.
70	Meeting with Shawn Kelley at Student Health and Wellness
71	Meeting with Sonia Tyutyulkova, MD
72	Meeting with Stephanie Baker and Allison Leventhal
73	Meeting with Teresa Mendez (LCSW-C)
74	Meeting with the Office of Multicultural Affairs (OMA)
75	Meeting with Title IX Office and Chaplains
76	New Hire Lunch With Terry Martinez
77	Office of the Provost Holiday Celebration
78	Preparation and Cleanup from HECMA Meeting
79	Provost's Sexual Violence Advisory Committee Meeting
80	Risk Assessment Team Meetings
81	Safe Zone Training
82	Search Committee Co-Chair for Student Health and Wellness Director
83	Sexual Assault Awareness Month - Love Languages: From International to Intercultural
84	Sexual Assault Awareness Month Speaker: Wagatwe Wanjuki
85	Sexual Assault Bystander Intervention Training
86	Sexual Assault Resource Unit (SARU) Hotline Meeting
87	Sexual Violence Prevention Committee (SVPC)
88	Student Government Association (SGA) Dinner with Administrators
89	Student Health and Wellness Director Interviews
90	Student Health Plan Waiver Meeting
91	Student Health Planning and Strategy Meeting for 2017/18
92	Student Life Welcome Back Reception
93	Task Force on Student Mental Health and Wellbeing
94	The Driving Life and Death of Philandro Castile
95	Title IX and Harassment Prevention Training
96	Webinar: Evaluating Case Management programs
97	Webinar: Racial Climate on Campus

### SECTION IX: Summary of Professional Development, Professional Activity, and Professional Memberships by CC Staff: 2016-17

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. Nine (9) professional development programs were offered, and five of these were approved for a total of 15.75 CE credits. This year's professional development programs were as follows:

<u>CE Program Title</u>	<u>Presenter</u>	<u>Date</u>	<u># of Hours</u>
<i>Working With Muslim Students</i>	Durriya Meer, Psy.D.	Aug 17, 2016	1
<i>Behavioral Activation</i>	Justin Massey, Psy.D.	Jan 4, 2017	4
<i>Interpersonal Psychotherapy (IPT) Training Workshop</i>	Alexandra Rafaeli, Psy.D. & Leslie Miller, MD	Jan 9, 2017	4.25
<i>Interpersonal Psychotherapy (IPT) Training Workshop Pt. 2 – Interpersonal Counseling (IPC) for University Students</i>	Alexandra Rafaeli, Psy.D. & Leslie Miller, MD	Jan 9, 2017	3.5
<i>Gottman Method Training</i>	Emily Massey, Psy.D.	April 28, 2017	3
<u>Non-CE Program</u>	<u>Facilitator/Presenter</u>	<u>Date</u>	
<i>Multicultural Exploration of difficult discussions and culture shares</i>	Counseling Center Diversity Committee (CCDC)	May 20, 2016	2.5
<i>Expanding Multicultural Competence: Focus on cultural identity</i>	Kimberly Ewing, Ph.D. & Bridget Rivera, Psy.D.	June 6, 2016	7
<i>Multicultural Lab – Monthly small group meetings during which therapists:</i> <ul style="list-style-type: none"> <li>• <i>Learn more about our many identities and their intersections</i></li> <li>• <i>Improve ways in which we work with our clients' various identities</i></li> <li>• <i>Explore and refine how we apply this knowledge of ourselves in relationships with clients, colleagues and others in society-at-large</i></li> </ul>		Once a month since September 2016	8-9
<i>Taking Action: A nonpartisan Approach Brown Bag Series Discussion on activism and advocacy in our role as therapists in the current sociopolitical context</i>	CCDC	February 3, 2017	1.75

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 **71 development / educational activities** (see Section A below). Counseling Center staff was also actively engaged in **15 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 20 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	Your 21st Century Practice: Telehealth, Technology, Social Media, and the Provision of Psychological Services
2	Treatment of Sexual Disorders and Male Reproductive Issues
3	A Clinical and Community Response to Hoarding
4	A Taste of Dialectical Behavior Therapy (DBT) Treatment of Anxiety
5	Working with Meaning in Life in Psychotherapy
6	Hypnosis as an Adjunct to Dream Interpretation: A Jungian Perspective
7	Pediatric Anxiety Disorders: What Every Clinician Needs to Know
8	Ethics, Law and Risk Management: An Update
9	Perfectionism: The Barrier to Progress
10	An Overview of Psychotropic Medications
11	Treatment of Sexual Disorders and Male Reproductive Problems: Part II
12	A Path towards Differentiation: Bowen Family Systems Theory in Clinical Practice
13	Campus Facilities and Transgender Students: Creating Safe and Welcoming Spaces
14	Association for Behavioral and Cognitive Therapies Annual Conference
15	Dialectical Behavior Therapy: Treating the Eating Disordered Client with Multiple Problems
16	Web-Centered Training in Enhanced Cognitive Behavioral Therapy (CBT-E) for Eating Disorders
17	Written Exposure Therapy: A Brief Treatment Approach for PTSD
18	Safe Zone Training
19	Webinar: Assertive Community Treatment (ACT) Training in the University Counseling Center
20	Workshop: Legal and Ethical Issues with Technology and Mental Health
21	Webinar: Maryland Collaborative on Substance Use Intervention
22	Tuerk Conference on Mental Health and Addiction Treatment
23	QPR Training
24	Public Relations Challenges - presentation
25	In Service with Kimberly M. Ewing, Ph.D. and Bridget A. Rivera, Psy.D.
26	American Psychological Association Convention 2016
27	Intern Conference at the University of Delaware
28	Acceptance and Commitment Therapy
29	Learning the Language of Supervision Workshop
30	How Positive Psychology Changes Our Lives
31	Webinar on Social Justice
32	Beyond Borderline Personality Disorder (BPD): Dialectical Behavior Therapy (DBT) in College Counseling Center
33	Trans Health with Student Health and Wellness Center and Chase Brexton
34	National Latina/o Biennial Conference 2016
35	Working with Muslim Students with Dr. Durriya Meer
36	Sleep, Wellness and Resilience
37	Trauma, Affect Dysregulation and Shame: Treating the Seeds of Self-Destructive Behaviors
38	Cultural and Contextual Issues in Refugee Mental Health
39	Being Boy and Man: Accessing and Integrating Disavowed Self-States
40	Counselors and Interpreters Working Together in Providing Therapeutic Care for Refugees
41	Culturally Informed Care and Populations of African Decent: Challenges and Opportunities
42	Establishing and Maintaining Focus in Psychotherapy Sessions

43	Retirement Webinar
44	Counseling Center Diversity Committee Brown Bagger
45	Examination for Professional Practice of Psychology Preparation
46	Association of Counseling Center Training Agencies Conference 2016
47	Women in Leadership Symposium
48	National Sexual Assault Conference
49	PATH GAPS training
50	Webinar: Sexual Assault Laws on Confidentiality and Reporting
51	JHU Carey Business School Training on Social Media
52	National Eating Disorder Information Centre 2017 Body Image and Self-Esteem Conference
53	Winter Roundtable on Cultural Psychology and Education 2017
54	Beyond Trans 101: Mental Health Practice and Advocacy with Transgender and Gender Nonconforming (TGNC) Clients
55	PESI LGBTQ Youth: Clinical Strategies to Support Sexual Orientation and Gender Identity
56	Unfinished Business: An Atlantic LGBTQ Summit
57	National Association of Student Affairs Professionals (NASPA) Webinar: Creating Culture Change Through Prevention: Harnessing Campus and Community Partnerships
58	National Association of Student Affairs Professionals (NASPA) Webinar: Heroes and Villians: Moving Beyond the Bystander Intervention Framework
59	Interpersonal Counseling Training
60	Behavioral Activation Seminar by Justin Massey
61	Gottman Method Training by Justin Massey
62	Comprehensive Behavioral Intervention Seminar
63	Association of University and College Counseling Center Directors Annual Conference
64	National Association of Student Affairs Professionals (NASPA) Mental Health Conference
65	Webinar: Suicidal Students: Recent Federal Guidance Colleges Need to Know
66	Pre-Application FOA Webinar for FY 2017 Garrett Lee Smith Campus Grant
67	Webinar: Improving Mental Health on Campus
68	The Assessment and Management of Workplace and Campus Violence Risk
69	Webinar: The Efficient and Effective Counseling Center
70	Webinar: JED and Morneau Shepell International Student Support Program
71	Washington Metropolitan Area Counseling Center Directors Annual Meeting

#	Section B) Professional Activities
1	Black Faculty and Staff Committee Member
2	Co-chair of Diversity Scholar Award Committee for Association of Counseling Center Training Agencies (ACCTA)
3	Collaboration with Leslie Miller on Interpersonal Counseling (IPC) Study
4	Collaboration with Mark Kopta on Behavioral Health Measurement (BHM)
5	Dissertation Writing/Editing/Meeting/Defending
6	Interpersonal Counseling for College Counseling Centers Research Project
7	Maryland Licensure
8	Member of Standing Committee on Diversity-Steering Committee, Association of Counseling Center Training Agencies (ACCTA)
9	Mid-Atlantic Collegiate Transgender Health Conference at University of Maryland
10	Postdoc Background Check/Follow-up/Psych Associate Licensure

11	Post-doctoral Applications/Interviews
12	Poster Presentation at the Association for Behavioral and Cognitive Therapies Conference
13	President of the Baltimore Psychological Association for 2016 and 2017
14	Strength Finder Assessment
15	Taught a class for Psychiatry Fellows at Medical Campus

#	Section C) Professional Memberships
1	Academy of Eating Disorders
2	American Academy of Physician Assistants (AAPA)
3	American Counseling Association (ACA)
4	American Group Psychotherapy Association
5	American Psychological Association (APA)
6	American Psychological Association Division 35
7	American Psychological Association Division 44
8	Association for Behavioral and Cognitive Therapies
9	Association for Counseling Center Coordinators of Clinical Service (ACCCCS)
10	Association of Black Psychologists (ABPsi)
11	Association for University and College Counseling Center Directors (AUCCCCD)
12	Association for University and College Counseling Center Outreach (AUCCCO)
13	Baltimore Psychological Association (BPA)
14	District of Columbia Psychological Association
15	International OCD Foundation
16	Maryland Psychological Association (MPA)
17	National Association of Social Workers
18	National Board of Certified Counselors (NBCC)
19	National Latina/o Psychological Association (NLPA)
20	National Register of Health Service Providers in Psychology

## SECTION X: Counseling Center Coordinator Reports: 2016-17

### A) Black Student Programs 2016-17 Coordinator Report (Dr. Leslie Leathers)

In 2016/17, the Counseling Center provided services to 93 Black students (representing 25.2% of the Black students in the population we serve and 6.7% of CC clients). 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 (OIE), Black Faculty and Staff Association (BFSA), Black History Month Committee, 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 Strategy and Communications subcommittee. Dr. Leathers worked to increase the visibility of the Counseling Center among students of color. She, along with other CC staff members, delivered outreach programs for members of OMA's Mentoring Assistance Peer Program and HOP-IN mentors and students. Dr. Leathers also worked with a student leader to offer an outreach program titled "Am I OK? Mental Health and Intersecting Marginalized Identities." Dr. Leathers recruited members for the Students of Color Support group; however, the group was ultimately unable to run due to a lack of enough interested parties. She also contributed to the training of doctoral interns by providing seminars on Multicultural Competence.

## **B) Eating Disorder (ED) Program 2016-17 Coordinator Report (Dr. Justin Massey)**

### **Client and Treatment Statistics:**

- **81** clients with eating disorders were seen by the staff of the JHU Counseling Center (JHUCC).
- **10** clients participated in JHUCC's "Next Steps" Eating Disorders treatment/support group facilitated by the Eating Disorders Coordinator and Ms. Ellie Benner.
- **22** clients were referred to the Student Health & Wellness Center (SHWC) for medical management of their Eating Disorders.
- **20** clients were referred to the SHWC dietitian for nutritional counseling.
- **7** 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 doctoral interns on Eating Disorders assessment and the leading evidence-based treatment for Eating Disorders -- Enhanced Cognitive-Behavioral Therapy.
- The Eating Disorders Coordinator drafted a proposal for an eating disorders treatment collaborative to streamline communication between the Counseling Center and SH&W in the service of determining the appropriate level of care and providing interdisciplinary treatment.
- To strengthen collaborative relationships with Athletics, the ED Coordinator met with Bobby Van Allen, Kim Lewnes, Erin Long, and Sarah Lagaz to discuss team needs. Under the supervision of the ED Coordinator, Ms. Ellie Benner and Ms. Thea Bardin facilitated an outreach activity aimed at addressing eating disorders in athletes. In addition to the outreach program, Ms. Ellie Benner conducted a needs assessment to identify future targets for outreach activities with female athletes on the track team.
- During National Eating Disorders Awareness Week the statue of the blue jay outside of the FFC was painted purple by Dr. Jeanna Stokes to raise awareness of eating disorders.
- In collaboration with CHEW, covered mirrors in the bathrooms of the rec. center to raise awareness of eating disorders and negative body image. A secondary aim was to encourage students to reduce the emphasis placed physical appearance in the determination of self-worth.

## **C) Group Therapy Coordinator 2016-17 Report (Dr. Reisha Moxley)**

See Section IV of this report.

## **D) International Students 2016-17 Coordinator Report (Dr. Jian-Ming Hou)**

In 2016/17, the Counseling Center provided services to 216 International students (representing 11.5% of the international students in the population we serve and 15.4% of CC clients). Dr. Jian-Ming Hou joined the staff in September 2016 and served as the coordinator and liaison for international students. In this role, **Dr. Hou engaged in the following activities:**

### **Established campus partnership with Office of International Services (OIS)**

- Actively established campus partnership with Office of International Services (OIS)
- Initiated regular meeting with Christian Pavik, international outreach and engagement coordinator of OIS, and/or Scott King, Director of OIS, to discuss and provide consultation for outreach programming for international students. Programs discussed include: OIS Ambassadors, The Middle East highlight Series, Europe Highlight Series, The America's Highlight Series, Bridge Programs, Security and XII at JHU, etc.
- Collaborated and participated in outreach programs, including: international student mid-term coffee hour, OIS open discussion of results of the recent election, international student coffee hour-final editions, For the Love of JHU, and information sessions on executive orders.
- Assisted CC intern, Ms. Soyeong Kim, in her outreach project, in which Ms. Kim provided a psycho-educational presentation, Love Language, with the goal to increase sexual violence awareness among international student community.
- Intended to provide an International Student Support Group at the CC. The group was unable to start due to

insufficient members.

**The coordinator's goals for the following year include:**

- Continue to strengthen campus partnerships with OIS, OMA, the East Asian Studies department, and Inter-Asian Council in particular.
- In responding to the tendency among international students to not seek help until a crisis point, some sorts of on-campus, listening, drop-in consultation services will be considered as a bridge for nurturing professional seeking behaviors.

**E) Students of Asian Origin 2016-17 Coordinator Report (Dr. Jian-Ming Hou)**

In 2016/17, the Counseling Center provided counseling services to 369 students of Asian origin (representing 23.6% of the students of Asian origin in the population we serve and 26.4% of CC clients). Dr. Jian-Ming Hou joined the staff in September 2016 and served as the coordinator and liaison for students of Asian origins. Dr. Hou focused on understanding the Asian American student population, potential campus partners, and supportive resources at JHU.

**He engaged in the following activities during this year:**

- Identified and connected to potential campus partners and student groups that serve Asian American students
- Initiated consultation meetings with Ms. Cynthia Roman-Cabrera, program coordinator of OMA, to discuss collaboration for serving Asian American students at JHU (i.e., Asian Pacific Heritage Month)
- Participated in the group discussion, Dessert and Discourse "Asian American Coalitions in the Trump Era," coordinated by OMA.
- Connected with and provided consultations for the director of Inter-Asian Council pertaining to Asian American student's voice, visibility and identity at JHU.

**The coordinator's goals for the following year include:**

- Continue to understand Asian American student needs at JHU and provide support for strengthening students' sense of visibility and identity in the JHU community.
- Continue to establish campus partnership with OMA.
- Continue to strengthen campus partnerships with OMA, the East Asian Studies department, and Inter-Asian Council in particular.

**F) Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) 2016-17 Coordinator Report (Dr. Rosemary Nicolosi)**

All Counseling Center counselors are well trained to provide individual therapy to Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) students. Furthermore, the services provided to LGBTQ students are enhanced by the expertise provided by Dr. Rosemary Nicolosi who specializes in this work. This year, the Counseling Center treated an abundant and diverse group of LGBTQ students. LGBTQ students present with all the issues commonly experienced by Hopkins students and they also bring with them an expanded set of issues.

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

During 2016-17, the Counseling Center offered assistance to both LGBTQ students and the University which included:

- All Counseling Center counselors provided individual therapy to many LGBTQ students. The Center is sensitive

to students' gender identities and sexual orientations. The diversity of the population served in 2016-17 is illustrated below.

<b>Sexual Orientation</b>	<b># of Clients</b>	<b>% of Total Clients</b>
Heterosexual	1,109	79.0
Bisexual	113	8.0
Lesbian and Gay	58	4.1
Questioning	35	2.5
Queer	23	1.6
Asexual	11	0.8
Other/Prefer Not To Answer	55	3.9

- Conversations about a client's gender identity often take place as clients work with counselors to understand themselves better. The Center is attentive to various identities and is sensitive to addressing people with their preferred pronoun.

<b>Current Gender Identity</b>	<b># of Clients</b>	<b>% of Total Clients</b>
Woman	850	60.5
Man	515	36.7
Genderqueer	17	1.2
Transgender Man/Woman	5	0.4
Other/Prefer Not To Answer	17	1.2

<b>Preferred Pronoun</b>	<b># of Clients</b>	<b>% of Total Clients</b>
She/Her	855	61.3
He/Him	524	37.6
They/Them	11	0.8
Other	4	0.3

- A successful LGBTQ Student Support Group was offered over both semesters. The group proved to be a safe, supportive environment for the members to air their concerns and to work together in giving and getting help. The Group will continue to be offered during the next school year.
- Following the tragedy at the Pulse Nightclub in Orlando, Dr. Nicolosi supported impacted students and staff through the Healing Event hosted by the Office of LGBTQ Student Life.
- As part of the Masculinity Project, Dr. Nicolosi with other Counseling Center personnel participated in the LGBTQ Health Fair and provided information about mental health concerns within the LGBTQ Community.
- Also, with the Masculinity Project, Drs. Nicolosi and Katherine Jones conducted a workshop about Gendered Mental Health which was attended by JHU students and staff.
- Dr. Nicolosi represented the Counseling Center at the Hopkins' Lavender Graduation which is a special event held to recognize LGBTQ and Ally students who are about to graduate from the University. It serves to acknowledge their achievements, contributions, and unique experiences at Hopkins. She also represented the Counseling Center at the National Coming Out Day Celebration sponsored by the Office of LGBTQ Student Life.
- At the Mid-Atlantic Collegiate Transgender Health Networking Conference, Dr. Nicolosi represented JHU and helped as plans were made for the first annual event to be held this Spring.
- Working with the Director of the Office of LGBTQ Student Life, Dr. Nicolosi innovated Spectrum, an LGBTQ Staff/Faculty Group targeted to the Homewood campus. Two Spectrum events were held over the year.

**G) Outreach/Workshop Program 2016-17 Coordinator Report (Dr. Christine Conway)**

See Section VII of this report for more details.

#### **H) Peabody Conservatory of Music 2016-2017 Coordinator Report**

(See separate 2016-17 Peabody Conservatory Annual Report for a more detailed report.)

Peabody students continued to benefit from the full range of services offered by the Counseling Center on the Homewood Campus. The Counseling Center provided services to 107 Peabody students, representing 18% of students enrolled at Peabody and 7.6% of the students seen at the Counseling Center. While individual counseling continued to be the most utilized service, 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.

Consultation was available on an ongoing basis to faculty, staff, and administrators regarding psychological issues. The Counseling Center Coordinator of Services to Peabody, Dr. Katherine Jones, provided consultation services directly to Kyley Sommer, the Director of Student Affairs at Peabody, on many occasions to coordinate student care and advocate for students' mental wellbeing.

Drs. Katherine Jones and Susana Ferradas participated in an outreach program for Peabody students in which they were part of a panel discussion for the screening of *Composed*, a documentary on performance anxiety. They provided psychoeducation about performance anxiety and discussed Counseling Center services available to Peabody students.

#### **I) Peer Counseling- A Place To Talk (APTT) 2016-17 Coordinator Report (Amani Surges Martorella)**

In its 34th 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 with 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 elected Executive Board of 13 members, including the Executive Leadership listed below.

APTT had a number of significant accomplishments this year. The APTT membership ratified its first ever constitution on 1/28/17. This came after a lengthy and inclusive process of writing, feedback gathering and revision with APTT members and guidance from the Advisor and the CC. For the first time ever, APTT was able to collect and maintain meaningful data about its impact on campus (see attached for additional details). With 89% of log forms submitted, APTT can report that there were a total of 661 visits to APTT over the Fall and Spring semesters this year. Also this year, 23 new members were trained, bringing the current membership of the group to 65 (including seniors who are graduating this Spring). Additional training was offered to our current members this year including Bystander Intervention Training, SafeZone Training, Question/Persuade/Refer Training, and a workshop on Eating Disorders. At this point, 100% of our APTT membership is now Mental Health First Aid Certified. Our External Trainers provided workshops on active listening skills to over 140 students on campus (not APTT members), including groups like Outdoors Club, Study Consultants, and a few sororities/fraternities. APTT spearheaded a new event this past fall, a Mental Health Panel event, as a way of offering outreach to students on campus to discuss how to manage and cope with stress in healthy ways. This event involved collaboration with the CC, the Rec Center and CHEW and focused on self-care strategies. APTT continued its tradition of putting on its campus-wide event in May called Rest Fest in collaboration with other student groups. Finally, this year was the first in which the APTT leadership was asked to follow a more structured budget (at the prompting of DOSL) and was able to demonstrate an increased ability to plan and budget for events. For FY18, APTT has proposed that the allocation be increased from \$5000 to \$6500. In order to achieve all of the above events and outreach of this past year, APTT had applied for and received \$1500 in grant money beyond their DOSL allocation.

Next year's goals are to continue to consistently collect data regarding how APTT services are utilized on campus. Now that a baseline number is established, the group hopes to increase its impact by spreading the word about APTT's services campus-wide. Also, APTT is hoping to continue to improve its financial processes internally as well as how it works in partnership with DOSL in managing its money. This has been a year of great accomplishment for APTT.



**Outgoing Leadership (2016-17)**

Helena Arose, Co-Director  
 Sarah Braver, Co-Director  
 Sansriti Trapathi, Training Director

**Incoming Leadership (2017-18)**

Carol Daffre, Co-Director  
 Patrick Little, Co-Director  
 Anna Koerner, Training Director

**APTT Final Data Report**

Data	Fall 2016	Spring 2017	Overall for AY 16-17
Dates of shifts	(9/6/16-12/8/16)	(2/6/16-5/4/16)	
Total recorded visits	429	232	661
Recorded shifts	344	293	
Average visits per shift	1.24	0.79	
Log form submission rate	94%	83%	89%

**J) Latinx Student Coordinator 2016-2017 Coordinator Report (Dr. Susana Ferradas)**

In 2016/17, the Counseling Center provided counseling services to 139 students Hispanic (the category label used by JHU) students (representing 16.5% of the Hispanic students in the population we serve and 9.9% of CC clients).

Upon joining the JHU Counseling Center staff in August 2016, Dr. Ferradas began to cultivate relationships with students, student organizations, faculty, and staff within the Latinx community at Johns Hopkins University. She attended events sponsored by the Office of Multicultural Affairs (OMA), JHU Forums on Race series, and the Foreign Affairs Symposium. Dr. Ferradas also volunteered to become a trainer for the Diversity and Inclusion first year training and provided clinical services to students at the Counseling Center in Spanish. Lastly, she contributed to the training of doctoral interns by conducting a seminar on working with Latina/Latino/Latinx students in therapy.

**K) Research Program 2016-17 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

**L) Substance Abuse 2016-17 Coordinator Report (Dr. Fred Gager)****Substance Abuse Treatment Services Provided in 2016 - 2017**

- Number of students seen in counseling for substance use issues: 106 (39 by the coordinator Substance Abuse Treatment Coordinator)
- Number of students referred for a mandated assessment: 25 (18)
- Number of students who voluntarily reported substance difficulties: 97 (21)
  - As a presenting problem: 49 (15)
  - During the course of treatment: 48 (6)

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

- Trained the pre-doctoral interns in a) the brief assessment of substance abuse problems, b) brief motivational intervention strategies and c) the use of norm based personal feedback.
- Provided brief assessment/intervention for students mandated by The Office of the Dean of Students, Residential Life and the Athletic Department using e-Check-up to Go (alcohol) and e-Check-up to Go (marijuana) assessment instruments. These instruments were used in counseling sessions to provide norm based personalized written feedback to students regarding substance use.
- Maintained involvement and communication with the Maryland Collaborative to Reduce College Drinking and related Problems.
- Continued procedures for the scheduling of intakes for mandated students so that the majority of mandated students were scheduled with the coordinator.



- Provided consultation to the Deans, Residential Life and the Athletic Department.
- Obtained addiction/substance abuse training through the Maryland Collaborative and through Tuerk Conference attendance.

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

- Work with administrative staff and the Training Director to ensure that all interns experience at least one intervention with a student mandated for CC intervention due to substance use.
- Recruit students for a time limited substance use harm reduction group. A group could not be initiated for the 2016-7 year due to lack of student referrals.
- Update/train clinical staff regarding procedures and clinical interventions regarding mandated substance use referrals. This training will be scheduled for August of 2017.
- Establish uniform intake assessment procedures to be utilized during intakes of new and returning clients.

**M) Training Program 2016-17 Report (Dr. Durriya Meer) – See Section VI of this report for details.**

**N) Liaison to Student Groups 2016-2017 Coordinator Report (Dr. Susana Ferradas)**

In an effort to increase the Counseling Center's visibility and mental health awareness on campus, Dr. Ferradas revamped the recruitment process for the Counseling Center Advisory Board (CCAB) in October of 2016. A specific effort was made to recruit students who are representative of the various student groups and populations at JHU. The CCAB was comprised of 14 undergraduate and graduate students representing several JHU student organizations and sports teams including the Graduate Representative Organization, College Republicans, Black Student Union, Student Government Association, Active Minds, College Democrats, Blue Key Society, Residential Advisory Board, Hopkins Ethiopian Eritrean Society, Women's Varsity Tennis, Model United Nations, Pi Beta Phi Fraternity, JHU AllNighters, Korean Student Association, Barnstormers, Rocky Horror Shadowcast Troupe, Men's Varsity Swimming, Taiwanese American Student Association, Vocal Chords, and Society of Hispanic Professional Engineers. The CCAB met monthly from October 2016 to May 2017.

CCAB members volunteered and participated in Counseling Center events including Eating Disorders Awareness Week and Sexual Assault Awareness Month. They also created and distributed a student survey to determine which workshops students might be interested in during the 2017-2018 academic school year related to mental health. They received 106 responses and based on the results will be creating a self-care workshop next fall to be promoted and conducted on campus along with Dr. Ferradas. Returning CCAB members also want to clarify Board membership rules, roles, and obligations next year.

**O) Referral Coordinator 2016-17 Report (Mary Haile)**

- **Completed 240 referrals of 224 current active Counseling Center clients** to off campus providers: clinicians and medication management providers in Baltimore, as well as in students' home communities in the United States and abroad.

- **Provided 120 referrals to 71 current and previous JHU students, 8 parents, 15 JHU faculty/staff, 4 local clinicians and 14 Case Manager colleagues throughout the US.** The Referral Coordinator also assisted students taking a Medical Leave of Absence find mental health providers in their local areas.

- **Held 151 face-to-face meetings** with students seeking information and assistance in finding therapy and medication providers in the community.

- **Met with 23 therapists/agencies to recruit them** to see JHU students, network and learn of their practices/specialties to expand the Counseling Center Referral Database.

- **Connected with 5 local psychiatrists** with whom the coordinator met to form a relationship, to facilitate referrals for medication management.

- **Expanded referral resources** to include specialized areas such as LGBTQ resources, trans-gender resources, acute anxiety disorders (OCD), Substance Abuse, and Eating Disorder resources including registered dietitians. Also expanded list of **International Referral Resources**.

- **Networked with Case Managers**, including 3 meetings with Case Managers in the JHU Office of the Dean of Student Life, 3 Regional meetings and frequent consultations with 20 local college/university case managers, and contact and consultation with nationwide case managers through HECMA (Higher Education Case Managers Association) and SAPNA (South Asian Psychological Networking Association) list serves.

- **Served on the University's Student Health Insurance Committee**, engaging the committee in intensive discussion and work with University insurance broker, Liz Marks at Mercer regarding:

1. Discovery and resolution of major problems that community medication providers were having with getting reimbursed by CHP.
2. Negotiation of appropriate waiver standards for students waiving out of SHBP, namely working to continue to restrict plans with high deductibles being able to waive out of SHBP coverage to protect student ability to seek and access community services
3. Occasional collaboration with SHWC insurance coordinator Shawneen Kelley re insurance matters

- **Worked on increasing 'in network' participation** by recruiting local Clinicians who do not otherwise participate with any insurance plans. The Coordinator also assisted clinical providers and students in resolving several insurance disputes.

- **Trained** new pre-Doctoral interns and new clinical staff in the CC referral process.

- **As Triage Counselor** the case manager held 2 triage appointments with clients and several conversations with parents, faculty, staff regarding ways to help students in distress. In addition, the coordinator assisted clinical staff by handling student requests for prescription refills.

**P) Sexual Assault Services Coordinator 2016-17 Report (Chris Conway) - See Section V of this report for details**

**A) THE BEHAVIORAL HEALTH MONITOR (BHM20).**

**1) Background.**

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

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

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

**2) BHM20 Research Findings: 2002-07.**

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

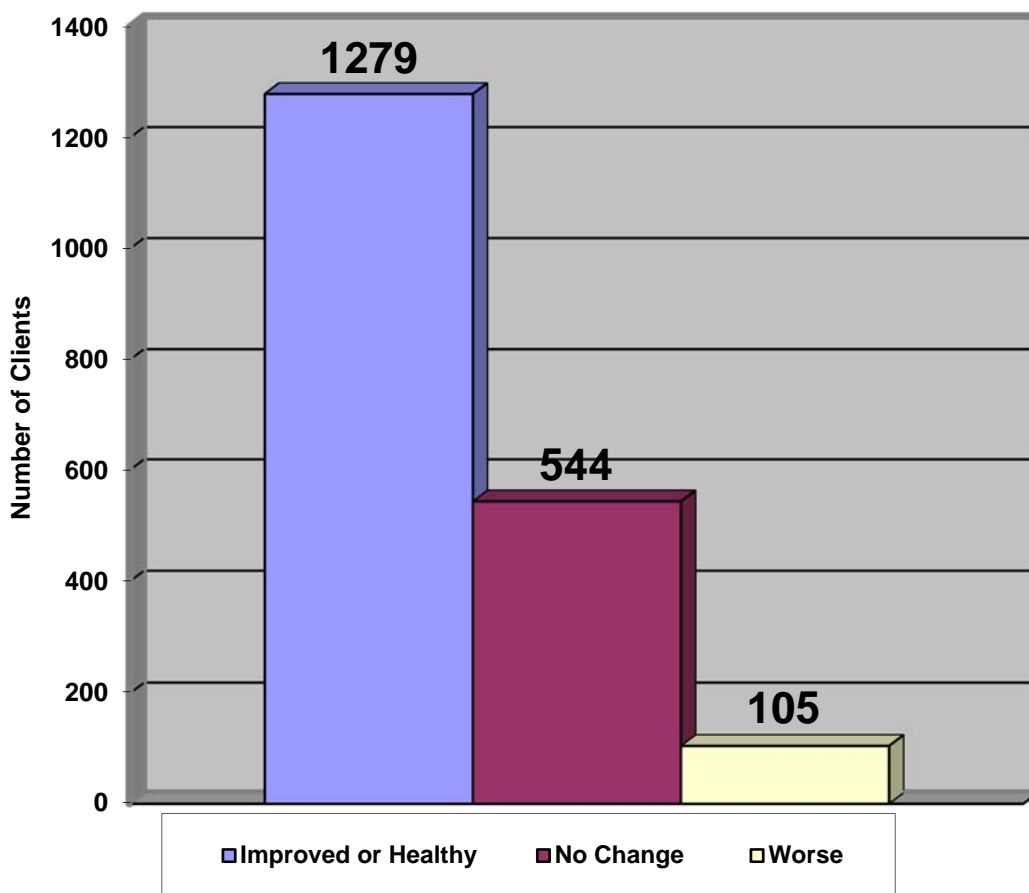
<b>BHM20 Score</b>	<b>Mental Health Category</b>
<b>2.93 – 4.00</b>	<b>Indicates positive mental health for college students</b>
<b>2.10 - 2.92</b>	<b>Indicates mild illness or adaptive difficulty</b>
<b>0.00 - 2.09</b>	<b>Is symptomatic of serious illness</b>

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).

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

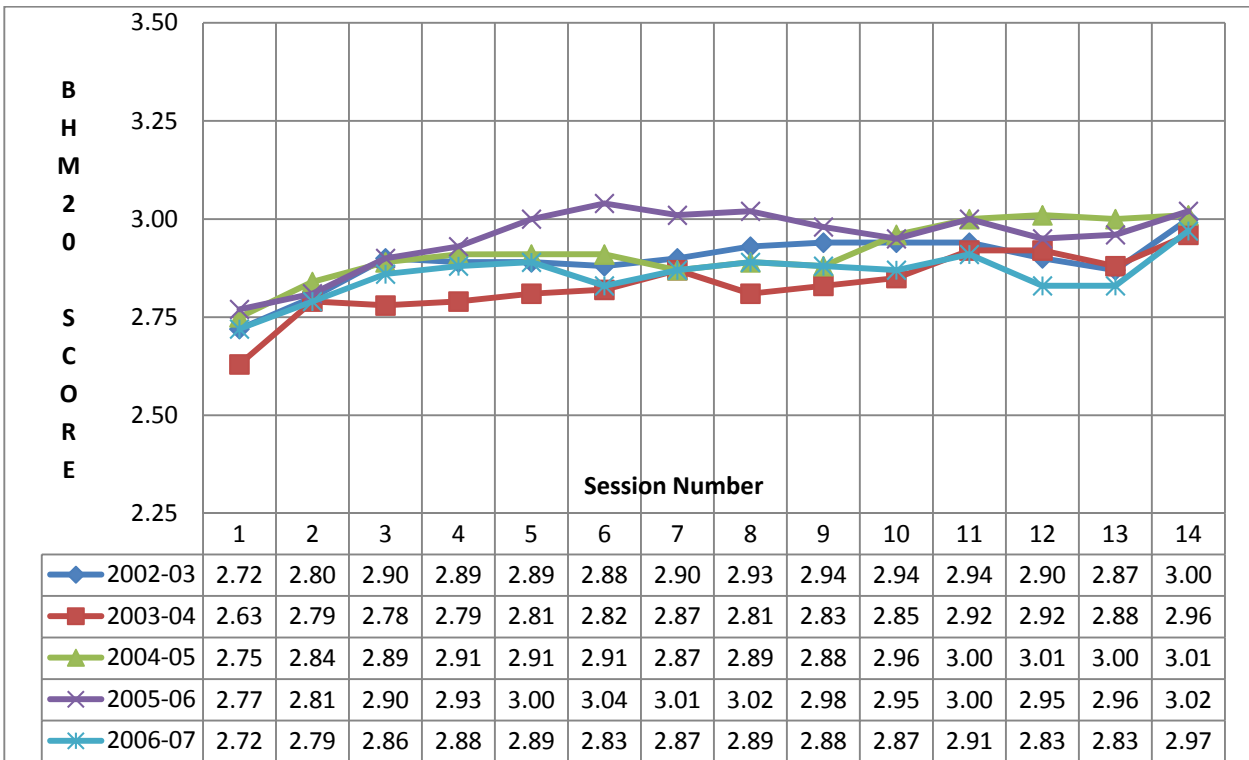
Figure 1 below indicates the number of clients who reported significant improvement, no change, or worse mental health as measured by the BHM20 for new CC clients over this 5 year period. While Table 1 above shows initial and final mental health status it does not include significant change for student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

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



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

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



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

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

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

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

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

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

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

Table 3 below provides a breakdown of how “new clients” in 2008-09 change between mental health categories.

Overall, this table shows that 77.8% of new clients were in the normal mental health range at their last session, 13.0% did not change, and 9.2% deteriorated. This compares to 71.2%, 19.6%, and 8.7% respectively in 2007-08.

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

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

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

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

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

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

Students Office and by faculty presented with more severe intake scores than other groupings.

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

**Table 11: Cutoff Criteria for the BHM20 Subscales.**

<b>BHM-20 &amp; BHM 43 CRITERIA FOR CELESTHEALTH SYSTEM</b>	<b>MILD DISTRESS</b>	<b>MODERATE DISTRESS</b>	<b>SEVERE DISTRESS</b>
<b>GLOBAL MENTAL HEALTH</b>	2.93	2.37	2.08
<b>WELL-BEING</b>	2.16	1.39	0.97
<b>ALL INDIVIDUAL WELL-BEING ITEMS</b>	2.00	1.00	0.00
<b>SYMPTOMS</b>	2.91	2.01	1.56
<b>ALL INDIVIDUAL SYMPTOM ITEMS</b>	2.00	1.00	0.00
<i>Alcohol/Drug</i>	3.50	3.00	2.00
<i>Anxiety</i>	2.56	1.79	1.35
<i>Bipolar Disorder</i>	2.00	1.00	0.00
<i>Depression</i>	2.84	2.1	1.70
<i>Eating Disorder</i>	2.00	1.00	0.00
<i>Harm to Others</i>	N/A	3.00	2.00
<i>Hostility</i>	3.22	2.82	2.48
<i>Obsessive Compulsive</i>	3.22	2.29	1.71
<i>Panic Disorder</i>	2.85	2.03	1.55
<i>Psychoticism</i>	3.77	3.32	3.03
<i>Sleep Disorder</i>	2.98	1.97	1.34
<i>Somatization</i>	3.13	2.62	2.23
<i>Suicide Monitoring Scale</i>	SMS	SMS	SMS
<b>LIFE FUNCTIONING</b>	2.64	1.96	1.61
<b>ALL INDIVIDUAL LIFE FUNCTIONING ITEMS</b>	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
<b>Normal range (BHM= 2.94 - 4.00)</b>	238	37%	261	54%	+17%
<b>Mildly distressed range (BHM=2.38 – 2.93)</b>	192	30%	134	28%	-2%
<b>Moderately distressed range (BHM= 2.09 - 2.37)</b>	76	12%	38	8%	-4%
<b>Severely distressed range (BHM= &lt;2.09)</b>	130	21%	48	10%	-11%
<b>TOTALS</b>	<b>636</b>	<b>100%</b>	<b>481</b>	<b>100%</b>	

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

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

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

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

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

## **7) BHM20 Data Results: 2012-13**

During 2012-13 the Counseling Center served 1,214 clients in individual therapy. Of these, 627 were new clients with an average of 5.2 sessions. The following analysis is based on these new clients. As with every client seen at the CC each new client completed a BHM20 self-assessment at intake and a self-assessment prior to every therapy session thereafter. These self-assessments are completed electronically on net-books located in the waiting area of the Counseling Center. The results of the self-assessments are immediately available to the therapist prior to the session. The therapist obtains this information by logging onto the CC BHM20 data at the CelestHealth web site.

In addition, the CelestHealth web site allows for administrative reports that summarize the self-assessment data for all the Center's new clients. The CelestHealth administrative report shows that during this past year the Center's new clients averaged 5.2 therapy sessions with an average intake score of 2.27 (in the moderately distressed range) and an average final score as of May 19, 2013 of 2.76 (mildly distressed range).

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

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

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

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

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

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

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

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

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

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

Beginning in 2008, 3,468 different Counseling Center clients have completed the BHM20 electronically on 6 netbooks located in the waiting area of the Counseling Center. These clients have averaged 10.5 sessions over the past 5 years. The average score at intake was reported to be 2.28 (in the moderately distressed range) on the Global Mental Health (BHM20) score with an average last session score of 2.82 (mildly distressed range) as of May 20, 2012. It should be noted that the last score represents only a snap shot of client mental health and does not necessarily reflect the completion of therapy. A snapshot measure is typically taken at the end of the each academic year as many clients are leaving for the summer break or are graduating.

It is anticipated that some clients will continue therapy during the summer while many more will return to complete their therapy in the Fall 2013 semester.

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

**Table 16: Distribution and Change of Client BHM20 Scores at their Initial and Last Session by Mental Health Category: 2008-13.**

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

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

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

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

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

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

### 9) BHM20 Data Results: 2013-14

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

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

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

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

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

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

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

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

BHM Measure	n	Intake Score	End of Year Score	Improved	Recovered	Unchanged	Deteriorated
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
<b>Normal range (BHM= 2.94 - 4.00)</b>	245	36%	283	52%	+16%
<b>Mildly distressed range (BHM=2.38 – 2.93)</b>	195	28%	149	28%	0%
<b>Moderately distressed range (BHM= 2.09 - 2.37)</b>	113	16%	53	10%	-6%
<b>Severely distressed range (BHM= &lt;2.09)</b>	136	20%	54	10%	-10%
<b>TOTALS</b>	<b>689</b>	<b>100%</b>	<b>539</b>	<b>100%</b>	

Another way to assess client change in this data is to review only those clients in the distressed ranges at intake (plus those that also deteriorated in subsequent sessions) who had at least 2 sessions of therapy to review whether they recovered, improved, stay unchanged or deteriorated. In 2014-15 there were 370 such clients. Table 21 below shows on the BHM20 Global Health Measure that 245 (66%) clients showed improvement including 148 (40%) clients that indicated full recovery. Table 21 also shows (as of May 17, 2015) that 90 (24%) of the distressed clients had not changed significantly as of end of the academic year while 70 clients (10%) showed deterioration.

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

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

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

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

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

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

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

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

**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
<b>Normal range (BHM= 2.94 - 4.00)</b>	246	34%	295	53%	+19%
<b>Mildly distressed range (BHM=2.38 – 2.93)</b>	233	32%	158	28%	-4%
<b>Moderately distressed range (BHM= 2.09 - 2.37)</b>	97	13%	46	8%	-5%
<b>Severely distressed range (BHM= &lt;2.09)</b>	149	21%	63	11%	-10%
<b>TOTALS</b>	<b>725</b>	<b>100%</b>	<b>562</b>	<b>100%</b>	

Another way to assess client change in this data is to review only those clients in the distressed ranges at intake (plus those that also deteriorated in subsequent sessions) who had at least 2 sessions of therapy to review whether they recovered, improved, stay unchanged or deteriorated. In 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
<b>Global Mental Health</b>	387	2.27	2.72	252 (65%)	152 (39%)	95 (25%)	70 (13%)
<b>Anxiety</b>	343	1.66	2.26	205 (60%)	137 (40%)	92 (27%)	88 (16%)
<b>Depression</b>	389	1.86	2.49	234 (60%)	128 (33%)	119 (31%)	71 (13%)
<b>Suicidality</b>	134	2.41	3.48	100 (75%)	87 (65%)	29 (22%)	27 (5%)
<b>Alcohol/Drugs</b>	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
<b>Global Mental Health</b>	2,569	2.26	2.79	1,713 (67%)	1159 (45%)	608 (24%)	488 (13%)
<b>Anxiety</b>	2,201	1.66	2.40	1,422 (65%)	993 (45%)	541 (25%)	580 (15%)
<b>Depression</b>	2,605	1.90	2.61	1,674 (64%)	1054 (40%)	715 (27%)	499 (13%)
<b>Suicidality</b>	805	2.36	3.61	668 (83%)	582 (72%)	106 (13%)	188 (5%)
<b>Alcohol/Drugs</b>	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 1 <sup>st</sup> Session BHM20 Score	Mean AY Last Session BHM20 Score	Mean Change Score	Mean # of Session
Clients who Successfully Achieved Resolution of Suicidality	16 (27%)	1.61	2.86	+1.22	11.1
Clients who dropped out of therapy	10 (17%)	1.93	2.50	+0.57	12.9
Clients referred out	4 (1%)	1.68	2.88	+1.08	15.3
Clients who graduated without resolution of suicidality	3 (1%)	2.70	2.92	+ .22	56.3
Clients continuing in treatment	15 (25%)	1.77	2.77	+ .59	11.1
Clients who withdrew/left School	11 (18%)	1.88	2.48	+ .60	10.6
Clients hospitalized	1 (<1%)	1.60	1.15	- .45	30.0
<b>All Suicide Tracking Clients</b>	<b>60 (100%)</b>	<b>1.86</b>	<b>2.56</b>	<b>+ .75</b>	<b>14.2</b>

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

**Table 27: Summary of Change for Suicide Tracking Clients by Medication: 2010-11**

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

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

**Table 28: Summary of Change in Resolved Clients Suicide Tracking Clients by Medication: 2010-11.**

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

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

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

Eighty seven clients who met the criteria for risk for suicidality were placed in the Center's Suicide Tracking

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

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

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

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

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

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

**Table 30: Summary of Change in Suicide Tracking Clients for 2012-13.**

<b>Client Outcome at the End of AY2012-13</b>	<b># of Clients</b>	<b>Mean 1<sup>st</sup> Session BHM20 Score</b>	<b>Mean AY Last Session BHM20 Score</b>	<b>Mean Change Score</b>	<b>Mean # of Session</b>
<b>Clients who Successfully Achieved</b>	28 (33%)	2.11	3.10	+0.99	9.3

<b>Resolution of Suicidality</b>					
<b>Clients who dropped out of therapy</b>	7 (8%)	1.91	2.05	+0.14	2.5
<b>Clients referred out</b>	6 (7%)	2.14	2.42	+0.28	10.2
<b>Clients who graduated without resolution of suicidality</b>	6 (7%)	1.63	2.27	+0.64	15.8
<b>Clients continuing in treatment</b>	24 (28%)	1.56	1.94	+0.38	12.7
<b>Clients who withdrew/left School</b>	9 (11%)	1.92	2.24	+0.32	10.7
<b>Clients with Incomplete information</b>	5 (6%)	1.90	3.09	+1.19	12.5
<b>All Suicide Tracking Clients</b>	<b>85 (100%)</b>	<b>1.94</b>	<b>2.60</b>	<b>+0.56</b>	<b>10.8</b>

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

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

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

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

<b>Client Outcome at the End of AY2013-14</b>	<b># of Clients</b>	<b>Mean 1<sup>st</sup> Session BHM20 Score</b>	<b>Mean AY Last Session BHM20 Score</b>	<b>Mean Change Score</b>	<b>Mean # of Session on STS</b>
<b>Clients who Successfully Achieved Resolution of Suicidality</b>	24 (29%)	1.80	2.91	+1.11	9.8
<b>Clients who dropped out of therapy</b>	11 (13%)	1.84	2.54	+0.70	5.3
<b>Clients referred out</b>	2 (2%)	2.15	2.58	+0.43	17.5
<b>Clients who graduated without resolution of suicidality</b>	12 (15%)	1.68	2.47	+0.79	10.8
<b>Clients continuing in treatment</b>	31 (38%)	1.83	2.32	+0.49	16.1
<b>Clients who withdrew/left School</b>	5 (6%)	1.89	2.16	+0.27	5.4
<b>Clients met resolution criteria - other</b>	1 (1%)	1.55	3.17	+1.62	61.0
<b>All Suicide Tracking Clients</b>	<b>82 (100%)</b>	<b>1.84</b>	<b>2.57</b>	<b>+0.73</b>	<b>12.4</b>

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

During the past year 239 clients (18.3%) of 1,307 clients presenting at the Counseling Center reported some suicidal content at intake. This included 137 women and 101 males. Also, 40 were international students. Of these 239 clients, 100 (7.7% of all student clients) reported moderate, serious, or severe suicidal thoughts (36 males, 63 females, 17 international students). In addition, it was noted that of those reporting moderate, serious, or severe suicidal thoughts,

73 were enrolled in Arts and Science, 17 were enrolled in Engineering, and 10 were enrolled at Peabody. Five identified as African- American, 31 as Asian-American/Asian, 8 as Hispanic/Latino, 42 as European American/White/Caucasian, 7 as Multiracial, 2 Other, and 3 Preferred Not to Answer. Sixteen reported they were freshmen, 26 were sophomores, 18 were juniors, 24 were seniors and 15 were graduate students. Eighty-three suicidal clients reported they were heterosexual, 4 reported being gay, 4 reported being bisexual, 2 were “questioning,” 3 responded “other” and 4 preferred not to answer with regard to their sexual orientation.

One-hundred and eight clients who met the criteria for risk for suicidality were placed in the Center’s Suicide Tracking System (STS). 84 were enrolled in Arts & Science, 13 in Engineering, 9 at the Peabody Conservatory (plus one combined Engineering/Peabody student) and 1 post-bac student. This accounted for 8.3% of all student clients seen at the Counseling Center in 2014-15. This compares to 82 clients (6.6%) that were placed in the Suicide Tracking System Clients tracked in 2013-14. These 108 clients were followed closely with weekly staff reviews at the Center case management meetings including the monitoring of their Behavioral Health Monitor (BHM20) scores.

(The BHM20 scores range from 0, severely distressed, to 4, healthy with 2.93 as the cut-off point for healthy college students.) Table 29 below summarizes changes by outcome category for the clients in the CC Suicide Tracking System. As can be seen in the Table 29, 29 of the 108 STS clients (27%) resolved their suicidality in an average of 18.1 sessions. Thirty suicidal clients (28%) continue in treatment as the academic year ended, 4 suicidal clients 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.**

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

**6) Data for Clients Indicating Suicidality: 2015-16.**

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.**

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

**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.**

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