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

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

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

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

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

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

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

The CC continues to engage in research to improve monitoring of potentially suicidal clients and to work with Dr. David Jobes, a suicidologist at Catholic University. In addition, working with Dr. Mark Kopta, the CC has finished its second year utilizing a beta version of the MedBHM, a version of the BHM20 to be used by psychiatrists. The BHM20 research will continue to focus on improving subscale measures and establishing criteria for recommending and following progress in those clients receiving psychotropic medication.

The CC averaged **227 client sessions/visits per week** (including psychiatrist sessions/visits) in the Fall 2015 semester. This compares to 242 client sessions in the Fall of 2014. In the Spring 2016 semester the CC averaged **246 client sessions per week** (including psychiatrists). This compares to 234 in the Spring 2015 semester.

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

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

The Counseling Center served 255 clients presenting in urgent need (about 19% of clients served). This is a decrease from the previous year when 357 clients (27%) presented in urgent need. This decrease, at least in the Spring, may be attributable to an increase in the number of intakes offered per week, which was part of an effort to see all first time client within 1 ½ weeks of contact. The Counseling Center responded to 233 **after hour emergency calls** serving 128 individuals. This represents a 21% increase from the 192 calls received last year and a 49% increase from the 86 individual callers the previous year. The CC made **12 violence**
assessments (compared to 11 the previous year) and monitored 94 students in its suicide tracking system (compared to 108 students the previous year), recommended 90 mental health leaves (compared to 77 the previous year), and administered 69 readmission evaluations (compared to 47 the previous year).

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

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

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

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

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

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

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

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

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

★ The CC continues to foster values of teamwork and collaboration by participating on 67 Inter-departmental, Divisional or University wide community activities, programs, and committees. In addition, CC staff served on 12 Counseling Center department wide activities or committees. The Counseling Center also supported the Student Health Service in their effort to screen students entering their clinic for depression.

★ The Counseling Center, in coordination with JHSAP/FASAP, played an active role in sending email letters to all Homewood/Peabody faculty and staff on “How to recognize and respond to distressed students.” Similarly, the Counseling Center Advisory Board (CCAB) co-authored an email letter to all Homewood and Peabody students on “How to recognize and assist distressed students.”
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<td>3. Sexual Orientation</td>
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<td>4. School Affiliation</td>
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<td>7. Marital Status</td>
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<td>8. Class Year</td>
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<td>9. Academic Standing</td>
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## SECTION I. Overview of CC Hours by Service Activity: Academic Year 2015-16 (August 24, 2015 - May 15, 2016) and Full Year (May 18, 2015 - May 15, 2016)

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

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

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

#### A) Direct Services Caseload Statistics

<table>
<thead>
<tr>
<th>1. General Numbers</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Clients in Personal Counseling (Full year)</td>
<td>1,353</td>
</tr>
<tr>
<td>No. of Therapy Sessions (Full Year) - (Not including Consulting Psychiatrists)</td>
<td>7,472</td>
</tr>
<tr>
<td>No. of Clients seen by Consulting Psychiatrists (Full Year)</td>
<td>421 (31%)</td>
</tr>
<tr>
<td>No. of Therapy sessions by Consulting Psychiatrists (Full Year)</td>
<td>1745</td>
</tr>
<tr>
<td>No. of Peabody Conservatory Students served (% of all clients)</td>
<td>97 (7.2%)</td>
</tr>
<tr>
<td>No. of Peabody Conservatory Students therapy sessions</td>
<td>550</td>
</tr>
<tr>
<td>No. of Peabody Students served by Consulting Psychiatrists (% of Peabody Clients)</td>
<td>39 (40%)</td>
</tr>
<tr>
<td>No. of Peabody Conservatory Students Consulting Psychiatrist sessions</td>
<td>131</td>
</tr>
<tr>
<td>No. of Clients seen in urgent need/emergency/crisis (Day- Academic Year)</td>
<td>228</td>
</tr>
<tr>
<td>No. of Clients seen in urgent need/emergency/crisis (Day- Fall Semester)</td>
<td>139</td>
</tr>
<tr>
<td>No. of Clients seen in urgent need/emergency/crisis (Day – Spring Semester)</td>
<td>89</td>
</tr>
<tr>
<td>No. of Emergency clients served after-hours by CC staff</td>
<td>128</td>
</tr>
<tr>
<td>No. of Emergency phone calls received after-hours by CC staff</td>
<td>233</td>
</tr>
<tr>
<td>No. of Help Line calls received after hours by CC staff</td>
<td>28</td>
</tr>
<tr>
<td>No. of Sexual Assault Help Line calls received Daytime plus After-hours</td>
<td>58</td>
</tr>
<tr>
<td>No. of Clients that required counselor to come to campus for face-to-face evaluation</td>
<td>5</td>
</tr>
<tr>
<td>No. of Hours spent in after-hours emergencies by CC staff</td>
<td>91 hours, 3 min</td>
</tr>
<tr>
<td>Avg. Number of minutes spent responding to each after hour emergency call</td>
<td>23 min</td>
</tr>
<tr>
<td>No. of Weeks during that required after hours emergency response</td>
<td>46 of 52</td>
</tr>
<tr>
<td>No. of Students sent to emergency room – after hours plus day</td>
<td>29</td>
</tr>
<tr>
<td>No. of Students sent to emergency room – after hours</td>
<td>21</td>
</tr>
<tr>
<td>No. of Students sent to emergency room – day</td>
<td>8</td>
</tr>
<tr>
<td>No. of Students hospitalized - after hours plus day</td>
<td>13</td>
</tr>
<tr>
<td>No. of Students hospitalized - after hours</td>
<td>8</td>
</tr>
<tr>
<td>No. of Students hospitalized - day</td>
<td>5</td>
</tr>
<tr>
<td>No. of Clients CC estimated to have helped stay in school</td>
<td>118 (9%)</td>
</tr>
<tr>
<td>No. of Students who received CC Mental Health Withdrawal Recommendations</td>
<td>90 (7%)</td>
</tr>
<tr>
<td>No. of Clients given academic assistance (i.e., letter for course withdrawal or extension)</td>
<td>45 (3%)</td>
</tr>
<tr>
<td>No. of Students who received Readmission Evaluation</td>
<td>69 (5%)</td>
</tr>
<tr>
<td>No. of Clients in CC Suicide Tracking System</td>
<td>99 (7%)</td>
</tr>
<tr>
<td>No. of Clients with whom steps were taken to prevent from harming self/others</td>
<td>133 (10%)</td>
</tr>
<tr>
<td>No. of Clients who presented with or were believed to have ADHD</td>
<td>58 (4%)</td>
</tr>
<tr>
<td>No. of Clients treated or assessed for Substance Abuse</td>
<td>188 (14%)</td>
</tr>
<tr>
<td>No. of Clients treated or assessed for Eating Disorders</td>
<td>114 (8%)</td>
</tr>
<tr>
<td>No. of Clients who received some form of Violence Assessment</td>
<td>12 (1%)</td>
</tr>
<tr>
<td>No. of clients who report that “someone in their family owns a gun”</td>
<td>201 (15%)</td>
</tr>
<tr>
<td>No. of Clients who received counseling regarding a Sexual Assault in the past year</td>
<td>18 (1%)</td>
</tr>
<tr>
<td>No. of Clients estimated to have successfully terminated at end of AY</td>
<td>400 (30%)</td>
</tr>
<tr>
<td>No. of Clients referred off campus</td>
<td>182 (13%)</td>
</tr>
<tr>
<td>No. of Client referrals assisted by Case Manager</td>
<td>231</td>
</tr>
<tr>
<td>No. of Non-Client referrals assisted by Case Manager</td>
<td>74</td>
</tr>
</tbody>
</table>

#### 2. Intakes [New & Returning Clients] Seen per Week during Academic Year

| Average # of Intakes /Week (Fall Semester) | 32.6 |
| Average # of Intakes /Week (Spring Semester) | 22.4 |
| Average # of Intakes /Week (Academic Year) | 27.5 |
| Maximum # of Intakes/Week (Academic Year) – Week of 9/21/15 | 52 |
### 3. Clients Seen per Week during Academic Year (AY)

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

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<tr>
<td>Average # of Psychiatrist clients seen/Week (Fall Semester)</td>
<td>38</td>
</tr>
<tr>
<td>Average # of Psychiatrist clients seen/Week (Spring Semester)</td>
<td>44</td>
</tr>
<tr>
<td>Maximum # of Psychiatrist clients seen/Week (Academic Year) – Week of 3/21/16</td>
<td>55</td>
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### 5. Emergency Daytime Walk-in Clients Seen per Week during Academic Year

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<tr>
<td>Average # of daytime emergencies seen/Week (Fall Semester)</td>
<td>8</td>
</tr>
<tr>
<td>Average # of daytime emergencies seen/Week (Spring)</td>
<td>6</td>
</tr>
<tr>
<td>Maximum # of daytime emergencies seen/Week (AY) – Week 9/28/15</td>
<td>13</td>
</tr>
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### 6. Total # of Individual Clients Seen since 2000

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<tbody>
<tr>
<td>Total # Clients Seen for 2015-16</td>
<td>1,353</td>
</tr>
<tr>
<td>Total # Clients Seen for 2014-15</td>
<td>1,307</td>
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<tr>
<td>Total # Clients Seen for 2013-14</td>
<td>1,244</td>
</tr>
<tr>
<td>Total # Clients Seen for 2012-13</td>
<td>1,214</td>
</tr>
<tr>
<td>Total # Clients Seen for 2011-12</td>
<td>1,181</td>
</tr>
<tr>
<td>Total # Clients Seen for 2010-11 (Note: Stopped serving Nursing School Students)</td>
<td>1,051</td>
</tr>
<tr>
<td>Total # Clients Seen for 2009-10</td>
<td>1,081</td>
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<tr>
<td>Total # Clients Seen for 2008-09</td>
<td>972</td>
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<tr>
<td>Total # Clients Seen for 2007-08</td>
<td>995</td>
</tr>
<tr>
<td>Total # Clients Seen for 2006-07</td>
<td>957</td>
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<tr>
<td>Total # Clients Seen for 2005-06</td>
<td>1,035</td>
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<tr>
<td>Total # Clients Seen for 2004-05</td>
<td>1,083</td>
</tr>
<tr>
<td>Total # Clients Seen for 2003-04</td>
<td>916</td>
</tr>
<tr>
<td>Total # Clients Seen for 2002-03</td>
<td>886</td>
</tr>
<tr>
<td>Total # Clients Seen for 2001-02</td>
<td>802</td>
</tr>
<tr>
<td>Total # Clients Seen for 2000-01</td>
<td>726</td>
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### 7. AY Weekly Case Load Comparisons since 2000 (not including Psychiatry Sessions)

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<tr>
<td>Average Sessions/Week for 2015-16</td>
<td>191</td>
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### 8. AY Daytime Average Emergency Sessions per Week -Comparisons since 2000

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<td>2000-01</td>
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</tr>
</tbody>
</table>

### 9. # of Appointments per client during past year

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

### 9a. # of Appointments per client during past year

<table>
<thead>
<tr>
<th>Appointments</th>
<th>(A) Clinical Staff Only (n=1,353)</th>
<th>(B) Psychiatrists Only (n=421)</th>
<th>(C) All Staff incl Psychiatrists +Triage (n=1,353)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 appointments</td>
<td>765 (57%)</td>
<td>311 (74%)</td>
<td>765 (57%)</td>
</tr>
<tr>
<td>6-10 appointments</td>
<td>290 (21%)</td>
<td>88 (21%)</td>
<td>290 (21%)</td>
</tr>
<tr>
<td>11-15 appointments</td>
<td>141 (10%)</td>
<td>17 (4%)</td>
<td>141 (10%)</td>
</tr>
<tr>
<td>16-20 appointments</td>
<td>72 (5%)</td>
<td>5 (1%)</td>
<td>72 (5%)</td>
</tr>
<tr>
<td>21+ appointments</td>
<td>85 (6%)</td>
<td>0 (0%)</td>
<td>85 (6%)</td>
</tr>
</tbody>
</table>

Average # of visits/per client (staff only): 5.7 visits
Average # of visits/per client (psychiatrists): 5.3 visits
Average # of visits/per client (triage + staff + psychiatrists): 7.0 visits

### 10. Health Insurance

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of clients who reported having University (Consolidated Health Plan) Insurance Policy</td>
<td>481</td>
<td>35.6%</td>
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<tr>
<td>No. of graduate student clients who reported having CHP Insurance</td>
<td>298</td>
<td>79.9%</td>
</tr>
<tr>
<td>No. of undergrad student clients with CHP Insurance</td>
<td>176</td>
<td>18.5%</td>
</tr>
<tr>
<td>No. of international Students who reported having CHP Insurance</td>
<td>169</td>
<td>86.7%</td>
</tr>
<tr>
<td>No. of clients referred to off-campus providers</td>
<td>182</td>
<td>13%</td>
</tr>
<tr>
<td>No. of clients with CHP Insurance who were referred to off-campus providers</td>
<td>65</td>
<td>13%</td>
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</table>
### B) Individual Psychotherapy: Demographics of Counseling Center Clients (N=1,353)

<table>
<thead>
<tr>
<th>1. Sex at Birth</th>
<th>Number</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Male</td>
<td>529</td>
<td>39.1%</td>
</tr>
<tr>
<td>Female</td>
<td>820</td>
<td>60.6%</td>
</tr>
<tr>
<td>Intersex</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Prefer Not to Answer</td>
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<table>
<thead>
<tr>
<th>2. Gender</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Man</td>
<td>524</td>
<td>38.7%</td>
</tr>
<tr>
<td>Woman</td>
<td>799</td>
<td>59.1%</td>
</tr>
<tr>
<td>Transgender Man/Trans Man/FTM</td>
<td>3</td>
<td>0.2%</td>
</tr>
<tr>
<td>Transgender Woman/Trans Woman/MTF</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Genderqueer</td>
<td>14</td>
<td>1.0%</td>
</tr>
<tr>
<td>Other Gender Identity</td>
<td>3</td>
<td>0.2%</td>
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<tr>
<td>Prefer Not to Answer</td>
<td>9</td>
<td>0.7%</td>
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<table>
<thead>
<tr>
<th>3. Sexual Orientation</th>
<th>Number</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Heterosexual</td>
<td>1102</td>
<td>81.4%</td>
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<tr>
<td>Lesbian</td>
<td>17</td>
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</tr>
<tr>
<td>Gay</td>
<td>47</td>
<td>3.5%</td>
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<tr>
<td>Bisexual</td>
<td>70</td>
<td>5.2%</td>
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<tr>
<td>Questioning</td>
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<tr>
<td>Asexual</td>
<td>7</td>
<td>0.5%</td>
</tr>
<tr>
<td>Queer</td>
<td>18</td>
<td>1.3%</td>
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<tr>
<td>Other Sexual Orientation</td>
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</tr>
<tr>
<td>Prefer Not to Answer</td>
<td>45</td>
<td>3.3%</td>
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<th>4. School Affiliation</th>
<th>Number</th>
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<tbody>
<tr>
<td>Arts and Sciences</td>
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<td>68.1%</td>
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<tr>
<td>Engineering</td>
<td>326</td>
<td>24.1%</td>
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<td>Peabody Conservatory of Music</td>
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<tr>
<td>Post- Baccalaureate Program (Pre-Med)</td>
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<thead>
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<th>5. Age</th>
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<tr>
<td>Mode</td>
<td>19 years</td>
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<tr>
<td>Mean</td>
<td>21.987 years</td>
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<tr>
<td>Median</td>
<td>21.0 years</td>
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<table>
<thead>
<tr>
<th>6. Ethnic Status</th>
<th>Number</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>African-American/Black</td>
<td>72</td>
<td>5.3%</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>2</td>
<td>0.1%</td>
</tr>
<tr>
<td>Asian-American/Asian</td>
<td>299</td>
<td>22.1%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>137</td>
<td>10.1%</td>
</tr>
<tr>
<td>Native-Hawaiian/Pacific Islander</td>
<td>3</td>
<td>0.2%</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>70</td>
<td>5.2%</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>710</td>
<td>52.6%</td>
</tr>
<tr>
<td>Prefer Not to Answer</td>
<td>30</td>
<td>2.2%</td>
</tr>
<tr>
<td>Other / No Response</td>
<td>30</td>
<td>2.2%</td>
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<table>
<thead>
<tr>
<th>7. Marital Status</th>
<th>Number</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Single</td>
<td>852</td>
<td>63.2%</td>
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<tr>
<td>Serious Dating / Committed Relationship</td>
<td>426</td>
<td>31.6%</td>
</tr>
<tr>
<td>Civil Union / Domestic Partnership</td>
<td>7</td>
<td>0.5%</td>
</tr>
<tr>
<td>Married</td>
<td>59</td>
<td>4.4%</td>
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</table>
### Divorced
- 2
- 0.1%

### Separated
- 2
- 0.1%

### Widowed

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

<table>
<thead>
<tr>
<th>9. Academic Standing</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Standing</td>
<td>1,244</td>
<td>93.0%</td>
</tr>
<tr>
<td>Academically dismissed</td>
<td>6</td>
<td>0.4%</td>
</tr>
<tr>
<td>Reinstated</td>
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<td>0.5%</td>
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<tr>
<td>On Probation</td>
<td>80</td>
<td>6.0%</td>
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<table>
<thead>
<tr>
<th>10. Other Items</th>
<th>Number</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>International Students</td>
<td>195</td>
<td>14.5%</td>
</tr>
<tr>
<td>Transfer Students</td>
<td>35</td>
<td>2.6%</td>
</tr>
<tr>
<td>Physically Challenged Students</td>
<td>9</td>
<td>0.7%</td>
</tr>
<tr>
<td>Students concerned about Attention Deficit Disorder (ADD)</td>
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<table>
<thead>
<tr>
<th>11. Academic Major</th>
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<tbody>
<tr>
<td>Undeclared/ Undecided</td>
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</tr>
<tr>
<td>Arts and Science Totals</td>
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<tr>
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<tr>
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<tr>
<td>Cognitive Science</td>
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<tr>
<td>Earth &amp; Planetary Science</td>
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<td>1.3%</td>
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<tr>
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<td>Major</td>
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</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------</td>
<td>------------</td>
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<tr>
<td>Physics &amp; Astronomy</td>
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<tr>
<td>Pre-Med Cert (Post-Baccalaureate)</td>
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<tr>
<td>Psychological and Brain Sciences</td>
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<tr>
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<td>Romance Languages</td>
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<tr>
<td>Science, Medicine &amp; Technology</td>
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<tr>
<td>Social &amp; Behavioral Sciences</td>
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<tr>
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<td>Geography &amp; Environmental Engineering</td>
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<td>Materials Science &amp; Engineering</td>
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<tr>
<td>Mathematical Sciences</td>
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<td>1.2%</td>
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<tr>
<td>Mechanical Engineering</td>
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<tr>
<td>Other Engineering</td>
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<tr>
<td><strong>12. Medical Information/History</strong></td>
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<tr>
<td>Previously received counseling elsewhere</td>
<td>504</td>
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<tr>
<td>Currently taking medication</td>
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<td>Experiencing medical problems</td>
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<td>Medical problem in family</td>
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<tr>
<td>Emotional problem in family</td>
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<tr>
<td>Alcoholism / Substance Abuse in family</td>
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<tr>
<td><strong>13. Residence</strong></td>
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</tr>
<tr>
<td>On-Campus Residence Hall / Apt.</td>
<td>467</td>
<td>34.5%</td>
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<tr>
<td>Fraternity / Sorority House</td>
<td>16</td>
<td>1.2%</td>
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<tr>
<td>On/off Campus Co-operative</td>
<td>18</td>
<td>1.3%</td>
</tr>
<tr>
<td>Off-campus Apartment / House</td>
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<tr>
<td>Other Housing</td>
<td>50</td>
<td>3.7%</td>
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<tr>
<td><strong>14. How first heard of Counseling Center</strong></td>
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<tr>
<td>Brochure</td>
<td>78</td>
<td>5.9%</td>
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<tr>
<td>Career Center</td>
<td>14</td>
<td>1.1%</td>
</tr>
<tr>
<td>Faculty</td>
<td>52</td>
<td>3.9%</td>
</tr>
<tr>
<td>Flyer</td>
<td>36</td>
<td>2.7%</td>
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<tr>
<td>Friend</td>
<td>351</td>
<td>26.9%</td>
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<tr>
<td>Relative</td>
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<td>2.6%</td>
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<tr>
<td>Residence Hall Staff</td>
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<td>6.3%</td>
</tr>
<tr>
<td>Contact w/ Center Staff</td>
<td>35</td>
<td>2.6%</td>
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<tr>
<td>Newsletter</td>
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<tr>
<td>Saw Location</td>
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<td>0.8%</td>
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<tr>
<td>Student Health &amp; Wellness</td>
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<td>9.1%</td>
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<tr>
<td>JHU Publication</td>
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<td>2.6%</td>
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<tr>
<td>Peabody Publication</td>
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<tr>
<td>Word of Mouth</td>
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<td>14.6%</td>
</tr>
<tr>
<td>Dean of Students</td>
<td>31</td>
<td>2.3%</td>
</tr>
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</table>
15. **Referral Source**

<table>
<thead>
<tr>
<th></th>
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<th>Percentage</th>
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<tbody>
<tr>
<td>Myself</td>
<td>591</td>
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</tr>
<tr>
<td>Friend</td>
<td>220</td>
<td>16.4%</td>
</tr>
<tr>
<td>Relative</td>
<td>44</td>
<td>3.7%</td>
</tr>
<tr>
<td>Residential Life Staff</td>
<td>27</td>
<td>2.0%</td>
</tr>
<tr>
<td>Faculty</td>
<td>44</td>
<td>3.3%</td>
</tr>
<tr>
<td>Staff</td>
<td>80</td>
<td>0.9%</td>
</tr>
<tr>
<td>Student Health &amp; Wellness</td>
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<td>6.0%</td>
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<tr>
<td>Career Center</td>
<td>25</td>
<td>1.9%</td>
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<tr>
<td>Academic Advising</td>
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<td>0.1%</td>
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<tr>
<td>Dean of Students</td>
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</tr>
<tr>
<td>Security Office</td>
<td>5</td>
<td>0.4%</td>
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<tr>
<td>Other</td>
<td>44</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

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

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

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

[Table with percentages and counts for various concerns]
<table>
<thead>
<tr>
<th>Depression (Item #26)</th>
<th>291</th>
<th>21.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>General lack of motivation, interest in life; detachment and hopelessness ( #25)</td>
<td>266</td>
<td>19.7%</td>
</tr>
<tr>
<td>Grief over death or loss (Item #27)</td>
<td>65</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

**Eating Disorder**

| Eating problem (overeating, not eating or excessive dieting) (Item #29) | 81 | 6.0% |
| Eating problem (overeating, not eating or excessive dieting - including moderate concern) (Item #29) | 217 | 16.1% |

**Substance Abuse**

| Alcohol / drug problem in family (Item #31) | 27 | 2.0% |
| Alcohol and/or drug problem (Item #30) | 22 | 1.6% |

**Sexual Abuse or Harassment**

| Physically or emotionally abused, as a child or adult (Item #33) | 43 | 3.2% |
| Sexually abused or assaulted, as a child or adult (Item #32) | 40 | 3.0% |

**Stress and Psychosomatic Symptoms**

| Sleep problems (can’t sleep, sleep too much, nightmares) (Item #36) | 264 | 19.6% |
| Physical stress (Item #35) | 128 | 9.5% |
| Concerns about health; physical illness (Item #34) | 51 | 3.8% |

**Sexual Dysfunction or Issues**

| Sexual matters (Item #37) | 38 | 2.8% |
| Problem pregnancy (Item #38) | 4 | 0.3% |

**Unusual Thoughts or Behavior**

| Concern that thinking is very confused (Item #40) | 104 | 7.7% |
| Irritable, angry, hostile feelings; Difficulty expressing anger appropriately (Item #39) | 100 | 7.4% |
| Fear of loss of contact with reality (Item #42) | 37 | 2.8% |
| Violent thoughts, feelings, or behaviors (Item #43) | 21 | 1.6% |
| Fear that someone is out to get me (Item #41) | 13 | 1.0% |
| Feel that someone is stalking/harassing me (Item #45) | 2 | 0.1% |

<table>
<thead>
<tr>
<th>18. Behavioral Health Monitor by Item at Intake (N=1,353)</th>
<th># Reporting Extremely or Very Serious Problem (+moderate Problem)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) How distressed have you been?</td>
<td>533</td>
<td>39.4%</td>
</tr>
<tr>
<td>2) How satisfied have you been with your life?</td>
<td>484</td>
<td>35.8%</td>
</tr>
<tr>
<td>3) How energetic and motivated have you been feeling?</td>
<td>595</td>
<td>44.0%</td>
</tr>
<tr>
<td>4) How much have you been distressed by feeling fearful, scared?</td>
<td>277</td>
<td>20.5%</td>
</tr>
<tr>
<td>5) How much have you been distressed by alcohol/drug use interfering with your performance at school or work?</td>
<td>28</td>
<td>2.1%</td>
</tr>
<tr>
<td>6) How much have you been distressed by wanting to harm someone? (Including 'Sometimes' and 'A Little Bit')</td>
<td>11 (30)</td>
<td>0.8% (2.2%)</td>
</tr>
<tr>
<td>7) How much have you been distressed by not liking yourself?</td>
<td>391</td>
<td>29.0%</td>
</tr>
<tr>
<td>8) How much have you been distressed by difficulty concentrating?</td>
<td>542</td>
<td>40.1%</td>
</tr>
<tr>
<td>9) How much have you been distressed by eating problems interfering with relationships with family and or friends?</td>
<td>56</td>
<td>4.1%</td>
</tr>
<tr>
<td>10) How much have you been distressed by thoughts of ending your life? Almost Always, Often, Sometimes (and ‘A Little Bit’)</td>
<td>37 (111)</td>
<td>2.7% (8.2%)</td>
</tr>
<tr>
<td>11) How much have you been distressed by feeling sad most of the time?</td>
<td>356</td>
<td>26.3%</td>
</tr>
<tr>
<td>12) How much have you been distressed by feeling hopeless about the future?</td>
<td>351</td>
<td>26.0%</td>
</tr>
<tr>
<td>13) How much have you been distressed by powerful, intense mood swings (highs and lows)?</td>
<td>295</td>
<td>21.8%</td>
</tr>
</tbody>
</table>
14) How much have you been distressed by alcohol / drug use interfering with your relationships with family and/or friends? 14 1.0%
15) How much have you been distressed by feeling nervous? 464 34.3%
16) How much have you been distressed by your heart pounding or racing? 237 17.5%
17) Getting along poorly or terribly over the past two weeks: work/school (for example, support, communication, closeness). 229 17.0%
18) Getting along poorly or terribly over the past two weeks: Intimate relationships (for example: support, communication, closeness). 340 25.1%
19) Getting along poorly or terribly over the past two weeks: Non-family social relationships (for example: communication, closeness, level of activity). 286 21.7%
20) Getting along poorly or terribly over the past two weeks: Life enjoyment (for example: recreation, life appreciation, leisure activities). 290 22.5%
21) Risk for Suicide (Extremely High, High, Moderate Risk) (Including Some Risk) 10 (30) 3.8% (11.3%)


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

<table>
<thead>
<tr>
<th>1) Race:</th>
<th>2) Class Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>Freshman</td>
</tr>
<tr>
<td>Asian-American</td>
<td>Sophomore</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Junior</td>
</tr>
<tr>
<td>Latino</td>
<td>Senior</td>
</tr>
<tr>
<td>Other</td>
<td>Graduate Student</td>
</tr>
<tr>
<td></td>
<td>Alumnus</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3) Residence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-campus</td>
</tr>
<tr>
<td>Off-campus w family</td>
</tr>
<tr>
<td>Other off-campus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4) School Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts and Sciences</td>
</tr>
<tr>
<td>Engineering</td>
</tr>
<tr>
<td>Nursing</td>
</tr>
<tr>
<td>Peabody Conservatory</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5) Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6) Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
</tr>
<tr>
<td>Staff Member</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

2) Respondents’ Evaluation and Comments:

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

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

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

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

9) I felt comfortable waiting in the reception area:

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

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

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

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

- Yes --------------- 95.6%
- No --------------- 0.2%
- Unsure------------ 4.1%
12) Did the therapist give you information about the services of the Counseling Center?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>96.1%</td>
<td>2.0%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I was satisfied with service</td>
<td>80.8%</td>
</tr>
<tr>
<td>Yes, but I'm not sure this is the best place</td>
<td>4.8%</td>
</tr>
<tr>
<td>No, because problem was solved</td>
<td>1.3%</td>
</tr>
<tr>
<td>No, because I don't have a problem</td>
<td>0.2%</td>
</tr>
<tr>
<td>No, because I don't like the therapist</td>
<td>0.0%</td>
</tr>
<tr>
<td>No, the hours are not convenient</td>
<td>0.1%</td>
</tr>
<tr>
<td>No, not eligible</td>
<td>0.0%</td>
</tr>
<tr>
<td>No, they cannot help me</td>
<td>0.1%</td>
</tr>
<tr>
<td>No, not now</td>
<td>1.2%</td>
</tr>
<tr>
<td>No, because</td>
<td>1.1%</td>
</tr>
<tr>
<td>No Response (NR)</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

14) Overall Impression of Counseling Center?

<table>
<thead>
<tr>
<th>Impression</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>61.2%</td>
</tr>
<tr>
<td>Good</td>
<td>36.6%</td>
</tr>
<tr>
<td>Fair</td>
<td>2.2%</td>
</tr>
<tr>
<td>Poor</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>During the academic year it was difficult to get an appointment. This is not the fault of staff but a fault of the university for not giving enough to the mental needs of the student body. In short – they need to hire more staff</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>16</td>
<td>Love Therapist 104 – she’s incredibly helpful and an incredible listener</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>17</td>
<td>Therapist 93 continues to be excellent at helping me</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>28</td>
<td>I wish it was easier to contact my psych. To get med refills and such.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>31</td>
<td>Therapist 100 and Therapist 19 are great.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>32</td>
<td>Thank you guys so much. Therapist 105 is an outstanding counselor and wonderful human being – she deserves a raise</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>34</td>
<td>Thank you!</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>40</td>
<td>I feel like I've been largely helped through a challenging time and I may not need any more help here for a while.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>48</td>
<td>Thank you!</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>53</td>
<td>Best therapist ever!</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>56</td>
<td>One possible thing that I think is helpful is to provide therapists’ CV on website or somewhere. I’d like to know my therapists age and experience but it’s not polite to ask (I think)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>65</td>
<td>Therapist 93 is great.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>66</td>
<td>Thanks so much</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>72</td>
<td>More candy! 😊</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>78</td>
<td>You all were so kind and helpful. Thank you!</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Rating</td>
<td>Comment</td>
<td>Count</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>--------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>83</td>
<td>I have been coming here for two years now, and it has improved my outlook of life immeasurably. I’m deeply grateful to the entire staff and to Therapist 88 in particular for the good care they have taken of me.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>91</td>
<td>Great resource for students, should offer more group classes and more personalized care</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>94</td>
<td>I don’t think you should be forced to keep seeing a therapies once you’ve found a medication regimen that works for you.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>96</td>
<td>Therapist 119 had great statements</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>99</td>
<td>I’ve had nothing but extremely helpful experiences with the counseling center.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>101</td>
<td>Very supported understanding of my voiced concerns. Made me feel very at ease and I’m grateful. Great experience</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>109</td>
<td>Organized</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>117</td>
<td>Since the move to the new building a few years back I’ve noticed great improvements in the ability of service the center provides. The atmosphere is great and welcoming. Therapist 93 is also the best therapists I’ve ever had. I owe the improvement on my quality of life (in part) to him. Also, the rest of the staff is great and helpful. (But really, Therapist 93 is amazing!)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>119</td>
<td>The counseling center has been such an incredible resource for me thanks.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>120</td>
<td>Every therapist and psychiatrist I’ve talked to has been great – attentive, helpful, knowledgeable</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>136</td>
<td>Please consider adding some variety to the reception area music.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>137</td>
<td>Therapist 100 is an excellent therapist and very attentive to my needs.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>138</td>
<td>Thanks!</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>144</td>
<td>My therapist is amazing and understanding. I look forward to working with her again.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>189</td>
<td>The only way I am sane at this school is because of the therapist.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>190</td>
<td>Great service, thank you! 😊</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>196</td>
<td>Very helpful!</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>208</td>
<td>Thank you so much for helping me. It was scary to come here but I feel better after my appointment</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>209</td>
<td>Having music in the waiting room is a great idea</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>217</td>
<td>I would appreciate if the counselor gave more verbal feedback than just listen.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>223</td>
<td>I am very satisfied with the services provided and hope that one day grade students will be separated from undergrad students. I am not at ease when I meet my students here.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>239</td>
<td>Great first session</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>267</td>
<td>I’m glad to be back working on my issues in a safe understanding environment.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>274</td>
<td>I really loved talking to Therapist 119</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>278</td>
<td>I’ve come previously and am just again starting service – think it is helpful</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>281</td>
<td>This is a great service. Thank you.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>294</td>
<td>😊</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>299</td>
<td>Easy to schedule with and talk to</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>312</td>
<td>Love this place, and Love Therapist 2, better than my</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Comment</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>45</td>
<td>314 Very great, especially when dealing with my own personal hesitations and anxiety.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>342 I felt very comfortable during my first meeting. She was very clear on what techniques would be used to help me. I feel confident that my future appointments will be helpful.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>345 Really comfortable with Therapist 101 already</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>347 Therapist 105 is awesome! She has helped me develop many techniques to help me stress and anxiety during my time at Hopkins</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>361 This is a great space and I’m glad I finally came here</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>366 Helpful with giving referrals but I wish you could provide counseling every week for students so I don’t have to go out of my way for therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>374 Therapist 112 is fantastic after just one meeting with her!</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>377 Therapist was a little later than my appointment time but I felt that the conversation was productive. Overall a good experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>402 Everyone is very understanding and it creates a really comfortable environment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>416 Thanks!</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>421 I don’t think my problems can be remedied with a short-term approach</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>422 Thank you very much.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>423 Looking forward to coming back!</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>427 Therapist 112 was very friendly and easy to talk to I felt comfortable discussing things with her.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>434 It is super professional and comfortable which made a very good impression on me. I expect to use these services more often.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>447 Was satisfied w/ the counselor, will be back for another appointment next week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>459 I really liked Therapist 112! She’s detailed and open to whatever I’d like to share and has a lot of diverse background to empathize with students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>466 Very relieving</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>468 The atmosphere is very comfortable and my therapist was patient and understanding.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>470 It was two weeks from when I called to the next available appointment; it would be nice to get in within the week, other than that I think the counseling center is awesome.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>480 I thought Therapist 105 was very attentive but I would’ve liked more feedback. I didn’t really know if she understood my feelings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>484 I would’ve preferred more input from my therapist. I’m not sure if it’s because this was my first time here, but I felt I talked most of the time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>485 The doctor was very helpful, patient and attentive, allowed me to speak and I felt comfortable sharing my concerns with him.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>68</td>
<td>499 The counseling center should offer scheduling by text or chat (web) in case persons (like me) feel anxious about talking on the phone or they just feel anxious. I postponed my visit for 2 month because I didn’t feel...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Comment</td>
<td>Rating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>I had a great first time and can’t wait to return</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>Therapist 105 was very kind and attentive. She empathized with my situation and encouraged me that my feelings were valid. I am really thankful for her patience.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>71</td>
<td>I’m not sure I’ll be able to resolve things in one semester and I don’t have the money to pay for a private therapist so I hope the counseling center will let me continue past a semester if necessary.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>Thanks for offering this great service!</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>Very good first experience</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74</td>
<td>It was fine. Sometimes unsure what therapist can really do to help when only so little time before finals. More my fault for waiting too long.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75</td>
<td>I felt really comfortable coming in the future!</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>76</td>
<td>I really enjoyed my time Therapist 101 was extremely helpful and the whole staff seemed really kind!</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>Good job</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>More availability of counseling sessions</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>79</td>
<td>Counseling limits seem steep</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>Having more times for appointments would be nice. I didn’t want to wait so long for an appointment. I know it’s a tough problem but with time-sensitive emotions it could have been helpful.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>81</td>
<td>The radio sometimes make buzzing sounds that get in the way of the music</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>Very easy and convenient during term time. I had considered coming in previously but it was outside normal hours so I put it off.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>83</td>
<td>Talking with others makes me feel better</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>84</td>
<td>Therapist 119 is amazing 😊</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85</td>
<td>I had a great experience with the counseling center</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>86</td>
<td>Appreciated Therapist 104’s tone and demeanor. Very professional but also not cold.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>87</td>
<td>Provided wonderful support. Very helpful and inviting atmosphere</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>I am very happy that I came today. I was able to talk about my concerns in a safe space in which I felt understood and not judged. It was a very helpful session, and I thought the logistics of the check-in and appointment making process went very smoothly.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>89</td>
<td>The staff was really loud behind the receptionist’s desk. It seems like they were celebrating something or a party in the conference room that was just really intimidating and unwelcoming as a first-time attendee</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>Thank you, this session really helped and I will return for the follow-up appointment</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>91</td>
<td>Tissues next to my chair were a good comfort measure. An office with a window was also very helpful.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>92</td>
<td>Therapists are very understanding and frank. She made me feel very comfortable</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>93</td>
<td>This place is pretty nice.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>94</td>
<td>Very good, hope this can help</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95</td>
<td>I felt very secure and comfortable throughout my time here.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A) THE BEHAVIORAL HEALTH MONITOR (BHM20).

1) **Background.**

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

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

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 ¼ are experiencing mild or adaptive difficulties and about 1/5 are experiencing serious mental health problems. After counseling there is an increase to 59% in those reporting positive mental health and a decrease to 7% in those reporting serious mental health illness (See Table 1 below).

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

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:

<table>
<thead>
<tr>
<th>BHM20 Score</th>
<th>Mental Health Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.93 - 4.00</td>
<td>Positive mental health for college students (normal)</td>
</tr>
<tr>
<td>2.38 - 2.92</td>
<td>Mild distress</td>
</tr>
<tr>
<td>2.08 - 2.37</td>
<td>Moderate distress</td>
</tr>
<tr>
<td>0.00 - 2.07</td>
<td>Severe distress or Serious Mental Health Problem</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>BHM20 Health Category</th>
<th>Initial Session of Year (n=911)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal range (BHM= 2.94 - 4.00)</td>
<td>48%</td>
</tr>
<tr>
<td>Mildly distressed range (BHM=2.38 – 2.93)</td>
<td>30%</td>
</tr>
<tr>
<td>Moderately distressed range (BHM= 2.09 - 2.37)</td>
<td>11%</td>
</tr>
<tr>
<td>Severely distressed range (BHM= &lt;2.09)</td>
<td>12%</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Change in mental health category between Intake Session and Last Session</th>
<th># New Clients</th>
<th>% New Clients</th>
<th>Healthy (Normal) or Improved Significantly</th>
<th>No Change &amp; in Unhealthy Range</th>
<th>In Unhealthy Range or got Significantly Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Severe to Moderate (1 to 2)</td>
<td>10</td>
<td>2.6%</td>
<td>304 (77.8%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Severe to Mild (1 to 3)</td>
<td>12</td>
<td>3.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Severe to Healthy (1 to 4)</td>
<td>24</td>
<td>6.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Moderate to Mild (2 to 3)</td>
<td>26</td>
<td>6.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Moderate to Healthy (2 to 4)</td>
<td>22</td>
<td>5.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Mild to Healthy (3 to 4)</td>
<td>78</td>
<td>20.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Improved significantly in categ. (&gt;63)</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Improved</td>
<td>172</td>
<td>44.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Healthy to Healthy (4 to 4)</td>
<td>132</td>
<td>33.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Mild to Mild (3 to 3)</td>
<td>38</td>
<td>9.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10) Moderate to Moderate (2 to 2)</td>
<td>4</td>
<td>1.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11) Severe to Severe (1 to 1)</td>
<td>9</td>
<td>2.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total No Change</td>
<td>183</td>
<td>46.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Worse</td>
<td>36</td>
<td>9.2%</td>
<td></td>
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</tr>
</tbody>
</table>

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 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.

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N- All Clients</td>
<td>913</td>
<td>737</td>
<td>601</td>
<td>508</td>
<td>448</td>
<td>390</td>
<td>339</td>
<td>304</td>
<td>260</td>
<td>225</td>
<td>191</td>
<td>162</td>
<td>932</td>
</tr>
<tr>
<td>N- New Clients Only</td>
<td>507</td>
<td>400</td>
<td>310</td>
<td>250</td>
<td>219</td>
<td>190</td>
<td>170</td>
<td>143</td>
<td>116</td>
<td>97</td>
<td>81</td>
<td>62</td>
<td>516</td>
</tr>
<tr>
<td>N- Returning Clients Only</td>
<td>391</td>
<td>326</td>
<td>285</td>
<td>251</td>
<td>222</td>
<td>194</td>
<td>163</td>
<td>157</td>
<td>141</td>
<td>127</td>
<td>109</td>
<td>99</td>
<td>397</td>
</tr>
<tr>
<td>Mean Score –All Clients</td>
<td>2.83</td>
<td>2.88</td>
<td>2.93</td>
<td>2.97</td>
<td>3.01</td>
<td>3.03</td>
<td>3.01</td>
<td>3.02</td>
<td>3.00</td>
<td>3.05</td>
<td>3.01</td>
<td>3.00</td>
<td>3.06</td>
</tr>
<tr>
<td>Mean Score - New Only</td>
<td>2.80</td>
<td>2.86</td>
<td>2.95</td>
<td>3.01</td>
<td>3.04</td>
<td>3.09</td>
<td>3.06</td>
<td>3.03</td>
<td>3.04</td>
<td>3.10</td>
<td>2.98</td>
<td>2.99</td>
<td>3.10</td>
</tr>
<tr>
<td>Mean Score-Ret Clients Only</td>
<td>2.86</td>
<td>2.91</td>
<td>2.91</td>
<td>2.92</td>
<td>2.97</td>
<td>2.96</td>
<td>2.98</td>
<td>3.00</td>
<td>2.97</td>
<td>3.01</td>
<td>3.03</td>
<td>3.02</td>
<td>3.01</td>
</tr>
<tr>
<td>SD- All Clients</td>
<td>.60</td>
<td>.56</td>
<td>.53</td>
<td>.56</td>
<td>.53</td>
<td>.55</td>
<td>.57</td>
<td>.58</td>
<td>.59</td>
<td>.60</td>
<td>.61</td>
<td>.58</td>
<td>.58</td>
</tr>
<tr>
<td>SD-New Clients Only</td>
<td>.59</td>
<td>.55</td>
<td>.51</td>
<td>.54</td>
<td>.54</td>
<td>.55</td>
<td>.57</td>
<td>.56</td>
<td>.59</td>
<td>.58</td>
<td>.66</td>
<td>.59</td>
<td>.56</td>
</tr>
<tr>
<td>SD-Ret Clients Only</td>
<td>.60</td>
<td>.58</td>
<td>.56</td>
<td>.58</td>
<td>.52</td>
<td>.56</td>
<td>.58</td>
<td>.61</td>
<td>.60</td>
<td>.62</td>
<td>.57</td>
<td>.58</td>
<td>.60</td>
</tr>
</tbody>
</table>

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.

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

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

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

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

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

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

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

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, stayed 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*

<table>
<thead>
<tr>
<th>Health Category</th>
<th># of Clients</th>
<th>% of Clients</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovered</td>
<td>221</td>
<td>68%</td>
<td>+23%</td>
</tr>
<tr>
<td>Improved</td>
<td>143</td>
<td>44%</td>
<td></td>
</tr>
<tr>
<td>Stayed Unchanged</td>
<td>95</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>Deteriorated</td>
<td>41</td>
<td>15%</td>
<td>-12%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>324</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
</tbody>
</table>
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.**

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

*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.*

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.

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

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 *

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

*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.

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

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*

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

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—

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

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*

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

*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.

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

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*

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

*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.

<table>
<thead>
<tr>
<th>BHM20 Health Category</th>
<th># of Students at Initial Session of 2014-15 Year (n=689)</th>
<th>%</th>
<th># of Students at Last Session of 2014-15 Year (n=539)</th>
<th>%</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal range (BHM= 2.94 - 4.00)</td>
<td>245</td>
<td>36%</td>
<td>283</td>
<td>52%</td>
<td>+16%</td>
</tr>
<tr>
<td>Mildly distressed range (BHM=2.38 – 2.93)</td>
<td>195</td>
<td>28%</td>
<td>149</td>
<td>28%</td>
<td>0%</td>
</tr>
<tr>
<td>Moderately distressed range (BHM= 2.09 - 2.37)</td>
<td>113</td>
<td>16%</td>
<td>53</td>
<td>10%</td>
<td>-6%</td>
</tr>
<tr>
<td>Severely distressed range (BHM= &lt;2.09)</td>
<td>136</td>
<td>20%</td>
<td>54</td>
<td>10%</td>
<td>-10%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>689</td>
<td>100%</td>
<td>539</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

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*

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

*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

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

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 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.

<table>
<thead>
<tr>
<th>BHM20 Health Category</th>
<th># of Students at Initial Session of 2015-16 Year (n=728)</th>
<th>%</th>
<th># of Students at Last Session of 2015-16 Year (n=562)</th>
<th>%</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal range (BHM= 2.94 - 4.00)</td>
<td>246</td>
<td>34%</td>
<td>295</td>
<td>53%</td>
<td>+19%</td>
</tr>
<tr>
<td>Mildly distressed range (BHM=2.38 – 2.93)</td>
<td>233</td>
<td>32%</td>
<td>158</td>
<td>28%</td>
<td>-4%</td>
</tr>
<tr>
<td>Moderately distressed range (BHM= 2.09 - 2.37)</td>
<td>97</td>
<td>13%</td>
<td>46</td>
<td>8%</td>
<td>-5%</td>
</tr>
<tr>
<td>Severely distressed range (BHM= &lt;2.09)</td>
<td>149</td>
<td>21%</td>
<td>63</td>
<td>11%</td>
<td>-10%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>725</td>
<td>100%</td>
<td>562</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

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*

<table>
<thead>
<tr>
<th>BHM Measure</th>
<th>n</th>
<th>Intake Score</th>
<th>End of Year Score</th>
<th>Improved</th>
<th>Recovered</th>
<th>Unchanged</th>
<th>Deteriorated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Mental Health</td>
<td>387</td>
<td>2.27</td>
<td>2.72</td>
<td>252 (65%)</td>
<td>152 (39%)</td>
<td>95 (25%)</td>
<td>70 (13%)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>343</td>
<td>1.66</td>
<td>2.26</td>
<td>205 (60%)</td>
<td>137 (40%)</td>
<td>92 (27%)</td>
<td>88 (16%)</td>
</tr>
<tr>
<td>Depression</td>
<td>389</td>
<td>1.86</td>
<td>2.49</td>
<td>234 (60%)</td>
<td>128 (33%)</td>
<td>119 (31%)</td>
<td>71 (13%)</td>
</tr>
<tr>
<td>Suicidality</td>
<td>134</td>
<td>2.41</td>
<td>3.48</td>
<td>100 (75%)</td>
<td>87 (65%)</td>
<td>29 (22%)</td>
<td>27 (5%)</td>
</tr>
<tr>
<td>Alcohol/Drugs</td>
<td>101</td>
<td>2.84</td>
<td>3.52</td>
<td>74 (73%)</td>
<td>57 (56%)</td>
<td>19 (19%)</td>
<td>30 (5%)</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>BHM Measure</th>
<th>n</th>
<th>Intake Score</th>
<th>Last Score</th>
<th>Improved</th>
<th>Recovered</th>
<th>Unchanged</th>
<th>Deteriorated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Mental Health</td>
<td>2,569</td>
<td>2.26</td>
<td>2.79</td>
<td>1,713 (67%)</td>
<td>1,159 (45%)</td>
<td>608 (24%)</td>
<td>488 (13%)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2,201</td>
<td>1.66</td>
<td>2.40</td>
<td>1,422 (65%)</td>
<td>993 (45%)</td>
<td>541 (25%)</td>
<td>580 (15%)</td>
</tr>
<tr>
<td>Depression</td>
<td>2,605</td>
<td>1.90</td>
<td>2.61</td>
<td>1,674 (64%)</td>
<td>1,054 (40%)</td>
<td>715 (27%)</td>
<td>499 (13%)</td>
</tr>
<tr>
<td>Suicidality</td>
<td>805</td>
<td>2.36</td>
<td>3.61</td>
<td>668 (83%)</td>
<td>582 (72%)</td>
<td>106 (13%)</td>
<td>188 (5%)</td>
</tr>
<tr>
<td>Alcohol/Drugs</td>
<td>666</td>
<td>2.87</td>
<td>3.61</td>
<td>503 (76%)</td>
<td>415 (62%)</td>
<td>110 (17%)</td>
<td>249 (6%)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Client Outcome at the End of AY2010-11</th>
<th># of Clients</th>
<th>Mean 1st Session BHM20 Score</th>
<th>Mean Last Session BHM20 Score</th>
<th>Mean Change Score</th>
<th>Mean # of Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients who Successfully Achieved Resolution of Suicidality</td>
<td>16 (27%)</td>
<td>1.61</td>
<td>2.86</td>
<td>+1.22</td>
<td>11.1</td>
</tr>
<tr>
<td>Clients who dropped out of therapy</td>
<td>10 (17%)</td>
<td>1.93</td>
<td>2.50</td>
<td>+0.57</td>
<td>12.9</td>
</tr>
<tr>
<td>Clients referred out</td>
<td>4 (1%)</td>
<td>1.68</td>
<td>2.88</td>
<td>+1.08</td>
<td>15.3</td>
</tr>
<tr>
<td>Clients who graduated without resolution of suicidality</td>
<td>3 (1%)</td>
<td>2.70</td>
<td>2.92</td>
<td>+0.22</td>
<td>56.3</td>
</tr>
<tr>
<td>Clients continuing in treatment</td>
<td>15 (25%)</td>
<td>1.77</td>
<td>2.77</td>
<td>+.59</td>
<td>11.1</td>
</tr>
<tr>
<td>Clients who withdrew/left School</td>
<td>11 (18%)</td>
<td>1.88</td>
<td>2.48</td>
<td>+.60</td>
<td>10.6</td>
</tr>
<tr>
<td>Clients hospitalized</td>
<td>1 (&lt;1%)</td>
<td>1.60</td>
<td>1.15</td>
<td>-.45</td>
<td>30.0</td>
</tr>
<tr>
<td>All Suicide Tracking Clients</td>
<td>60 (100%)</td>
<td>1.86</td>
<td>2.56</td>
<td>+.75</td>
<td>14.2</td>
</tr>
</tbody>
</table>

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

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

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.

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

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.

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


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.

<table>
<thead>
<tr>
<th>Client Outcome at the End of AY2012-13</th>
<th># of Clients</th>
<th>Mean 1st Session BHM20 Score</th>
<th>Mean AY Last Session BHM20 Score</th>
<th>Mean Change Score</th>
<th>Mean # of Session</th>
</tr>
</thead>
</table>
Clients who Successfully Achieved Resolution of Suicidality

<table>
<thead>
<tr>
<th>Client Category</th>
<th># of Clients</th>
<th>Mean 1st Session BHM20 Score</th>
<th>Mean Last Session BHM20 Score</th>
<th>Mean Change Score</th>
<th>Mean # of Sessions on STS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients who dropped out of therapy</td>
<td>24 (29%)</td>
<td>1.80</td>
<td>2.91</td>
<td>+1.11</td>
<td>9.8</td>
</tr>
<tr>
<td>Clients referred out</td>
<td>11 (13%)</td>
<td>1.84</td>
<td>2.54</td>
<td>+0.70</td>
<td>5.3</td>
</tr>
<tr>
<td>Clients who graduated without resolution of suicidality</td>
<td>12 (15%)</td>
<td>2.15</td>
<td>2.58</td>
<td>+0.43</td>
<td>17.5</td>
</tr>
<tr>
<td>Clients continuing in treatment</td>
<td>31 (38%)</td>
<td>1.83</td>
<td>2.32</td>
<td>+0.49</td>
<td>16.1</td>
</tr>
<tr>
<td>Clients who withdrew/left School</td>
<td>5 (6%)</td>
<td>1.89</td>
<td>2.16</td>
<td>+0.27</td>
<td>5.4</td>
</tr>
<tr>
<td>Clients met resolution criteria - other</td>
<td>1 (1 %)</td>
<td>1.55</td>
<td>3.17</td>
<td>+1.62</td>
<td>61.0</td>
</tr>
<tr>
<td>All Suicide Tracking Clients</td>
<td>82 (100%)</td>
<td>1.84</td>
<td>2.57</td>
<td>+0.73</td>
<td>12.4</td>
</tr>
</tbody>
</table>


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.


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


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

**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.

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

6) Continuing Suicide Tracking and Behavioral Health Monitor Research Efforts.

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

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

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

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

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

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

In 2015-16 we received 41 PHQ-9 referrals (compared with 47 in 2014-15). Thirty-two (78%) of the referred students were seen at the Counseling Center after their referral (30 or 64% in 2014-15). Five referred students were current clients of the CC and all were seen for follow-up after the referral (compared with 5 current clients in 2014-15, all of whom were seen for follow-up). Five were former clients, and 4 of those were seen for follow-up after the referral.
(compared with 6 former clients in 2014-15, 5 of whom were seen for follow-up).
The Counseling Center offers a variety of groups each year. In the past year the Counseling Center conducted 15 psychotherapy groups for a total of 151 group sessions/258.75 hours of group therapy. A total of 99 students participated in group therapy.

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

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Total # Of Calls</th>
<th>Caller had been sexually assaulted</th>
<th>Caller concerned about someone who had been sexually assaulted</th>
<th>Clinical concern not related to sexual assault</th>
<th>Non-clinical call (e.g., wrong number or shuttle)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL CALLS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015-16</td>
<td>58</td>
<td>14</td>
<td>6</td>
<td>0</td>
<td>38</td>
</tr>
<tr>
<td>2014-15</td>
<td>45</td>
<td>9</td>
<td>5</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td>2013-14</td>
<td>12</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td><strong>After-Hours</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015-16</td>
<td>28</td>
<td>7 students (5 men, 2 women)</td>
<td>2</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>2014-15</td>
<td>29</td>
<td>8 (4 confirmed students)</td>
<td>3 (1 confirmed student)</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>2013-14</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Daytime</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015-16</td>
<td>30</td>
<td>7 (2 men, 5 women)</td>
<td>4</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>2014-15</td>
<td>16</td>
<td>1 student</td>
<td>2 students</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2013-14</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
Dr. Durriya Meer joined the Counseling Center in November 2015 as Associate Director/Training Director and currently leads Center’s American Psychological Association accredited Training program. Dr. Meer arranges for individual supervision of the interns by the professional staff, coordinates the Training Seminars series, leads the Training Committee, provides supervision of supervisors and directs the development of the program. There were four full time interns at the Counseling Center who received training and provided professional services during 2015-2016.

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

A. Trainees and Supervisors

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

- **Four Doctoral Psychology Interns:**
  - Kourtney Bennett, MSED. (Fordham University - Lincoln Center)
  - Yin Lin, M.S., M.A. (Virginia Commonwealth University)
  - *Stephanie Moceri, M.F.T. (Adler School of Professional Psychology, Chicago, IL)
  - Lyubov (Luba) Popivker, M.A., Ed.S. (Loyola University of Maryland)
  
  *Stephanie Moceri voluntarily terminated the internship at the end of April 2016 due to extenuating personal circumstances.

- **Clinical Supervisors:**

<table>
<thead>
<tr>
<th>Supervisor Name</th>
<th>Primary Supervisor for:</th>
<th>Group Therapy Supervisor</th>
<th>Supervision Group Supervisor</th>
<th>Daytime On-Call Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larry David</td>
<td>Kourtney – Fall Yin - Spring</td>
<td></td>
<td></td>
<td>Kourtney– Fall Yin - Spring</td>
</tr>
<tr>
<td>Fred Gager</td>
<td></td>
<td></td>
<td></td>
<td>Fall &amp; Spring</td>
</tr>
<tr>
<td>Leslie Leathers</td>
<td>Kourtney - Spring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emily Massey</td>
<td>*Stephanie - Fall</td>
<td></td>
<td></td>
<td>*Stephanie - Spring</td>
</tr>
<tr>
<td>Justin Massey</td>
<td>Luba – Fall</td>
<td>*Stephanie – Spring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rosemary Nicolosi</td>
<td>Stephanie – Fall Yin – Fall Kourtney - Spring</td>
<td>Fall &amp; Spring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eric Rose</td>
<td>Yin – Fall Luba - Spring</td>
<td>Kourtney – Fall Luba - Spring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbara Baum</td>
<td></td>
<td>Yin - Spring</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

B. The Training Program

- Interns provided **intake and individual counseling services** to Homewood and Peabody students under staff supervision. The 2015-2016 interns performed 294 intake evaluations, including 8 emergency intakes, during the Fall and Spring semesters. During that period they saw 373 clients for 2027 sessions, including 39 emergency sessions.
All interns co-led at least one group for students with a professional staff member. The groups were either of a process-oriented, interpersonal nature or a blend of the interpersonal and psychoeducational. They provided a total of 266 group appointments over the course of the year.

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

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

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

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

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

C. Training Program Assessments

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

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

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

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

D. Contact with Academic Training Programs

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

E. Recruitment and Selection of 2016-2017 Interns

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

Interviewed 26 candidates. The group of interviewees was very diverse in the same ways as the entire applicant pool, i.e., representation of ethnic minorities, geographic locations of academic programs, and
applicants from both counseling and clinical psychology academic programs. Of the 27 interviewees, 8 self-identified as members of an ethnic, cultural or sexual minority group, and 4 were international students. The majority of the interviewees were from outside of the immediate Baltimore-Washington, D.C. area, and from schools on the East Coast.

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

➢ **Successfully matched** for all four offered positions with ranked choices for Doctoral psychology interns. The following interns will be joining us in August 2016:

- Althea Bardin – Hofstra University
- Eleanor Benner – LaSalle University
- Soyeung Kim – Case Western University
- Michael Lent – Hofstra University
The Counseling Center’s Associate Director for Outreach left the Center August 20, 2015 and Dr. Justin Massy stepped in and coordinated this area of service during the Fall 2015 semester. The Counseling Center’s new Associate Director for Outreach and Sexual Assault Services, Dr. Christine Conway, joined the staff in January 2016.

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

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

The workshop and consultations programs offered this past year are listed below:

<table>
<thead>
<tr>
<th>#</th>
<th>Name of Program (&quot;Outreach Code&quot; in Titanium)</th>
<th>Department Served</th>
<th>Date of Program</th>
<th># Students Served</th>
<th># Fac./Staff Served</th>
<th># Others Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Post-Baccalaureate Premedical Orientation</td>
<td>Post-Baccalaureate Premedical</td>
<td>5/18/2015</td>
<td>33</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>HOP-IN Students Introduction to Counseling Center</td>
<td>Office of Multicultural Affairs (OMA) and HOP-IN</td>
<td>7/6/15</td>
<td>30</td>
<td>0</td>
<td>0</td>
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<tr>
<td>3</td>
<td>HOP-IN Training</td>
<td>Office of Multicultural Affairs (OMA) and HOP-IN</td>
<td>7/23/15</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Caring Community Panel at Orientation</td>
<td>Parent Orientation</td>
<td>8/15/2015</td>
<td>0</td>
<td>0</td>
<td>300</td>
</tr>
<tr>
<td>5</td>
<td>Resident Advisor Training: Behind Closed Doors Facilitation</td>
<td>Office of Residential Life</td>
<td>8/17/2014</td>
<td>34</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Reflective Listening</td>
<td>Office of Multicultural Affairs (OMA)</td>
<td>8/17/2015</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Graduate Student Orientation - Presentation and Participation</td>
<td>Graduate Student Services</td>
<td>8/20/2014</td>
<td>500</td>
<td>0</td>
<td>0</td>
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<tr>
<td>8</td>
<td>Parents’ Reception I</td>
<td>Parent Orientation</td>
<td>8/21/2014</td>
<td>8</td>
<td>0</td>
<td>50</td>
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<tr>
<td>9</td>
<td>Parents’ Reception II</td>
<td>Parent Orientation</td>
<td>8/22/2014</td>
<td>0</td>
<td>0</td>
<td>46</td>
</tr>
<tr>
<td>10</td>
<td>International Students Parents’ Panel</td>
<td>Parent Orientation</td>
<td>8/22/2014</td>
<td>0</td>
<td>0</td>
<td>75</td>
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<tr>
<td>11</td>
<td>Cultural Transitions</td>
<td>Office of International Services (OIS)</td>
<td>8/22/2014</td>
<td>300</td>
<td>0</td>
<td>0</td>
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<tr>
<td>12</td>
<td>Orientation HOP 101</td>
<td>Homewood Student Affairs (HSA)</td>
<td>8/22/2014</td>
<td>0</td>
<td>0</td>
<td>46</td>
</tr>
<tr>
<td>13</td>
<td>Active Listening Center for Health Education and Wellness (CHEW)</td>
<td>Homewood Student Affairs (HSA)</td>
<td>8/25/2014</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Stress Management Program</td>
<td>Students</td>
<td>8/26/2015</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Prospective Student/Parent Fair</td>
<td>Peabody Conservatory</td>
<td>8/28/2015</td>
<td>30</td>
<td>0</td>
<td>0</td>
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<tr>
<td>16</td>
<td>Surviving in Graduate School Bridge Program</td>
<td>Admissions</td>
<td>9/26/2015</td>
<td>0</td>
<td>0</td>
<td>34</td>
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<tr>
<td>17</td>
<td>Dealing with Depression and Isolation</td>
<td>International Student Organization</td>
<td>9/28/2015</td>
<td>4</td>
<td>0</td>
<td>0</td>
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<td>No.</td>
<td>Event Description</td>
<td>Location/Department</td>
<td>Date</td>
<td>Present</td>
<td>Q/A</td>
<td>Notes</td>
</tr>
<tr>
<td>-----</td>
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<td>------------</td>
<td>---------</td>
<td>-----</td>
<td>-------</td>
</tr>
<tr>
<td>18</td>
<td>Mental health awareness</td>
<td>Center for Leadership Education</td>
<td>10/6/2015</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Family Weekend - Student Affairs Meet &amp; Greet Reception</td>
<td>Peabody</td>
<td>10/20/2015</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Recognizing and Helping Distressed Students</td>
<td>Homewood Student Affairs (HSA)</td>
<td>10/23/2015</td>
<td>0</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Intimate Partner Violence Panel</td>
<td>Staff &amp; Faculty</td>
<td>10/29/2015</td>
<td>0</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Recognizing and Helping Distressed Students – Krieger School of Arts and Sciences (KSAS)</td>
<td>Sexual Assault Resource Unit (SARU), Center for Health Education and Wellness (CHEW), Hopkins Feminists</td>
<td>10/29/2015</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Mechanical Engineering Staff Meeting - Presentation of Services and Referrals</td>
<td>Staff &amp; Faculty</td>
<td>11/5/2015</td>
<td>0</td>
<td>25</td>
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<tr>
<td>24</td>
<td>Black Bile: Mental Health and the Impact of Going to a PWI on the Black Psyche I</td>
<td>Academic Department</td>
<td>11/9/2015</td>
<td>0</td>
<td>12</td>
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</tr>
<tr>
<td>25</td>
<td>Mental Health and the Impact of Going to a PWI on the Black Psyche II</td>
<td>Black Student Union (BSU)</td>
<td>11/18/2015</td>
<td>25</td>
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</tr>
<tr>
<td>26</td>
<td>Counseling Center Overview</td>
<td>Biomedical Scholars Association (BSA)</td>
<td>11/18/2015</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Combatting homesickness</td>
<td>Office of LGBTQ Life</td>
<td>11/20/2015</td>
<td>0</td>
<td>6</td>
<td></td>
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<tr>
<td>28</td>
<td>Combatting homesickness (online webinar)</td>
<td>Office of International Services (OIS)</td>
<td>11/23/2015</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Stress management and work-life balance</td>
<td>Residential Life at Peabody</td>
<td>1/7/2016</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Residential Advisor Training - Distress and Tolerance II</td>
<td>Residential Life Office</td>
<td>1/7/2016</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Distress Tolerance &amp; Self-Care</td>
<td>Students</td>
<td>1/21/2016</td>
<td>70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Outreach - Health Leads</td>
<td>Residential Life Office</td>
<td>1/21/2016</td>
<td>70</td>
<td></td>
<td></td>
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<tr>
<td>34</td>
<td>Self-care Workshop</td>
<td>Students</td>
<td>2/22/2016</td>
<td>73</td>
<td></td>
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<td>35</td>
<td>National Eating Disorders Awareness Week</td>
<td>Health Leads</td>
<td>2/22/2016</td>
<td>73</td>
<td></td>
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</tr>
<tr>
<td>36</td>
<td>Self-care Workshop</td>
<td>JHU Counseling Center &amp; Center for Health Education and Wellness (CHEW)</td>
<td>2/23/2016</td>
<td>unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Dissertation Survival Skills</td>
<td>Alpha Phi Omega</td>
<td>2/27/2016</td>
<td>20</td>
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</tr>
<tr>
<td>38</td>
<td>Mental Health Stigma in the Black Community</td>
<td>Center for Leadership Education</td>
<td>2/29/2016</td>
<td>11</td>
<td></td>
<td></td>
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<tr>
<td>40</td>
<td>US. Relationships 101 (Webinar) II</td>
<td>Office of International Services</td>
<td>3/18/2016</td>
<td>unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Stress Management Program</td>
<td>Office of International Services</td>
<td>3/18/2016</td>
<td>unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>National Students Online (Webinar)</td>
<td>Graduate Student Organization</td>
<td>3/22/2016</td>
<td>40</td>
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</tr>
<tr>
<td>No.</td>
<td>Event Description</td>
<td>Host</td>
<td>Date</td>
<td>Students</td>
<td>Faculty and Staff</td>
<td>Other People</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>------------</td>
<td>----------</td>
<td>-------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>45</td>
<td>Campus and Counseling Resources</td>
<td>Residential Life Office, Office of Multicultural Affairs (OMA)</td>
<td>4/1/2016</td>
<td>4</td>
<td>0</td>
<td>0</td>
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<tr>
<td>46</td>
<td>Sexual Assault Resource Unit (SARU) Meeting</td>
<td>The SEED School of Maryland</td>
<td>4/4/2016</td>
<td>23</td>
<td>0</td>
<td>0</td>
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<tr>
<td>47</td>
<td>Spring Open House I</td>
<td>Students</td>
<td>4/5/2016</td>
<td>12</td>
<td>0</td>
<td>0</td>
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<tr>
<td>48</td>
<td>Returning Home (Webinar)</td>
<td>Homewood Student Affairs (HSA)</td>
<td>4/6/2016</td>
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<td>50</td>
<td>0</td>
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<td>49</td>
<td>Accepted Student Day</td>
<td>Admissions</td>
<td>4/6/2016</td>
<td>25</td>
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<tr>
<td>50</td>
<td>A Place To Talk (APPT)</td>
<td>Students</td>
<td>4/13/2016</td>
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<td>50</td>
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<tr>
<td>51</td>
<td>Spring Open House II</td>
<td>Spring Open House</td>
<td>4/13/2016</td>
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<td>52</td>
<td>Outreach Workshop</td>
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<td>4/13/2016</td>
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<td>50</td>
<td>0</td>
</tr>
<tr>
<td>53</td>
<td>My Depression Movie</td>
<td>Active Minds</td>
<td>4/21/2016</td>
<td>unknown</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>54</td>
<td>Send Silence Packing</td>
<td>Active Minds, Students, Faculty, Staff</td>
<td>4/21/2016</td>
<td>5</td>
<td>0</td>
<td>3</td>
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<tr>
<td>57</td>
<td>Sexual Assault Support and Response in Counseling Centers</td>
<td>Students</td>
<td>4/21/2016</td>
<td>5</td>
<td>0</td>
<td>0</td>
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<tr>
<td>58</td>
<td>Sexual Assault Prevention for a Sorority</td>
<td>Center for Health Education and Wellness (CHEW)</td>
<td>4/22/2016</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

| No. Workshop/Outreach and Community Consultation Programs | 58 |
| No. of Students served | 1,505 |
| No. of Faculty and Staff served | 184 |
| No. of “Other People” served | 754 |
| Total No. of People served in Outreach and Community Consultation Programs | 2,443 |
SECTION VIII: Summary of JHU Community Activity by Counseling Center Staff: 2015-16

Counseling Center staff are committed to participating in activities that serve and enrich the Johns Hopkins University community. This includes not only activities at the “departmental level” (Counseling Center) but also at the “Inter-departmental/divisional” level (HSA), the University wide level, and external level representing the University. Overall, CC staff participated in: 1) **12 intra-departmental committees, projects, or events** and 2) **67 inter-departmental/divisional, university-wide, and external involvements**. They are listed below:

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

<table>
<thead>
<tr>
<th>#</th>
<th>2) Interdepartmental/Divisional/University-Wide/External Community Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1st Generation Drop-in Group</td>
</tr>
<tr>
<td>2</td>
<td>Athletic Department Meeting</td>
</tr>
<tr>
<td>3</td>
<td>Attended JHU Forum on Race in America</td>
</tr>
<tr>
<td>5</td>
<td>Bias Incident Response Team (BIRT)</td>
</tr>
<tr>
<td>6</td>
<td>Black Faculty and Staff Association (BFSA) Lunch</td>
</tr>
<tr>
<td>7</td>
<td>Counseling Center Advisory Board (CCAB) Meetings</td>
</tr>
<tr>
<td>8</td>
<td>Dean of Student Life Director’s Meeting</td>
</tr>
<tr>
<td>9</td>
<td>Dean of Student Life Conduct Interview</td>
</tr>
<tr>
<td>10</td>
<td>Dean of Student Life Holiday Party</td>
</tr>
<tr>
<td>11</td>
<td>Dean of Student Life Case Manager Interviews</td>
</tr>
<tr>
<td>12</td>
<td>Dean of Student Life Welcome Back Reception</td>
</tr>
<tr>
<td>13</td>
<td>Diversity Leadership Council (DLC) Subcommittee Meeting</td>
</tr>
<tr>
<td>14</td>
<td>Early Psychosis Intervention Clinic Program Meeting</td>
</tr>
<tr>
<td>15</td>
<td>Farewell Reception for Dean Shepard</td>
</tr>
<tr>
<td>16</td>
<td>Forum on Improving the Experience of Black Undergraduates at Homewood</td>
</tr>
<tr>
<td>17</td>
<td>Freshman Book Read Meeting</td>
</tr>
<tr>
<td>18</td>
<td>Group Interview for Center for Health Education and Wellness (CHEW) Open Position</td>
</tr>
<tr>
<td>19</td>
<td>Group Interview for Residential Life Open Position</td>
</tr>
<tr>
<td>20</td>
<td>Health and Wellness Team Meetings</td>
</tr>
<tr>
<td>21</td>
<td>Homewood Student Affairs (HSA) Breakfast</td>
</tr>
<tr>
<td>22</td>
<td>Homewood Student Affairs (HSA) Directors Meetings</td>
</tr>
<tr>
<td>23</td>
<td>Homewood Student Affairs (HSA) End of Year Celebration</td>
</tr>
<tr>
<td></td>
<td>Event Description</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>24</td>
<td>Homewood Student Affairs (HSA) Student Life Holiday Party</td>
</tr>
<tr>
<td>25</td>
<td>Homewood Student Affairs (HSA) Vision Meeting</td>
</tr>
<tr>
<td>26</td>
<td>Homewood Student Affairs (HSA) Welcome Back Reception</td>
</tr>
<tr>
<td>27</td>
<td>Insurance Committee</td>
</tr>
<tr>
<td>28</td>
<td>Introductions at Student Health and Wellness Center (SHWC)</td>
</tr>
<tr>
<td>29</td>
<td>JHU Business Continuity Table Top Exercise</td>
</tr>
<tr>
<td>30</td>
<td>JHU Forums on Race</td>
</tr>
<tr>
<td>31</td>
<td>JHU Road Map</td>
</tr>
<tr>
<td>32</td>
<td>JHU Task Force on Mental Health and Well Being</td>
</tr>
<tr>
<td>33</td>
<td>LGBTQ Staff and Faculty and Staff End of Year Party</td>
</tr>
<tr>
<td>34</td>
<td>Maryland Collaborative Health &amp; Counseling Leadership Meeting</td>
</tr>
<tr>
<td>35</td>
<td>Maryland Collaborative to Reduce College Drinking Meeting to Discuss Survey Results</td>
</tr>
<tr>
<td>36</td>
<td>Meet and Greet with Office of Institutional Equity (OIE)</td>
</tr>
<tr>
<td>37</td>
<td>Meet and Greet with Campus Safety and Security</td>
</tr>
<tr>
<td>38</td>
<td>Meet and Greet with Career Center</td>
</tr>
<tr>
<td>39</td>
<td>Meet and Greet with Peabody</td>
</tr>
<tr>
<td>40</td>
<td>Meet and Greet with Pre-Professional Advising</td>
</tr>
<tr>
<td>41</td>
<td>Meet and Greet with the Office of Residential Life Staff</td>
</tr>
<tr>
<td>42</td>
<td>Meeting with Dean of Student Life Case Managers</td>
</tr>
<tr>
<td>43</td>
<td>Meeting with Alain Joffe, Associate Professor for the School of Medicine</td>
</tr>
<tr>
<td>44</td>
<td>Meeting with Allison Leventhal, Case Manager</td>
</tr>
<tr>
<td>45</td>
<td>Meeting with Linda Ziegler, Student Health and Wellness (SHW) about University Insurance</td>
</tr>
<tr>
<td>46</td>
<td>Meeting with Mike Scrivner, Homewood Student Affairs (HAS) Web Content Manager</td>
</tr>
<tr>
<td>47</td>
<td>Meeting with Stephanie Baker, Homewood Student Affairs (HAS) Case Manager</td>
</tr>
<tr>
<td>48</td>
<td>Meeting with Terry Martinez Re: Sexual Assault Services</td>
</tr>
<tr>
<td>49</td>
<td>National Coming Out Day Breakfast</td>
</tr>
<tr>
<td>50</td>
<td>New Student Sexual Assault Orientation</td>
</tr>
<tr>
<td>51</td>
<td>Office of Multicultural Affairs (OMA) Speakers Series: Bree Newsome</td>
</tr>
<tr>
<td>52</td>
<td>Presentation to Hop-In Program</td>
</tr>
<tr>
<td>53</td>
<td>President’s Strategic Planning Meeting – Mental Health &amp; Counseling Center Presentation</td>
</tr>
<tr>
<td>54</td>
<td>Provost’s Sexual Violence Advisory Committee Meeting</td>
</tr>
<tr>
<td>55</td>
<td>Racial Climate on Campus: Rapid Response Webinar by Jamie Washington</td>
</tr>
<tr>
<td>56</td>
<td>Residence Life Assistant Director Interviews</td>
</tr>
<tr>
<td>57</td>
<td>Residential Life Staff Meeting</td>
</tr>
<tr>
<td>58</td>
<td>Retirement Party for Debbie Savage, President of Black Faculty and Staff Association</td>
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<tr>
<td>59</td>
<td>Roadmap on Diversity and Inclusion</td>
</tr>
<tr>
<td>60</td>
<td>Safe Zone Training</td>
</tr>
<tr>
<td>61</td>
<td>Senior Associated Dean for Health and Wellness Interviews</td>
</tr>
<tr>
<td>62</td>
<td>Sexual Assault Bystander Intervention Training</td>
</tr>
<tr>
<td>63</td>
<td>Student Health and Wellness Center Staff Meeting Presentations of Counseling Center Referrals</td>
</tr>
<tr>
<td>64</td>
<td>Student Conduct Officer Interview</td>
</tr>
<tr>
<td>65</td>
<td>Visit with Disabilities Services Office</td>
</tr>
<tr>
<td>66</td>
<td>Website Demonstration</td>
</tr>
<tr>
<td>67</td>
<td>Where We Stand (Office of Gender Equality)</td>
</tr>
</tbody>
</table>
SECTION IX: Summary of Professional Development, Professional Activity, and Professional Memberships by CC Staff: 2015-16

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

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

Counseling Center staff participated in professional development activities including conferences, workshops, seminars and courses to enhance their professional skills. Clinical staff attended or participated in 49 development / educational activities (see Section A below). Counseling Center staff was also actively engaged in 10 professional activities and involvements that contribute to the betterment of the profession such as research, teaching, etc... (See Section B below). Finally, Counseling Center staff has memberships in 16 professional organizations (see Section C below).

# Section A) Professional Development - Conferences, Workshops, Seminars, Courses, Lectures and other educational activities to enhance skills or to train colleagues.

1. 2016 Update On New Laws and Regulations that Impact the Practice of Psychology
2. Association for the Coordination of Counseling Center Clinical Services (ACCCCS) Conference
3. Age, Disability, Religion, Ethnicity, Social Class, Sexual Orientation, Indigenous Background, National Origin, Gender (ADRESSING) Framework
4. Analyst in the Trenches as Developmental Object
5. American Psychological Association (APA) Convention
6. Approaching Campus Violence on Campus
7. Association for University and College Counseling Center Directors (AUCCCD) Conference
8. Borderline Personality Disorder: An Illness of Poor Emotional Interoception?
9. Collaborative Assessment and Management of Suicidality (CAMS) Update by David Jobes
10. Cognitive Behavioral Therapy-Insomnia
11. Cognitive Behavioral Therapy- Eating Disorders
<table>
<thead>
<tr>
<th></th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Diversity and Inclusion: 21st Century Higher Education</td>
</tr>
<tr>
<td>13</td>
<td>Diversity Dialogues – Speakers Bureau</td>
</tr>
<tr>
<td>14</td>
<td>Diversity Leadership Council Diversity Conference</td>
</tr>
<tr>
<td>15</td>
<td>Diagnostic and Statistical Manual of Mental Disorders (DSM-5)</td>
</tr>
<tr>
<td>16</td>
<td>Eating Disorders: Diagnosis and Treatment Presentation</td>
</tr>
<tr>
<td>17</td>
<td>Feminist Therapy with Black Clients</td>
</tr>
<tr>
<td>18</td>
<td>Forums on Race</td>
</tr>
<tr>
<td>19</td>
<td>High End Autism Spectrum Disorder (Asperger’s)-Conceptualization/Therapeutic</td>
</tr>
<tr>
<td>20</td>
<td>Hoarding Disorder: Conceptualizations and Clinical Interventions</td>
</tr>
<tr>
<td>21</td>
<td>How Culture, Mindset, &amp; Identity Shape &amp; Affect Mental Health Among Young Adults</td>
</tr>
<tr>
<td>22</td>
<td>In-service: Suicidality Update with David Jobes</td>
</tr>
<tr>
<td>23</td>
<td>In-service: Psychopharmacology of Substance Abuse</td>
</tr>
<tr>
<td>24</td>
<td>In-service: Diversity Dialogues</td>
</tr>
<tr>
<td>25</td>
<td>Intrusive Thoughts and Subtle OCD</td>
</tr>
<tr>
<td>26</td>
<td>Jed Foundation Webinars</td>
</tr>
<tr>
<td>27</td>
<td>JHU Safe Zone Training</td>
</tr>
<tr>
<td>28</td>
<td>Limiting Secondary Stress and Improving Therapist Resilience</td>
</tr>
<tr>
<td>30</td>
<td>Marginality, Belonging, and Success: The University Experience and the Mental Health of Students</td>
</tr>
<tr>
<td>31</td>
<td>Mental Health First Aid Instructor Training</td>
</tr>
<tr>
<td>32</td>
<td>Mid-Atlantic Intern Conference</td>
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<tr>
<td>33</td>
<td>OCD and the Family</td>
</tr>
<tr>
<td>34</td>
<td>Personality Disorders Conference</td>
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<tr>
<td>35</td>
<td>Practicing Psychology in a Technology World: Ethical, Legal, &amp; Clinical Issues</td>
</tr>
<tr>
<td>36</td>
<td>Promising Strategies for Mental Health on Campus and Beyond for Young People of Color</td>
</tr>
<tr>
<td>37</td>
<td>Psychoanalytic Models of Intergenerational Transmission of Trauma</td>
</tr>
<tr>
<td>38</td>
<td>Psychodynamic Understanding of the Suicidal Patient: Fostering Hope and Resilience</td>
</tr>
<tr>
<td>39</td>
<td>Psychopharmacology and Substances of Abuse</td>
</tr>
<tr>
<td>40</td>
<td>Race, Class &amp; Trauma reflected in Individual/Intergroup Fantasies</td>
</tr>
<tr>
<td>41</td>
<td>Racial Climate on Campus by the Office of Multicultural Affairs (OMA)</td>
</tr>
<tr>
<td>42</td>
<td>Sport Psychology and Performance Enhancement</td>
</tr>
<tr>
<td>43</td>
<td>Therapeutic Alliance Conference</td>
</tr>
<tr>
<td>44</td>
<td>Treating LGBT Patients: Ethical Issues, Gender Dysphoria &amp; Mental Health</td>
</tr>
<tr>
<td>45</td>
<td>Treating Sleep Disorders</td>
</tr>
<tr>
<td>46</td>
<td>Unconscious Bias Workshop</td>
</tr>
<tr>
<td>47</td>
<td>Visions for the Future of Mood Disorder Treatment</td>
</tr>
<tr>
<td>48</td>
<td>Webinar: Developing Cultural Humility: Seeing Ourselves in Others</td>
</tr>
<tr>
<td>49</td>
<td>When Anxiety Affects Education: Evidence-Based Treatment of Anxiety-Based School</td>
</tr>
<tr>
<td>#</td>
<td>Section B) Professional Activities</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Association of Counseling Center Training Agencies (ACCTA) Standing Committee on Diversity-Steering Committee</td>
</tr>
<tr>
<td>2</td>
<td>Collaboration with Mark Kopta on Behavioral Health Measurement (BHM-MD)</td>
</tr>
<tr>
<td>3</td>
<td>Consultation with JHU Camp Kesem</td>
</tr>
<tr>
<td>4</td>
<td>Interview with Diversity Consultants</td>
</tr>
<tr>
<td>5</td>
<td>Participation in Dissertation Defense for Rene Lento</td>
</tr>
<tr>
<td>6</td>
<td>Presentation to the Association on Higher Education and Disability at Towson University</td>
</tr>
<tr>
<td>7</td>
<td>Presentation on Cognitive Behavioral Therapy for Eating Disorders to JHU Counseling Center Staff</td>
</tr>
<tr>
<td>8</td>
<td>President of the Baltimore Psychological Association (BPA) for 2015 and 2016</td>
</tr>
<tr>
<td>9</td>
<td>Renewal of Psychology License for the State of Maryland</td>
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<tr>
<td>10</td>
<td>Renewal of National Register Membership</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>Section C) Professional Memberships</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>American Counseling Association (ACA)</td>
</tr>
<tr>
<td>2</td>
<td>American Psychological Association (APA)</td>
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<tr>
<td>3</td>
<td>American Psychological Association Division 44</td>
</tr>
<tr>
<td>4</td>
<td>Association of Black Psychologists (ABPsi)</td>
</tr>
<tr>
<td>5</td>
<td>Association for Contextual Behavioral Science (ACBS)</td>
</tr>
<tr>
<td>6</td>
<td>Association for Counseling Center Coordinators of Clinical Service (ACCCCS)</td>
</tr>
<tr>
<td>7</td>
<td>Association for University and College Counseling Center Outreach (AUCCCO)</td>
</tr>
<tr>
<td>8</td>
<td>Association for University and College Counseling Center Directors (AUCCCCD)</td>
</tr>
<tr>
<td>9</td>
<td>Baltimore Psychological Association (BPA)</td>
</tr>
<tr>
<td>10</td>
<td>Eating Disorder Network of Maryland (EDN)</td>
</tr>
<tr>
<td>11</td>
<td>Higher Education Case Managers Association (HECMA)</td>
</tr>
<tr>
<td>12</td>
<td>Maryland Psychological Association (MPA)</td>
</tr>
<tr>
<td>13</td>
<td>National Board of Certified Counselors (NBCC)</td>
</tr>
<tr>
<td>14</td>
<td>National Latina/o Psychological Association (NLPA)</td>
</tr>
<tr>
<td>15</td>
<td>National Register of Health Service Providers in Psychology</td>
</tr>
<tr>
<td>16</td>
<td>Society for Psychotherapy Research (SPR)</td>
</tr>
</tbody>
</table>
A) Black Student Programs 2015-16 Coordinator Report (Dr. Leslie Leathers)

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

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

Client and Treatment Statistics

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

Programming and Community Activity

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

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

See Section IV of this report.

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

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

As the coordinator of services to international students, Dr. Meer met with Scott King, Director of OIS, John Lorch, Associate Director and Semhar Okbazion, Assistant Director to discuss programming for international students. The plan is to collaborate closely during the summer to develop necessary programs before international students arrive...
for orientation. There was discussion regarding the possibility of direct referrals to Dr. Meer when students present with mental health concerns related to their unique status in the USA. In 2015-16, Dr. Meer received one referral from John Lorch and provided individual therapy to one international student whose presenting concerns were of an academic nature exacerbated by her status.

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

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

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

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

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

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

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

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

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

### F) Outreach/Workshop Program 2015-16 Coordinator Report (Dr. Christine Conway)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Counseling Center continued to utilize the e-Checkup to Go (alcohol) online assessment, which is available to any student from our website. This instrument was used in counseling sessions to conduct alcohol assessments and to provide norm based personalized written feedback to students.
The coordinator’s goals for the substance abuse program for the following year include:

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

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

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

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

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

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

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

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

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

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

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