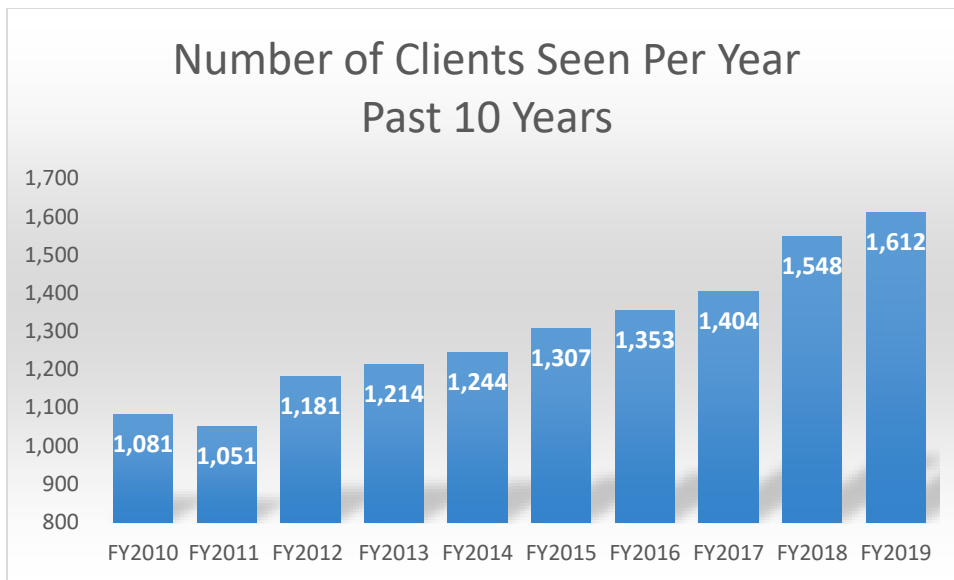


2018-19 Annual Report – Counseling Center

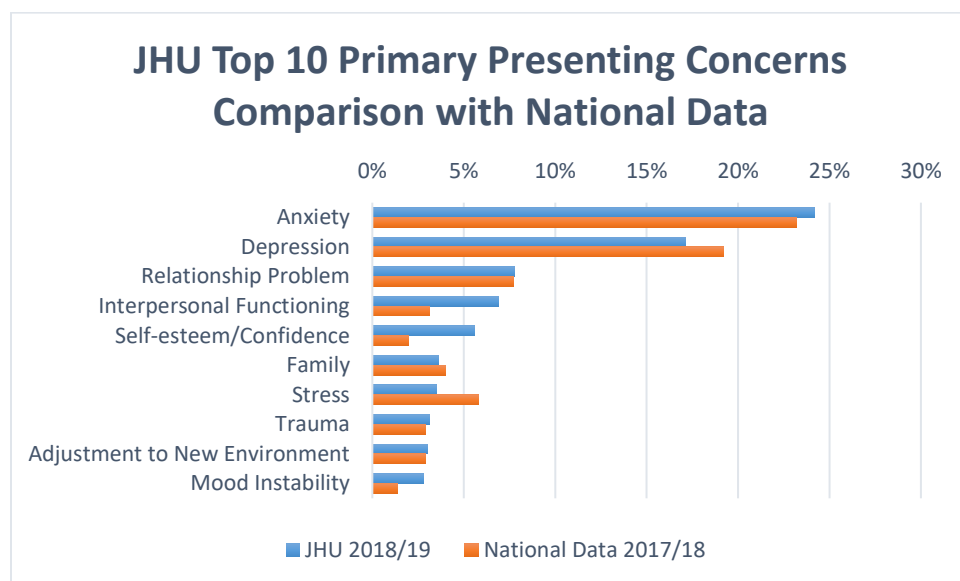
Submitted 6/26/19 by Matthew Torres, PhD

The Counseling Center (CC), which is accredited by the International Association of Counseling Services (IACS), provides services to undergraduate and graduate students enrolled in full-time programs in the Krieger School of Arts and Sciences, Whiting School of Engineering, and Peabody Conservatory. CC services include: initial consultations; individual, couples and group counseling; psychiatric services; consultation to students, faculty, staff and students who are concerned about a student; and psychoeducational outreach programs, workshops and training.

In 2018/19, the CC provided direct clinical services to 1612 students (See **Appendix A** for detailed information regarding CC client demographics), which represents an increase of 4.1% from the previous year. The chart below shows the steady rise in the number of students served per year.



This was the first year the Counseling Center has utilized the Standardized Data Set (SDS) to collect and generate client related data that can be compared with the data collected by hundreds of counseling centers nationwide through the Center for Collegiate Mental Health (CCMH). Being able to make such comparisons will improve the CC's ability to assess trends and services at JHU and nationally. The chart below shows the top 10 primary presenting concerns of JHU students seeking CC services. The largest differences between the 2 groups appears to be higher frequencies of Interpersonal Functioning (6.9% vs 3.1%) and Self-Esteem/Confidence (5.6% vs 2.0%) identified as the primary presenting concern of JHU students. See **Appendix B** for additional comparisons with CCMH data.



Counseling Center Goals and Related Initiatives:

1. Reducing Barriers to Access While Also Accommodating the Increasing Demand for Services

A. New Clinical System: A key goal for the CC this year was to reduce barriers to access, and one of the major barriers to access had been the wait time for a first appointment. In past years, students have had to schedule their first appointments several days in advance (an average of 6.37 business days in 2017/18), with the exception that students who identified themselves as experiencing an emergency were offered same day appointments. Given the steadily rising number of students seeking CC services each year, in order to significantly reduce this wait time **we completely restructured our system for how students access CC services.**

- **We switched from a system** in which each student scheduled a 45-minute intake first-appointment with a CC clinician in which the clinician focused on gathering thorough information about the student, their presenting concerns, their potential level of risk and their history.
- **To a system** in which students drop-in for a non-scheduled 30-40 minute initial consultation (IC) first-appointment with a CC clinician in which the clinician takes a more goal-focused approach, assessing their potential level of risk and working with the student to establish short-term oriented goals with the student, based on their most pressing current desire for change. Clinicians now rely more on the information provided by the student in their initial paperwork regarding themselves, their broader presenting concerns and their history, and more detailed information is gathered if it is agreed that the student will continue to receive ongoing services at the CC. Now there is more of a focus in a student’s first appointment on what they most

want to change than on information gathering and planning for future sessions that might never occur.

As can be seen in the chart below, our new system succeeded in greatly reducing the average wait time for first appointments, from 6.37 business days to 11 minutes (not counting the time it takes a student to complete our 15-20 minute paperwork). This chart also shows that approximately 66% of students were scheduled for some kind of follow-up counseling session (IC follow-ups or IC crisis appointments for those for whom there is no initial plan for further individual appointments, and Brief Therapy appointments for those who intend to continue in individual counseling) while some percent of students were also referred to other CC services such as workshops, groups, and/or psychiatry (these are not mutually exclusive as many students are referred to and receive a combination of services). Approximately 8-9% of students were referred out for services from their first appointment (20% at any point during their use of CC services), although a significant number of students who were referred out had received other CC services or continued to receive or return for CC services (for example students who are referred out for ADHD assessment but continue in counseling at the CC).

2018/19 Initial Consultation (IC) System Statistics Fall and Spring Semesters										
Semester	Number of Students Served through Drop-In Services	Average Wait-Time (minutes)	Average Length of Appointment (minutes)	IC or Crisis Follow-UP	Brief Therapy	Workshop	Group	Psychiatry	Referral Coordination	No Additional Services
Fall 2018	712	9	39	101	370	99	52	103	56	31
				14%	52%	14%	7%	14%	8%	4%
Spring 2019	632	11	38	125	292	60	41	52	59	37
				20%	46%	9%	6%	8%	9%	6%

The chart below shows that the new IC system, with its shorter first-appointments and more goal-focused approach, appears to have resulted in a reduced average number of individual appointments per student (4.77) as well as fewer overall individual counseling sessions and hours.

Individual Counseling Services 2016/17 - 2018/19				
	Total # of Clients	Average # of Individual Counseling Sessions	Total # of Individual Counseling Sessions	Total # of Individual Counseling Hours
2016/17	1404	5.85	8214	8216
2017/18	1544	6.36	9896	8979
2018/19	1586	4.77	7558	6904

While the average number of individual appointments per student and the overall individual counseling sessions and hours decreased, the CC increased its focus more toward other services for students. The numbers for groups provided, students in groups and group sessions all increased considerably as shown in the chart below (See **Appendix C** for more details regarding therapy groups).

Expansion of Group Program			
	2017/18	2018/19	% Increase
Number of Groups	13	15	15%
Unique Student Group Participants	121	143	18%
Group Sessions	213	267	25%

Additionally, the number of outreach programs and workshops provided to students, as well as the students attending these programs all increased considerably (See **Appendix D** for further details regarding Outreach and Workshops).

Outreach and Workshops 2018/19 vs 2017/18						
	2018-19		2017-18		Percent Increase	
	Number of Programs	Number of People Served	Number of Programs	Number of People Served	Number of Programs	Number of People Served
Student Programs	403	7295	201	6164	105%	18%
Student Workshops*	93	999	69	231	35%	333%
Non-Student Programs	33	2501	37	1502	-11%	67%
TOTAL	529	10795	307	7897	72%	37%

While improving the efficiency with which the CC provides services is an important goal, it is critical that the CC do so without sacrificing the quality of its services and the extent to which we help students. While the CC has for many years asked students to complete evaluations of their first appointments at the CC, this year we began to ask students to complete evaluations of their ongoing services. The results below from the Spring semester regarding certain key aspects of our services demonstrates a high level of impact and high rate of satisfaction with our services (see **Appendix E** for complete survey results).

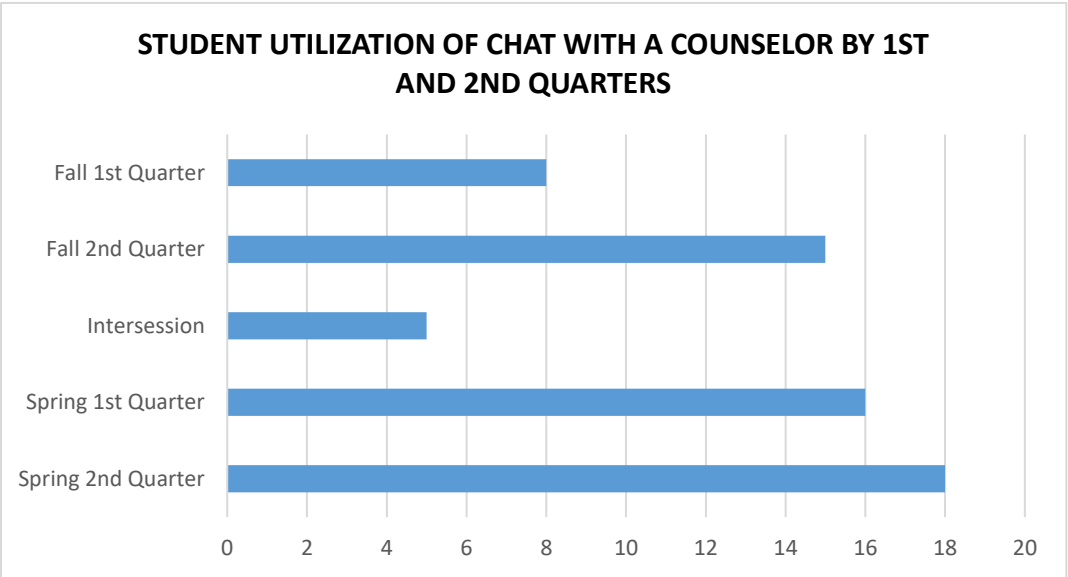
Percent of students who agreed or strongly agreed with the following statements:	
85%	The Counseling Center helped me to cope with my concerns more effectively.
84%	I am able to easily make appointments with my providers at the Counseling Center.
91%	I would recommend the Counseling Center to others.
88%	My counselor has demonstrated sensitivity to my identities.
84%	My psychiatrist has demonstrated sensitivity to my identities.
87%	I am satisfied with the psychiatric/medication services I received.

See **Appendix F** for more details regarding the impact of counseling services.

B. Chat with a Counselor: Beginning Fall 2018, a CC clinician has been available Monday 5:00 – 7:00PM, Thursday 5:00 – 7:00PM and Saturday 12:00 – 4:00PM in Brody Learning Commons B-Level Room 4010 for brief informal chats (advertised as 10-15 minutes). The goals of the program are to:

- reduce barriers to access by going to where the students are and offering something potentially less intimidating than counseling
- provide information and answer questions about the CC as well as other potentially relevant offices and services on campus
- provide quick, brief interventions such as relaxation and/or mindfulness exercises
- show students the resources available in the Self-Help section of the CC’s website
- provide recommendations for self-help resources (for use in the moment and/or in the future)
- refer students to the CC for further assistance

Overall, in its first year, this was not a heavily utilized resource. However, as seen below, more students sought services more consistently during the Spring semester when compared to the Fall semester, and the numbers gradually increased as the year progressed through each quarter of the academic year.



C. Increase in Psychiatry FTE: The CC’s FTE for psychiatry increased from 2.0 to 2.5 for the 2018/19 year. As can be seen below, while the overall number of students receiving psychiatric services did not increase this year, the overall number of psychiatric sessions provided has increased each of the past 2 years, as has the average number of psychiatric sessions per client.

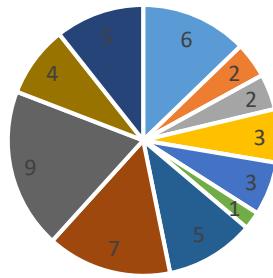
Psychiatric Services Past 3 Years				
	# of Students Served	# of Psychiatric Sessions	Ave. # of Psychiatric Sessions	% of all CC Clients
2016/17	380	1647	4.3	27%
2017/18	463	2117	4.57	30%
2018/19	455	2394	5.26	28%

D. Expansion of ADHD Services: The CC hired its first ADHD Specialist (a psychologist) and the CC provided more comprehensive ADHD services to JHU students, including initial consultations, targeted individual therapy, and group counseling, to go along with ADHD medication which we began providing in 2017-18.

In 2018/19, a total of 47 students attended 66 ADHD Consultations resulting in the following services:

- 21 students continued to receive ADHD specific services through the Counseling Center
- 7 students continued to receive Counseling Center services for non-ADHD concerns
- 10 students were referred for only off-campus services
- 9 students attended a single consultative session to receive ADHD information and recommendations

ADHD Services 2018-19



- ADHD Individual therapy only [6]
- ADHD Individual Therapy and ADHD Group [2]
- ADHD Individual, ADHD Group, and CC Psychiatry [2]
- ADHD Individual and CC Psychiatry [3]
- Referral for Testing and ADHD Individual [3]
- Referral for Testing and ADHD Group [1]
- Referral for Off-campus psychiatry only [5]
- Referral to non-ADHD service [7]
- ADHD Consultation Only [9]
- ADHD Individual and off-campus psychiatry [4]
- Referral for ADHD testing only [5]

E. Interactive Screening Program (ISP) – Student participants in the 2017 Mental Health Task Force expressed a desire for students to be able to receive some services anonymously and online. One of the core components of the Johns Hopkins Suicide Prevention, Awareness, Response and Coordination (JH-SPARC) grant, currently in year 2 of 3 years, is the university-wide implementation of the ISP anonymous, online screening program. During the current academic year, the JH-SPARC team invited all 6,325 students enrolled at Peabody, CBS, SON, BSPH and graduate programs in KSAS and WSE to complete the online stress and depression questionnaire and receive feedback. While our 6.5% response rate (412 students submitted completed surveys) was lower than the 8-10% rate that can be expected with this program, the data indicates that we successfully tapped into the desired population:

- 36% of these respondents were categorized as experiencing high distress with suicidal thoughts, plans and/or behavior, and
- 35% were categorized as experiencing high distress without suicidal thoughts, plans and/or behavior

See **Appendix G** for further detail regarding ISP results across the university. Additionally, all of the respondents received information regarding on-campus mental health resources. In the coming year, the survey will be sent out to all remaining JHU student populations, including Homewood undergraduates.

2. Reaching Out to Marginalized Populations

The CC continues to make specific efforts to reach out to marginalized populations and provide services specific to their needs. Highlights of these efforts this year include:

- **International Student Coffee Break:** The CC’s Coordinator of Services for International Students (JM Hou) continued to provide this informal drop-in opportunity each Friday afternoon. A total

of 44 students availed themselves of this opportunity and had coffee/tea and talked with Dr. Hou.

- **Peabody Black Student Discussion Drop-In Group:** The CC's Coordinator of Services for Black Students, Leslie Leathers (with CC doctoral intern Elizabeth Cook), collaborated with Peabody administrators to provide this biweekly group, which was held on Peabody's campus, from late March through the end of the semester.
- **Gender Identity Student Support Group:** For the first time, a separate counseling group was provided for transgender, non-binary, and students questioning their gender identity. This new group is a compliment to the LGBTQ Student Support Group which has been offered over both semesters for the last 7 years. Both groups provide a safe, supportive environment for the members to share their concerns and to work together in giving and getting help.
- **First-Generation Low-Income (FLI) network membership and mentor role:** The CC's Coordinator of Services to Latinx Students (Susi Ferradas) participated in this network and served as a mentor to two Latinx FLI students.
- **Asian & Asian-American Student Group:** Facilitated by JM Hou.

3. Active Collaboration with Other JHU Offices

The CC continues to be an active collaborative partner with other offices and programs on the Homewood campus and throughout the university. In the past year, CC representatives have participated as members of the following university committees and initiatives:

- Homewood Wellness Working Group
- Mental Health Initiative
- Faculty Resource and Training Group
- Homewood CARE Team (formerly HopReach)
- First-Generation Low-Income (FLI) Network
- Spectrum (JHU LGBTQ Faculty and Staff group)
- Hopkins Institution's Diversity Leadership Council

Appendix H provides details regarding the CC's involvement in providing training for and collaboration with other offices.

Areas for Growth and Improvement:

ADHD Services: This year, very few students who came to the CC seeking ADHD medication met the CC's criteria for receiving medication from a CC psychiatrist. Based on our experiences this year, some adjustments have already been made to these criteria, but more adjustments are necessary. The CC's Coordinator of ADHD services will continue to work with our consulting psychiatrists to develop policies that will allow us to provide ADHD medication to an increased number of students, while maintaining a system that requires reasonable and appropriate diagnostic evidence and promotes safe and responsible distribution of these medications.

Referrals to Community Providers: The CC's system for providing targeted and timely referrals to students and others seeking referral was not able to effectively and efficiently accommodate the large number of referral requests received. As a result, some students waited too long to receive adequate

referral assistance. The CC has taken steps to improve the efficiency of our referral system (e.g., the introduction of a referral request form to be filled out by students and referring faculty, staff and parents, which will reduce the need for ongoing email exchanges to gather needed information), and we are in the process of reviewing online referral management platforms that will allow people seeking referrals to access referrals directly from the CC's provider database, as well as from other universities nationwide and will make it easier for the CC Case managers to quickly generate lists of targeted referrals. The plan at this point is for this service to be available to all JHU mental health provider offices (UHS, MH; JHSAP) and to all JHU students Fall 2019, with the first year paid for by the JH-SPARC grant.

Online Intervention Services: As noted above, students have indicated a desire to have access to online, anonymous forms of treatment. The CC is working with UHS, MH and JHSAP, as well as a team of university administrators, to select an online mental health intervention module program that would provide 24/7 anonymous access to module-based interventions to help students cope with issues such as symptoms of depression, anxiety and stress. These programs provide more detailed, specific intervention training for specific mental health concerns than the Calm app which has so successfully taken root at JHU, and some of them provide access to coaches who assist student users and monitor their progress through the modules. The plan at this point is to choose one module-based program as a pilot for the 2019/20 academic year, while continuing to work through a Request for Proposals (RFP) process that will lead to a decision for the 2020/2021 academic year and beyond. The 2019/20 one-year pilot will be funded by the JH-SPARC grant.

Psychoeducational Workshops and Programming: The CC expanded the variety and number of psychoeducational workshops and workshop series in an attempt to increase students' opportunities to benefit from this program, and, for the first year, the CC provided training and supervision for 3 School of Education master's students who assisted in providing our workshops. Unfortunately, many of these workshops were underutilized. Several students signed up for each workshop, but only a few students showed up for some and several were cancelled because no students showed up. For the coming year, our goals are to review our workshop offerings to identify changes that might increase attendance, such as offering more single-session workshops and working with students to learn more about the workshop topics they most want.

Please see the following appendices for information not covered in the body of this report, including After-Hours On-Call Services (**Appendix I**), Professional Development for CC staff (**Appendix J**), CC staff Professional Activity outside of the university (**Appendix K**), a Department Staff chart (**Appendix L**) and the APTT Annual Report (**Appendix M**).

Appendices

Appendix A: CC Client Demographics

Appendix B: Comparisons with CCMH National Data

Appendix C: Therapy Groups

Appendix D: Outreach and Workshops

Appendix E: Student Evaluation of Counseling Center Services

Appendix F: Impact of Counseling Center Services

Appendix G: Interactive Screening Program Results

Appendix H: Training for and Collaboration with other Offices

Appendix I: After-Hours On-Call Services

Appendix J: Professional Development

Appendix K: Professional Activity

Appendix L: Department Staff

Appendix M: APTT Annual Report

Appendix A: CC Client Demographics

COUNSELING CENTER CLIENTS - SCHOOL AFFILIATION		
School Affiliation	Number	Percentage
Arts and Sciences	1037	64.2%
Engineering	455	28.3%
Peabody Conservatory of Music	101	6.3%
Post- Baccalaureate Program (Pre-Med)	9	0.6%
Other	10	60.0%

COUNSELING CENTER CLIENTS - CLASS YEAR		
Class Year	Number	Percentage
First Year	218	13.6%
Sophomore	285	17.7%
Junior	273	17.0%
Senior	297	18.4%
Graduate Student	500	31.0%
Post-Bac Program-Premed	19	1.2%
Other	19	1.2%

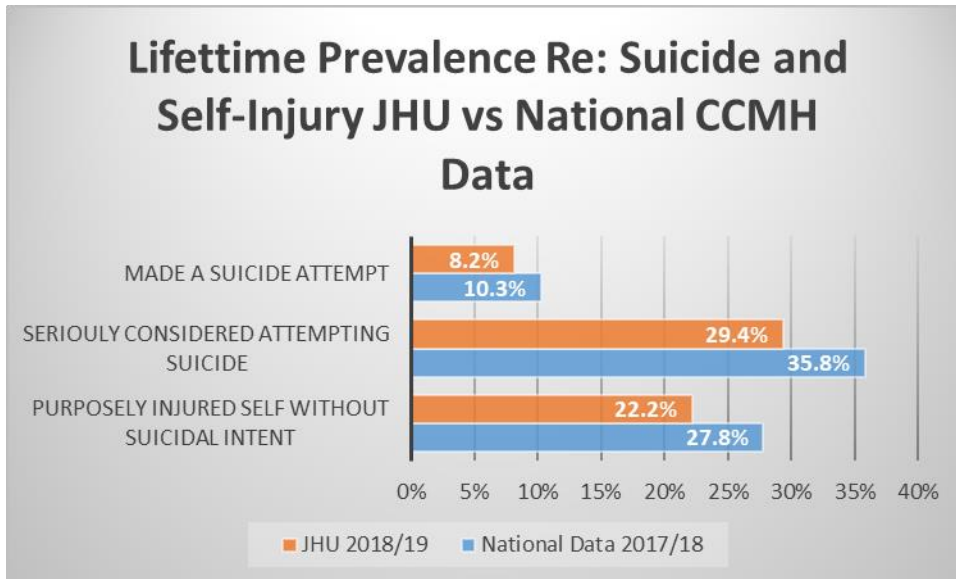
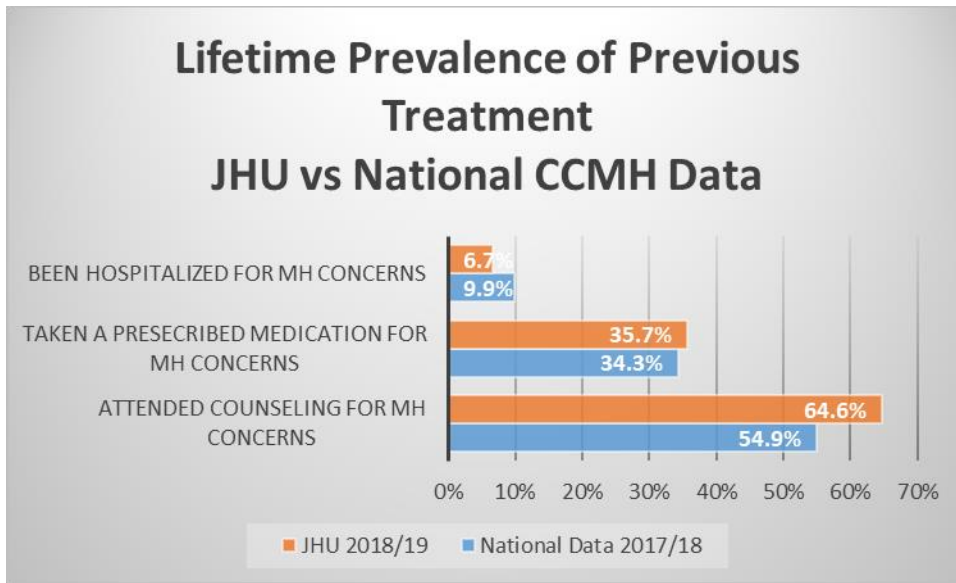
COUNSELING CENTER CLIENTS - GENDER		
Gender	Number	Percentage
Man	587	36.5%
Woman	977	60.8%
Trans Man	7	0.4%
Trans Woman	2	0.1%
Genderqueer	15	0.9%
Self-Identify	21	1.3%

COUNSELING CENTER CLIENTS - RACE/ETHNICITY		
Race/Ethnicity	Number	Percentage
African-American/Black	132	8.2%
American Indian/Alaskan Native	4	0.2%
Asian-American/Asian	499	31.0%
Hispanic/Latino	162	10.1%
Native-Hawaiian/Pacific Islander	5	0.3%
Multi-Racial	100	6.2%
White/Caucasian	660	41.0%
Self-Identify	46	2.9%

COUNSELING CENTER CLIENTS - SEXUAL ORIENTATION		
Sexual Orientation	Number	Percentage
Heterosexual	1084	67.4%
Lesbian	20	1.2%
Gay	72	4.4%
Bisexual	197	12.3%
Questioning	61	3.8%
Asexual	18	3.8%
Queer	35	2.2%
Pansexual	28	1.7%
Self-Identify	20	1.2%

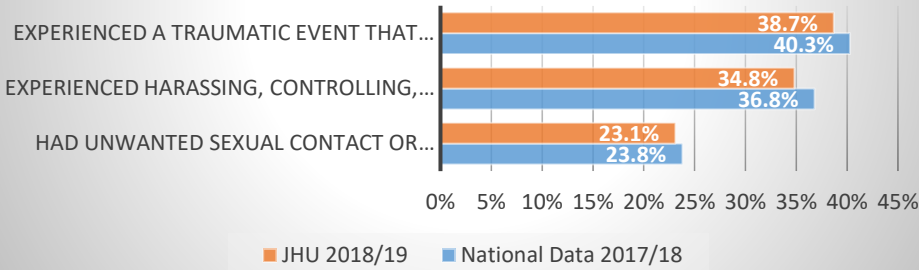
It is worth highlighting that approximately 1 in 3 CC clients does not identify as heterosexual.

Appendix B: Comparisons with CCMH National Data



Lifetime Prevalence Re: Sexual Assault, Other Abusive Behaviors and Trauma

JHU vs National CCMH Data



Appendix C: Therapy Groups

In the past year, 16 members of the Counseling Center staff and one outside consultant facilitated a total of 15 groups—including continuous groups and time-limited or semester-bound groups (some of which were facilitated multiple times across semesters)—for a total of 267 group sessions and 394 hours of direct service in group counseling. A total of 143 unique students participated as clients in groups at the Counseling Center over the course of the year.

#	Group Name	# of Clients Served	# of Sessions	Length of Each Session	Total Hours of Group
SUMMER 2018 GROUPS					
1	Summer USO Group	5	7	90 min	10.5 hrs
FALL 2018 GROUPS					
2a	Asian & Asian-American Student Group	8	10	90 min	15 hrs
3	Eating Recovery Group	7	8	90 min	12 hrs
4a	LGBTQ+ Student Support Group	10	9	90 min	14 hrs
5a	Men's Group	3	6	90 min	9 hrs
6a	Tuesday (Mixed) USO Group	7	12	90 min	18 hrs
7a	Undergrad USO Group	8	9	75 min	11 hrs
8a	Yoga as Healing Group	8	8	90 min	12 hrs
SPRING 2019 GROUPS					
2b	Asian & Asian American Student Group	4	7	90 min	11 hrs
4b	LGBTQ+ Student Support Group	8	11	90 min	17 hrs
5b	Men's Group	5	9	90 min	14 hrs
6b	Tuesday (Mixed) USO Group	5	12	90 min	18 hrs
7b	Undergrad USO Group	8	10	75 min	13
8b	Yoga as Healing Group	10	8	90 min	12 hrs
9	ADHD Group	5	7	90 min	11 hrs
10	Gender Identity Student Support Group	12	13	90 min	20 hrs
11	Living With Loss Group	8	11	75 min	14 hrs
12	Romantic Relationships 101	5	9	90 min	14 hrs
2018-19 CONTINUOUS GROUPS					
13	Dissertation Group	14	48	90+ min	73 hrs
14	Graduate Student Process Group (Friday)	14	31	90 min	47 hrs
15	Graduate Student USO Group (Thursday)	9	22	90 min	33 hrs

*USO = Understanding Self and Others

Appendix D: Outreach and Workshops

Outreach and Workshops:

During 2018/19, the CC conducted **392 outreach programs and workshops** for a total of **9608 participants** (including faculty, staff and students). These programs focused on the following topic areas:

- Academics
- Adjustment/Transition
- Diversity
- Health and Wellness
- Helping Skills
- Identity
- Intro to CC Services
- Mental Health Awareness
- Mindfulness
- Reaction to Current Events
- Sexual Violence Prevention
- Stress Management
- Substance Abuse Prevention
- Suicide Prevention

The most successful CC workshops and workshop series were:

- **Mindful Yoga** – the workshop was offered 28 times and had an average attendance of 20 students each session (total=559). This program is a collaborative effort between Athletics and Recreation and the Counseling Center. The yoga portion of the program is led by Nila Mechali and the psychoeducational and discussion portions were conducted by the CC's Sexual Assault Specialist –Katherine Jones.
- **Mindful Living** – offered 19 times an average of 6 participants each session (total=111).
- **Anxiety and Stress Management** - offered 15 times an average of 4 participants each session (total=54).

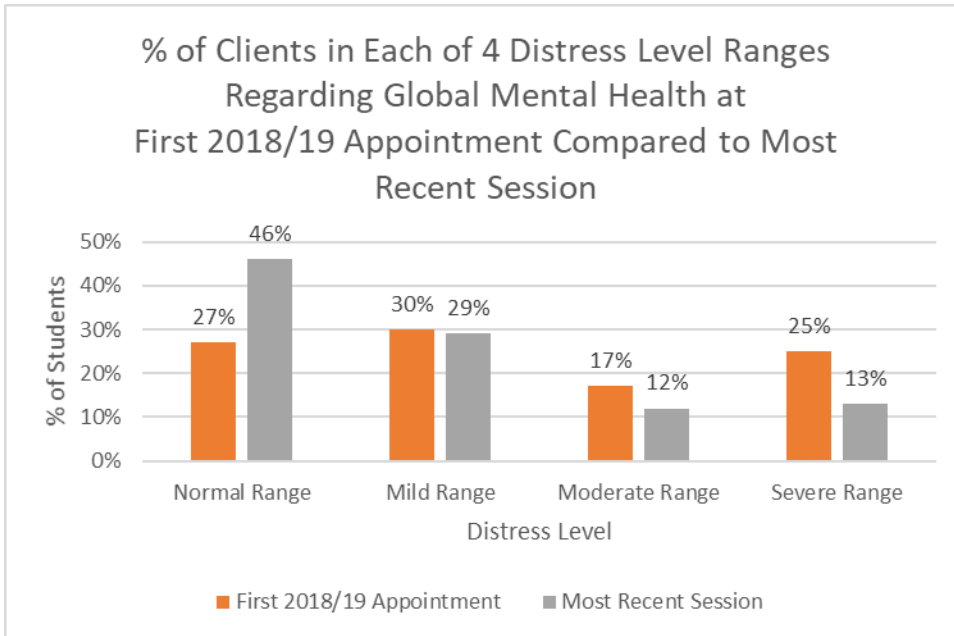
Social Media:

The CC's social media presence has continued to grow in the past year. Instagram increased to 311 followers, Twitter increased to 81 followers, and Facebook increased to 103 followers

Appendix E: Student Evaluation of Counseling Center Services

Summary Counseling Center Service Evaluation Conducted April 2019						
	RATINGS					
	5	4	3	2	1	5&4
CC OVERALL (n=323)						
cope with concerns	35.3%	49.2%	13.9%	0.3%	0.3%	84.5%
easy appointments	45.8%	38.4%	11.5%	3.1%	0.6%	84.2%
healthier	19.5%	47.4%	29.1%	2.8%	0.3%	66.9%
academic succesful	17.6%	36.5%	41.5%	2.5%	0.6%	54.2%
stay in school	22.3%	34.7%	37.8%	2.2%	1.2%	57.0%
satsified	36.8%	51.7%	8.0%	2.5%	0.3%	88.5%
would recommend	54.2%	36.8%	7.1%	0.9%	0.3%	91.0%
INDIVIDUAL COUNSELING (n=323)						
identify goals	40.6%	44.3%	7.4%	0.6%	0.6%	84.8%
relationship	45.5%	36.8%	9.0%	1.9%	0.3%	82.4%
multicultural identities	57.9%	29.7%	5.9%	0.0%	0.0%	87.6%
progress	39.3%	36.8%	14.6%	2.2%	0.0%	76.2%
satisfied	43.7%	40.2%	7.7%	1.2%	0.3%	83.9%
GROUP COUNSELING (n=60)						
benefits	37.3%	50.8%	10.2%	1.7%	0.0%	88.1%
reasons for joining group	41.7%	55.0%	3.3%	0.0%	0.0%	96.7%
privacy	48.3%	45.0%	6.7%	0.0%	0.0%	93.3%
multicultural identities	48.3%	43.3%	8.3%	0.0%	0.0%	91.7%
understand myself	38.3%	43.3%	0.2%	0.0%	0.0%	81.7%
concerns	28.3%	50.0%	20.0%	1.7%	0.0%	78.3%
cohesive relationship	25.0%	41.7%	30.0%	3.3%	0.0%	66.7%
satisfied	30.0%	50.0%	20.0%	0.0%	0.0%	80.0%
PSYCHIATRY (n=124)						
relationship	50.0%	37.1%	9.7%	2.4%	0.8%	87.1%
benefits and risks	65.3%	31.5%	2.4%	0.8%	0.0%	96.8%
multicultural identities	56.5%	27.4%	15.3%	0.8%	0.0%	83.9%
medication needs	63.7%	25.0%	10.5%	0.8%	0.0%	88.7%
satisfied	52.4%	34.7%	10.5%	2.4%	0.0%	87.1%

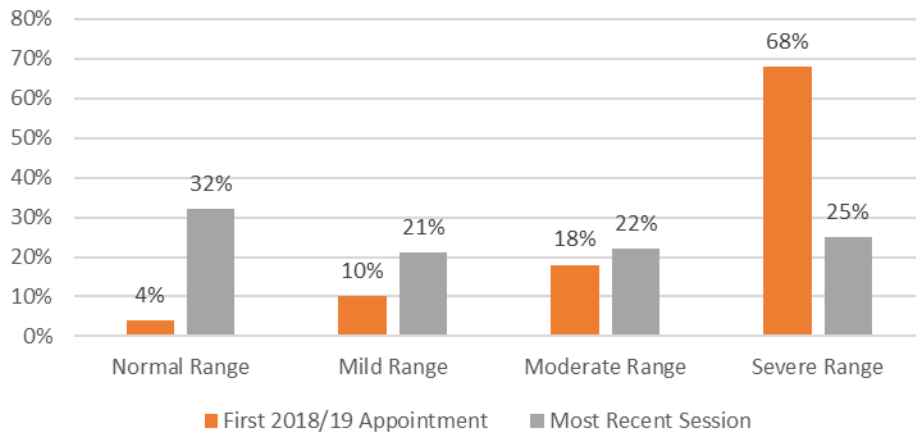
Appendix F: Impact of Counseling Center Services



Suicidality summary: 2013/14 - 2017/18				
	# on STS	% of clients	# with some Suicidality	% of clients
2018/19	158	9.8	477	29.6
2017/18	109	7	213	13.8
2016/17	105	7.5	278	20
2015/16	94	6.9	271	20
2014/15	108	8.3	239	18.3
2013/14	82	6.6	206	16.6

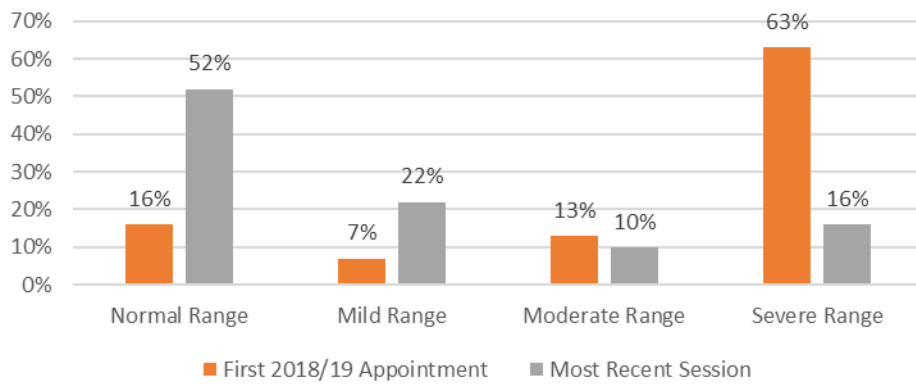
STS = Student was tracked in the CC’s Suicide Tracking System

% of STS Clients in Each of 4 Distress Level Ranges Regarding Global Mental Health at First 2018/19 Session Compared to Most Recent Session

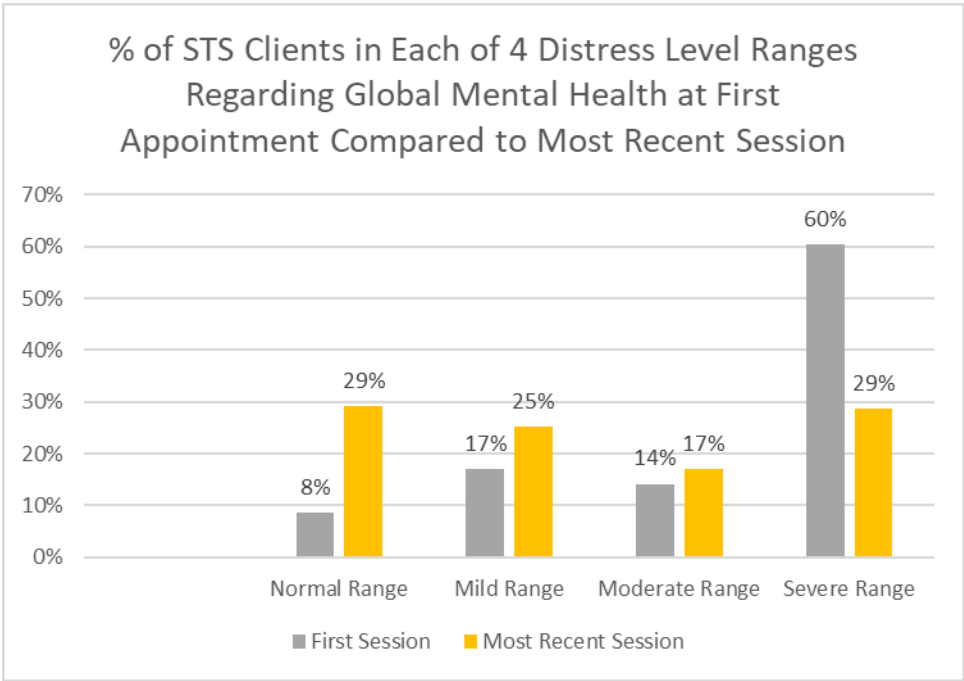


STS = Student was tracked in the CC's Suicide Tracking System

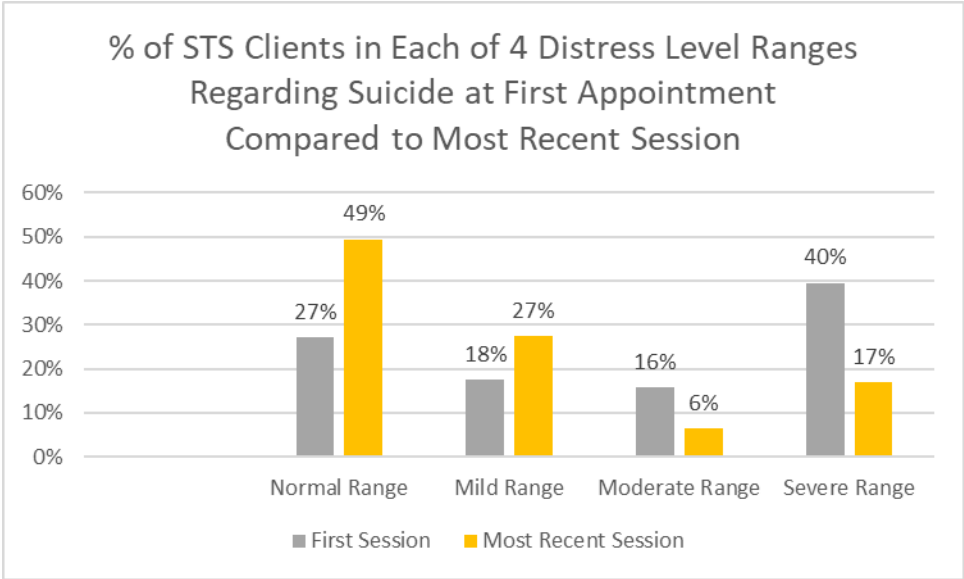
% of STS Clients in Each of 4 Distress Level Ranges Regarding Suicide at First 2018/19 Appointment Compared to Most Recent Session



STS = Student was tracked in the CC's Suicide Tracking System



STS = Student was tracked in the CC's Suicide Tracking System



STS = Student was tracked in the CC's Suicide Tracking System

Appendix G: Interactive Screening Program Results

Between November 26, 2018 and May 13, 2019, 6,325 Peabody, Carey, Nursing, Whiting Engineering and KSAS Graduate students were invited via email invitation. 412 (6.5%) participants submitted the *Stress & Depression Questionnaire* and reflected on how mental health concerns may be affecting them. After submitting the questionnaire, 338 (82%) participants returned to the website to review the counselor’s response including support for their specific concerns and recommendations for making an in-person appointment. After viewing the Counselor’s Response, 62 (15.1%) students posted a Dialogue note to work with the counselor to address their barriers to help-seeking. Furthermore, 38 (61.3%) of students who engaged in a Dialogue note requested an in-person appointment or were already in treatment.

Table 1: Program Participation

	#	%
Invited to participate	6,325	--
Submitted Questionnaire	412	(6.5)
Viewed Counselor’s Response	338	(82)
Submitted Dialogue Note	62	(15.1)
Requested Appointment	38	(61.3)

Table 1 provides information on the number of students to create a user record; submit a questionnaire; review the counselor’s response; post a dialogue note; and request an appointment.

Table 2: Participant Engagement by Tier (Indicated Level of Distress)

N=49	Tier 1A # (%)	Tier 1B # (%)	Tier 2 # (%)	Tier 3 # (%)	Total # (%)
Submitted Questionnaire	148 (35.9)	144 (35)	114 (27.9)	6 (1.5)	412 (100)
Reviewed Counselor’s Response	122 (82.4)	120 (83.3)	93 (81.6)	3 (50)	338 (82)
Dialoged with the Counselor	25 (16.9)	29 (20.1)	8 (7)	0 (0)	62 (15.1)
Requested Appointment	18 (72)	18 (62.1)	2 (25)	0 (0)	38 (61.3)

Table 2 provides information on the total number of students that submitted a questionnaire by Tier: the total number that viewed the Counselor’s Response and then dialogued with a Counselor, and; the total number of students that requested an appointment via the ISP Dialogue.

Tier 1A: High distress w. suicidal thoughts/plans/behavior

Tier 1B: High distress

Tier 2: Moderate Distress

Tier 3: Little to no distress

Appendix H: Training for and Collaboration with other Offices

Training for JHU Students and Staff:

The CC continues to contribute to the training provided for students in various para-professional roles:

- Peabody Resident Assistants (RAs) – 2 ½ hours
- Homewood Resident Assistants (RAs) – 6 hours
- First-Year Mentors (FYM) – 1 hour
- Homewood Teaching Assistants (TAs) – 45 minutes

The CC continues to provide training focused on suicide prevention to the university community:

- **Mental Health First Aid (MHFA):** 8-hour training
 - APTT Student Peer Listeners - 11 students
- **Question, Persuade, Refer (QPR):** 1 ½ - 2 hour training
 - APTT Student Peer Listeners - 28 students
 - Academic Staff for Graduate School – 18 staff
 - SGA Freshmen Counsel – 6 students
 - Student Athlete Advisory Committee (SAAC) – 5 students

The CC also worked collaboratively with various university departments and offices to develop and provide specific targeted training to their staff, as well as consultative services. Highlighted here are collaborative efforts between the CC and (1) A Place to Talk (APTT), (2) Campus Safety and Security and (3) the Peabody Institute:

A Place to Talk (APTT) (See **Appendix M** for the complete APTT Annual Report)

- New this year, the Library allowed APTT to host shifts in a room in the Brody Learning Commons (the same room used for the Chat with a Counselor program), in addition to its ongoing room in Wolman Residence Hall. The result of this new centralized location was that APTT saw a record number of visits; over 1100 for the year.
- 24 new members were trained, bringing the current membership of the group to 66 (including seniors who graduated this Spring).
- Additional training was offered to our current members on how to support survivors of sexual assault and the resources available to those survivors on campus, as well as QPR (Question, Persuade, Refer) training. New for this year, APTT'ers participated in a workshop, led by two of our Pre-Doctoral Interns on Love Languages. One hundred percent of our APTT membership continues to be Mental Health First Aid Certified.

Campus Safety and Security:

- **Sexual Assault Training** – Over the course of Summer 2018, the CC (Chris Conway, Katherine Jones and Brandon Davis) provided a 3-hour training program on the topic of working with sexual assault victims to a total of 59 CSS officers (over the course of 8 sessions).
- **Recognizing and Responding to Mental Health Crises** – A 3-hour training program was provided to a select group of 8 CSS officers. The CC will continue to provide this training as one component of the 40-hour CIT training program that is being developed to for CSS officers.

Peabody Institute:

- **Helping Skills Training:** As part of the Peabody Cares program for Faculty and Staff, the CC Coordinator for Services to Peabody (Katherine Jones) provided a 3-hour Helping Skills Training for 6 Peabody faculty and staff.
- **Needs Assessment:** The CC and the Peabody administration discussed various ways in which the CC might expand its services to Peabody students and potentially bring opportunities for service to the Peabody campus. The decision was made to conduct a needs assessment, and a survey was developed and sent to all Peabody students asking for their input on the CC's current services and potential future services at their campus. Selected results include:
 - If the following services were offered at Peabody:
 - 46% of Peabody students indicated that they were **very likely** to utilize **Chat with a Counselor**. 75% chose very likely or somewhat likely.
 - 46% of Peabody students indicated that they were **very likely** to utilize **Initial Consultations** (drop-in first appointments). 63% chose very likely or somewhat likely.
 - 38% of Peabody students indicated that they were **very likely** to utilize **ongoing individual counseling**. 67% chose very likely or somewhat likely.

The CC and the Peabody administration will utilize the results to make decisions regarding any expansion in the type of service offered at the Peabody campus.

Collaborative Efforts with Student Health and Wellness Center:

The CC continues to collaborate with the Student Health and Wellness Center (SHWC) on the following initiatives:

- **Patient Health Questionnaire (PHQ-9)** – students complete the PHQ-9 before their first appointment each year at SHWC and the 2 offices continue to utilize a protocol for the referral of students of concern to the CC.
- **Eating Disorders Collaborative (EDC)** - this multidisciplinary weekly meeting allows the 2 offices to provide the most effective management of students with eating disorders.

This year, the CC and SHWC have been working to develop a system whereby students who have met with a CC consulting psychiatrist and been cleared to receive medication management through a SHWC prescriber can receive ongoing medication management through SHWC. This includes students who are prescribed ADHD medications.

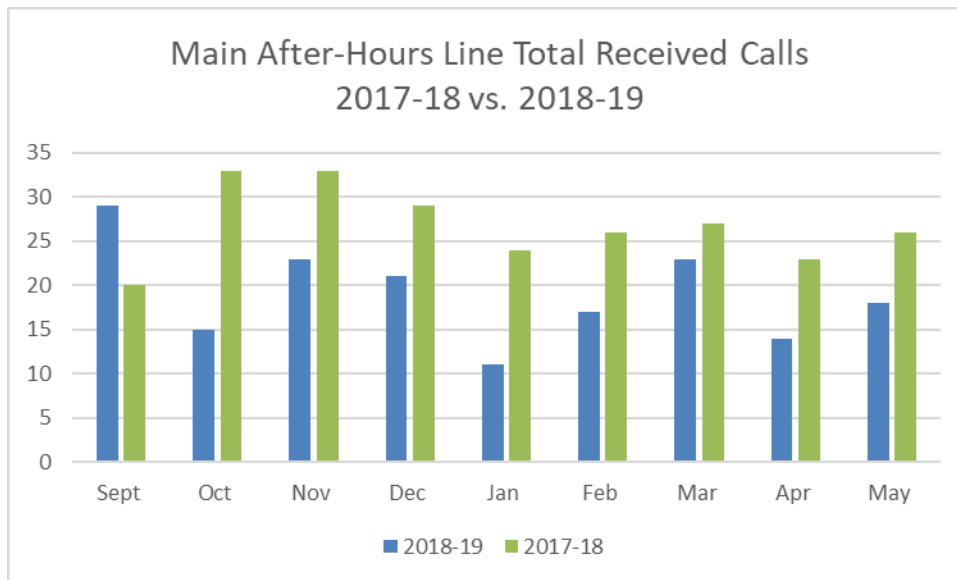
Appendix I: After-Hours On-Call Services

The Counseling Center continued to provide **after-hours on-call crisis coverage**, in the forms of a general after-hours emergency line and a Sexual Assault Help Line (both accessed by calling the CC main phone line). ProtoCall Services, Inc. serves as the primary point of contact for these after-hours phone calls (with a CC on-call counselor available for consultation at all times).

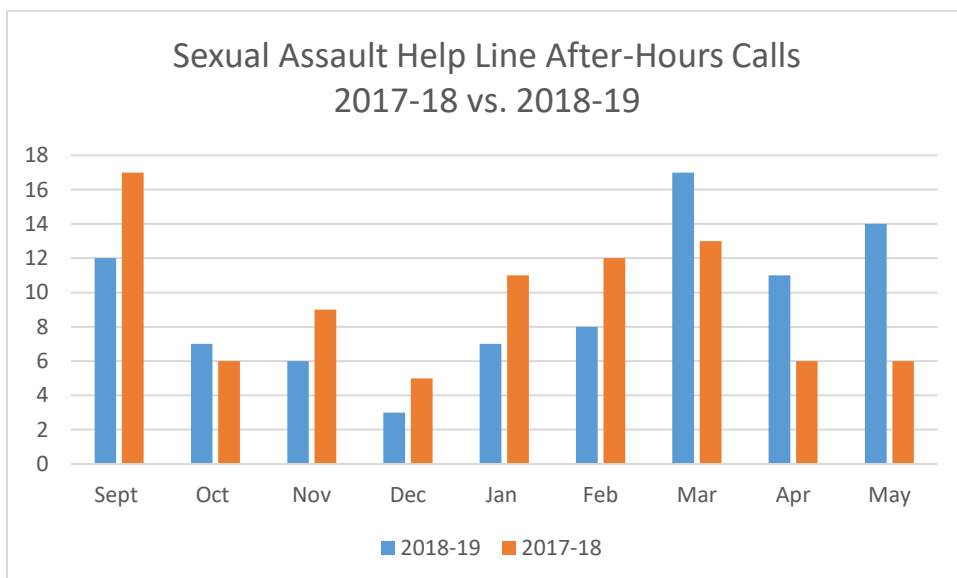
ProtoCall fielded 242 after-hours calls (May 2018-May 2019) and the CC after-hours counselor was contacted for consultation a total of 41 times.

ProtoCall fielded 104 after-hours Sexual Assault Help Line calls (May 2018-May 2019).

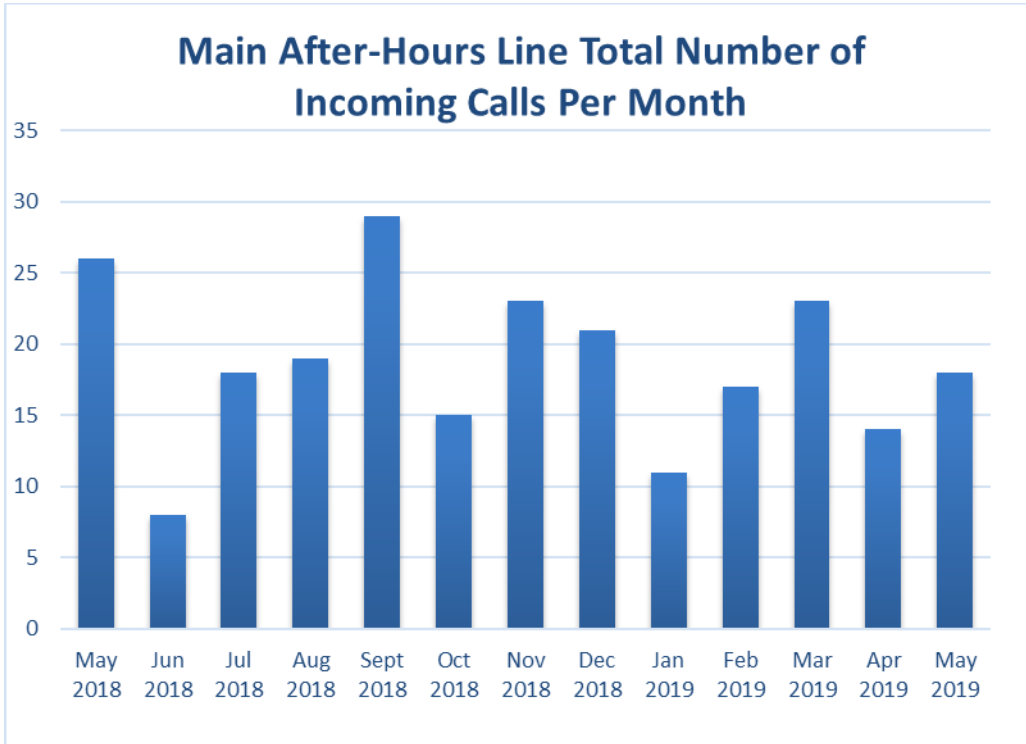
Since the CC began utilizing ProtoCall part way into the 2017-18 year, the chart below compares the number of Main After-Hours calls received September through May in 2017-18 (241) and 2018-19 (171).



This next chart compares the number of Sexual Assault Help Line After-Hours calls received September through May in 2017-18 and 2018-19 (85 for each year).



This last chart provides information regarding the number of main after-hours line calls per month.



Appendix J: Professional Development

In addition to providing support for Counseling Center staff to attend professional development programming in the community, the CC offered State Board approved CE credits to professional staff members for preparing and attending Counseling Center sponsored professional development programs. Six (6) professional development programs were offered, and five (5) of these were approved for a total of 15.5 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 Adopted Young Adults: Emphasis on Transracial/Intercountry Adoptions</i>	Ellen Singer, LCSW-C	May 30, 2018	3
<i>CCDC Brown Bag II: Power, Privilege and Oppression, Understanding how you Move Through the World</i>	JHUCC Diversity Committee (Durriya Meer, Psy.D., Susi Ferradas, Ph.D., Katherine Jones, Ph.D., Brandon Davis, Sodah Minty)	June 21, 2018	6
<i>Initial Consultation Training with U Penn Counseling and Psychological Services Staff</i>	Michal Saraf, Psy.D. & Brittan Davis, Ph.D.	August 3, 2018	1.5
<i>Working with Eating Disorders</i>	Jeanna Stokes, Psy.D.	August 21, 2018	3
<i>Reporting of Child Abuse and Neglect</i>	Matt Torres, Ph.D.	January 30, 2019	2
<u>Non-CE Program</u>	<u>Facilitator/Presenter</u>	<u>Date</u>	
<i>Multicultural Lab – Monthly small group meetings during which therapists:</i> <ul style="list-style-type: none"> • <i>Learn more about our many identities and their intersections</i> • <i>Improve ways in which we work with our clients' various identities</i> • <i>Explore and refine how we apply this knowledge of ourselves in relationships with clients, colleagues and others in society-at-large</i> 		Once a month	10

All CC clinical staff have for some time been expected to complete the JHU Safe Zone training, and, for the first year, this expectation was extended to CC Front Office Staff and our Consulting Psychiatrists.

Appendix K: Professional Activity

Leadership Roles in Professional Organizations:

- Association of Counseling Center Training Agencies (ACCTA) Board Member: 2018-2020
- Center for Collegiate Mental Health (CCMH) - Advisory Board Member
- Asian American Psychological Association - Division on Practice (AAPA DoP) Executive Board Member
- AAPA Leadership Fellow
- National Latinx Psychological Association (NLPA) Mentor
- National Latinx Psychological Association (NLPA) 2019 Conference Awards Committee Member
- International Association of College Counseling Services (IACS) - Review Board Member

Professional Presentations:

- "Beyond Jihad: Providing Culturally Competent Care to Muslim Clients": Presentation to Notre Dame University (Jan 18), Towson University (April 18), National Security Agency (May 3).
- Co-presented webinar on "Supervision and Mentorship in AAPI Communities" sponsored by AAPA (Asian American Psychological Association)
- American Group Psychotherapy Association (AGPA) Presentation: Overcoming Obstacles as Group Coordinator: Inspiring Thriving Group Programs in UCCs and Other Settings
- AGPA Presentation: When Microaggressions Make a Big Impact on the Small Group
- Seminar for Externs at the Catholic University of America - Bisexuality/Pansexuality

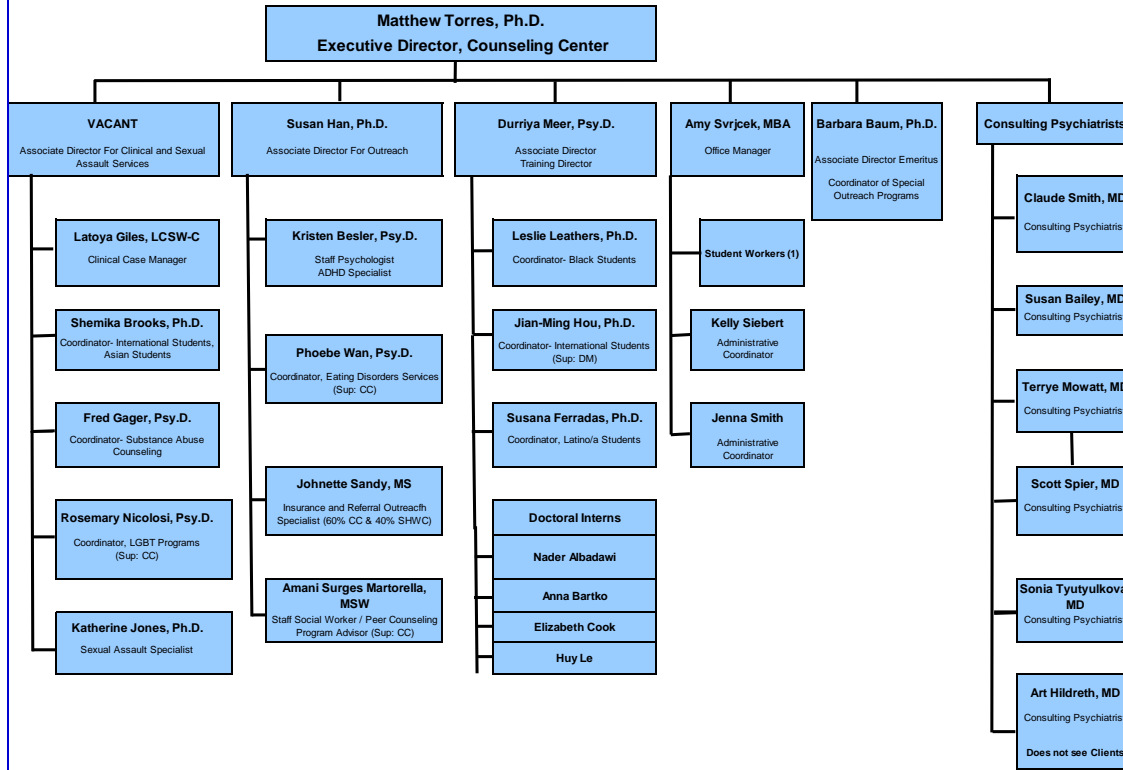
Memberships in Professional Organizations

- Association of University and College Counseling Center Directors
- Maryland Psychological Association
- American Group Psychotherapy Association
- Mid-Atlantic Group Psychotherapy Society
- National Latinx Psychological Association (NLPA)
- AAPA (Asian American Psychological Association)
- AAPA DoP (Asian American Psychological Association Division on Practice)
- AUCCCO (Association for University and College Counseling Center Outreach)
- KPN (Korean Psychology Network)
- National Association of Social Workers
- APA Division 44: Society for the Psychological Study of Sexual Orientation and Gender Diversity
- APA Division 45: Society for the Psychological Study of Culture, Ethnicity, and Race
- APA Division 56: Trauma Psychology
- APA Division 35: Society for the Psychology of Women
- Baltimore Psychological Association
- Maryland Psychological Association
- National Register of Health Service Psychologists
- Association for the Coordination of Counseling Center Clinical Services
- Association of Black Psychologists
- American Psychological Association, Division 35.1 - Black Women
- American Psychological Association, Division 17 - Counseling Psychology
- American Association of Marriage and Family Therapy
- APA Society of Counseling Psychology Division 17 – International Section
- Asian-American Psychological Association (AAPA)
- Member - Association for Contextual Behavioral Science

Appendix L: Department Staff

COUNSELING CENTER ORGANIZATION CHART

June 24, 2019



CC organizational chart _6/24/2019

Appendix M: APTT Annual Report

In its 35th year at JHU, A Place to Talk is the student-to-student peer listening group for the Hopkins undergraduate 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 clinicians 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 year full of new endeavors and accomplishments. APTT was thrilled to have the opportunity this year to host shifts in a room in the Brody Learning Commons in addition to its ongoing room in Wolman Residence Hall. The result of this new centralized location was that APTT saw a record number of visits; over 1100 for the year. Also this year, 24 new members were trained, bringing the current membership of the group to 66 (including seniors who graduated this Spring). Additional training was offered to our current members on how to support survivors of sexual assault and the resources available to those survivors on campus, as well as QPR (Question, Persuade, Refer) training. New for this year, APTT'ers participated in a workshop, led by two of our Pre-Doctoral Interns on Love Languages. One hundred percent of our APTT membership continues to be Mental Health First Aid Certified.

APTT was engaged in significant campus-wide outreach this year. First, the External Trainers provided workshops on active listening skills to over 356 students outside of APTT this year, for groups including PILOT, Learning Den, Kappa Kappa Gamma, Alpha Kappa Psi, Alpha Phi Omega, CIIP Mentors, Beta Theta Pi, Peabuddies, and PEEPs. In the Fall, APTT organized a speaker event entitled "Dimensions of Connection: The Importance of Empathy in Everything We Do" which offered various research and in vivo perspectives on empathy from speakers from the Hopkins community. New this year, APTT launched an outreach and public relations effort entitled "Kindness at Hopkins" which highlighted positive stories of connection and empathy through interviews of a wide variety of JHU faculty and staff, shared through various social media platforms. Finally, APTT organized a 35th Anniversary Alumni Luncheon to honor and celebrate the legacy of A Place to Talk and its impact on the JHU Community.

For FY19, APTT was allocated \$7,355 by DOSL. This allocation was utilized to support a number of ambitious new events and efforts, which APTT is hoping to develop further next year. This, along with APTT's desire to continue to increase its visibility and impact on campus, the group has submitted a budget request of \$9,310 for FY20.

At this time, it is unknown whether APTT will have the opportunity to continue using the room in Brody to hold shifts for the upcoming year. The students are hopeful and look forward to building on the incredible growth and increased impact they saw this year. APTT continues to be dedicated to promoting the development of a more supportive and empathetic campus environment. APTT is uniquely positioned to enact this kind of positive change on campus.

Outgoing Leadership (2018-19)

Anna Koerner, Co-Director

Andrew Hellinger, Co-Director

Sonal Singh, Internal Training Director

Incoming Leadership (2019-20)

Youlim Song, Co-Director

Sonal Singh, Co-Director

APTT Final Data Report

Fall 2018

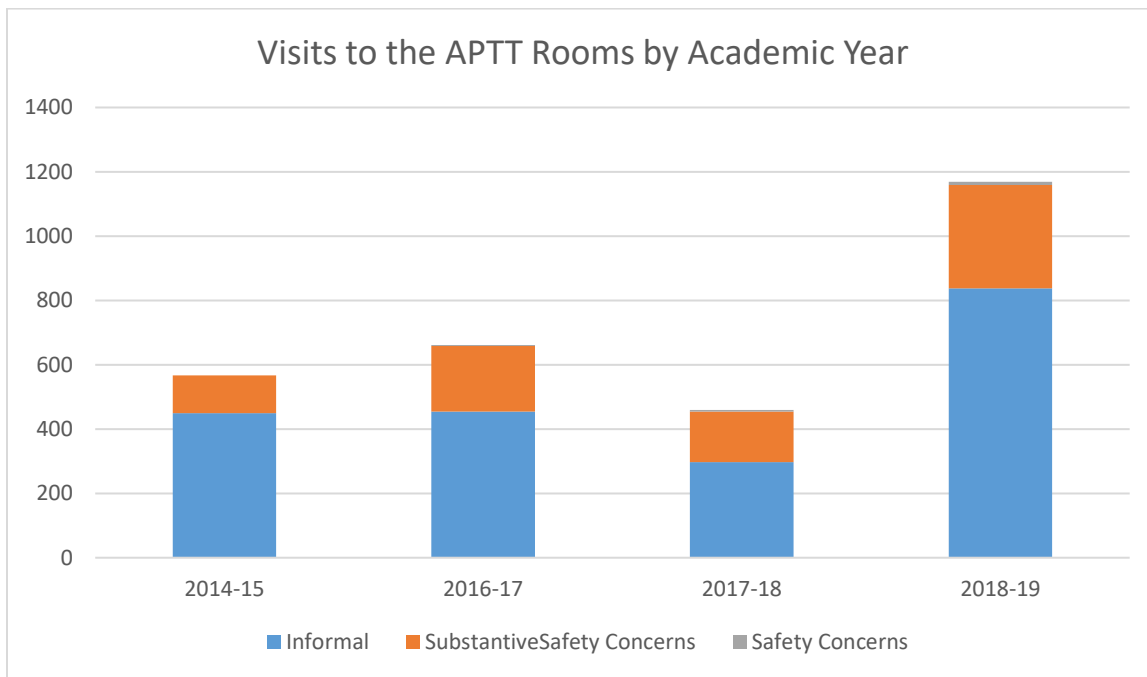
Total recorded visits: 648
Recorded shifts: 346
Average visits per shift: 1.87

Spring 2018

Total recorded visits: 521
Recorded shifts: 314
Average visits per shift: 1.66

Overall for AY 18-19

Total visits recorded: 1169



*Please note data for 2015-16 not represented due to lack of integrity in the data collection that year.