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Editorial

Welcome to the first edition of JANZSSA for 2014.

This edition begins with two excellent peer-reviewed papers, one on solution-focused therapy by Professor Keith McNaught; and the other on international student transitions by Dr Yun Yue and colleagues. Following these, there is an exciting mix of papers, including those from two different conferences.

Those of you who had the opportunity to attend the 2013 ANZSSA Conference in Wellington, New Zealand, held last December will know what a worthwhile conference it was in terms of the quality of the presentations. Wellington’s Victoria University provided a stunning location and the organisation of the conference was excellent. Congratulations to the New Zealand conference committee! We are now delighted to be able to offer a special ANZSSA 2013 Conference Papers section, featuring two reviewed papers, (presenters were invited to submit their papers ahead of time as reviewed conference papers, if they chose to do so) by Darko Hajzler and by Jane Foster and colleagues respectively. Also included is a non-reviewed paper by Diane Clare.

Coincidentally, earlier in the year Wellington was the site of another highly relevant conference for JANZSSA readers - the 2013 First Year in Higher Education Conference. We are pleased to also feature a paper presented at this conference; that by Maria Oram and colleagues on the important topic of industry placements for students. Work Integrated Learning (WIL) is rapidly becoming recognised as an essential aspect of the student experience as indicated by the recognition from Universities Australia earlier this year.

We would like to take this opportunity to encourage others who have presented at relevant conferences recently to submit their paper to be considered for the next edition of JANZSSA. It is never too late to polish up a paper and send it to us. As editors we see it as our job to advise authors on what is needed to get a paper ready for publication. We are only too happy to support and encourage new authors through the process, as well as welcoming back more experienced authors. Please check the submission details at page 69 for more information or to see where to email us for any other advice.

The information for authors is also available at the JANZSSA online website: http://anzssa.squarespace.com/complete-editions/. We encourage JANZSSA readers to visit this website to see the growing availability of JANZSSA back copies as the digitisation project continues.

This edition also contains a highly informative paper on IASAS - its background, aims, progress and future plans. IASAS is the International Association for Student Affairs and Services, of which ANZSSA is a member. The paper was written as a result of cross-country collaboration between Richard Zereick of Montreal, Canada and Eva-Marie Seeto of Queensland, Australia. Richard and Eva-Marie are each Regional Coordinators for IASAS, Richard for North America, Central America and the Caribbean; and Eva-Marie for Oceania.

So, as you can see, there are plenty of interesting papers contained within the following pages and we wish you much enjoyment in reading them.

Cathy Stone
Annie Andrews
Co-editors, JANZSSA
From Theory to Practice:
Adapting the Solution Focused Brief Therapy (SFBT) Model to a Targeted Academic Support Strategy

Professor Keith McNaught
Director, Academic Enabling and Support Centre,
Fremantle and Broome
The University of Notre Dame, Fremantle

Abstract
Models and strategies used in counselling are often highly adaptable to non-counselling use. In attempting to develop a strategy to support students who had been ‘terminated’ on academic grounds, staff working in the Academic Enabling and Support Centre (AESC) on the Fremantle campus of The University of Notre Dame Australia (UNDA), adapted the Solution Focused Brief Therapy (SFBT) model. SFBT is well-aligned to specific academic support strategies, such as the Success Plan, the intervention developed to support terminated students on re-entry. Success Plans use SFBT’s solution-focused orientation, and the organisational structure within SFBT, which has proved effective, with positive outcomes from the implementation of the Success Plan strategy. Further, the SFBT model has been recognised, over time, by various staff working within the AESC, as providing a strong theoretical and philosophical construct for various remits of the Centre’s work, including enabling programs, academic support and disability support.

Introduction
At the end of 2010, a series of discussions was held by the then Provost of the University of Notre Dame Australia (UNDA) and the Director of the Academic Enabling and Support Centre (AESC) regarding students re-entering the University’s Fremantle campus, after having their enrolment terminated on academic grounds. The General Regulations of the University establish that termination from studies will occur in a range of situations; most commonly on the grounds of recurring poor performance over subsequent semesters, or repeated failure of a compulsory unit within their degree. The General Regulations also determine the process that students must follow to appeal post-termination, to gain re-entry. In the process of dealing with appeals for re-entry, the Provost was perturbed that following re-entry, subsequent re-termination was an apparently common phenomenon for 70% of students.

Background/rationale
Prior to 2011, as noted, many of the terminated students who had been granted re-entry did so without academic intervention or support being in place, and as a result, experienced repeated failure. The outcome of the discussions and investigation, initiated by the dialogue between the Provost and AESC Director, was that all re-entry students whose enrolment had been terminated on academic grounds be referred to the AESC upon re-entry. The AESC would plan for the development of a specific intervention for re-entry students, which would become a condition of their re-enrolment. The intervention approach that was subsequently developed is the Success Plan.

The intervention strategy
The Success Plan approach was developed by the then Coordinator of Academic Support Programs, Ms Jane Mangano, for implementation at the commencement of 2011. Jane developed the intervention based on her own experience both as a qualified Counsellor and also a qualified Teacher, using elements from Solution Focused Brief Therapy (SFBT) (de Shazer and Berg, 1997), combined with robust academic support.

As from 2011, students who re-enter the University, having had their enrolment terminated on academic grounds, are required to develop a Success Plan which is based on a solution-focused
approach (Rothwell, 2005). Whilst the Success Plan intervention is based on SFBT, the intervention is not therapy, nor counselling. As outlined by Lethem (2002), a solution-focused perspective is not limited to counselling, but can be extended to any occasion where there is a desire for change (Corno, 1993). The desire for change is arguably demonstrated in the student’s completion of a re-entry process which requires a full appeal against their termination, including a rationale for being re-admitted into their program.

The Success Plan in action

Although motivation to be successful is important, without a repertoire of strategies to transform that motivation into action, the desire for change may not occur (Tobell, O’Donnell & Zammit, 2008). In writing about hope and expectancy in the therapy context, Reiter (2010, p. 134) states that “Someone must be motivated to change and then have a plan of how to change.” In the AESC’s intervention, the Success Plan is developed to provide students with a repertoire of strategies to facilitate that change.

The Success Plan, using a SFBT perspective, encourages students to draw upon past solutions rather than exploring problems. Students are asked to identify the skills and strategies used in their success history that could be utilised now. For the re-entry student, this means recalling times when the student has been successful in their studies (Helmstetter, 1995; Ziglar, 1994). Rather than working out why the student had their enrolment terminated, the first part of the Success Plan involves recalling incidences where the student achieved what they set out to achieve. In documenting their success history, students are asked to describe what that success felt like. Creating this clear picture of an exception to the problem is an important element in a solution-focused approach (Lethem, 2002). It demonstrates to the student that they have been successful before, and therefore, have the capacity to be successful again now.

The Success Plan involves setting both long and short term goals (Dweck, 1991). Students are asked to identify and build on strategies that have worked in their success history and to identify the skills they need to develop in order to achieve their goals. These students are then linked into existing AESC support services and programs to develop their skills. Students may also be referred to the self-paced Academic Integrity Program and to the University’s Disability Support Officer and/or the University Counselling Service, if appropriate.

The AESC staff member who develops the student’s Success Plan remains in contact on a semi-regular basis with the student during their first semester back at University, as well as in communiqué with the staff member responsible for the referral of the student to the AESC for a Success Plan. With UNDA’s current structure, this referral most often comes from the Office of the Deputy Vice-Chancellor, however, in many cases referral is from a School Dean.

The characteristic features of the SFBT model, and their relationship to the AESC’s Success Plan model are set out in Table 1.
Table 1: The characteristic features of SFBT, and their relationship to the AESC’s Success Plan model

<table>
<thead>
<tr>
<th>Characteristic within SBFT</th>
<th>Brief explanation</th>
<th>Linkage within the Success Plan strategy</th>
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<tbody>
<tr>
<td>The ‘miracle question’</td>
<td>Assists the client to visualise a preferred future.</td>
<td>A core question on the Success Plan interview schedule.</td>
</tr>
<tr>
<td>Goals</td>
<td>Goals assist a client to connect their emotion, cognition, behaviour, and interaction (Trepper et al., 2008).</td>
<td>Students articulate their goals as part of the Success Plan.</td>
</tr>
<tr>
<td>Scaling questions</td>
<td>The client is asked to rank progress on a scale from 1 - 10; the higher the score, the more exploration of factors that are making a positive contribution. Scaling questions focus on the client learning to self-evaluate.</td>
<td>Scaling questions are used in all follow-up meetings with students, with a focus on improving self-evaluation and using this information to seek assistance or re-engagement.</td>
</tr>
<tr>
<td>The consulting break</td>
<td>SFBT therapists break the consultation and when possible consult with colleagues. They use the break to summarise the key topic/issue/point for their client’s reflection.</td>
<td>Academic support staff works collegially between appointments or contacts with a student, often seeking support, suggestions and resources for use in future sessions. Summarising during sessions helps students to agree to planned actions, and are followed by documentation.</td>
</tr>
<tr>
<td>Compliments</td>
<td>Affirm what a client appears to be doing well; therapists also use these to acknowledge that change is difficult and challenging.</td>
<td>Used in all follow-up meetings with students.</td>
</tr>
<tr>
<td>Looking for strengths or solutions</td>
<td>Therapists ask questions which help a client identify times they have been successful, or solved current problems.</td>
<td>Core questions on the Success Plan interview schedule.</td>
</tr>
<tr>
<td>Looking for ‘exceptions’ to the problem</td>
<td>Therapists help clients identify exceptions and situations when the problem did not exist, and to draw out information and solutions from this.</td>
<td>Academic support staff focus on previous study successes (for example: units passed) to note that exceptions do exist.</td>
</tr>
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</table>

Initial data on the Success Plan as an intervention

Over the period of 2011 – 2012, a total of 51 students were referred to the AESC to commence a Success Plan program. Twelve (12) students were referred in 2011; 39 were referred in 2012. Of the 51 students, 20 students (39%) did not engage, but rather began a period of approved leave of absence, absence without leave, or withdrew from UNDA study. The remaining 31 students (61%) met with an AESC staff member to develop a Success Plan. The academic progress of these 31 students was reviewed to determine the efficacy of the Success Plan approach.

The solution-focused pilot intervention has had a positive effect on student learning of both re-entry students and those determined as ‘at risk’ (yet not in the termination/re-entry category). The improvement in learning for re-entry students is demonstrated by comparing the success rates of re-entry students in 2009/10 where there was no AESC intervention and 2011 where the solution-focused intervention was introduced. Of the students who re-entered the university in 2009/10, only 41% continued to progress with their course. Of the students who re-entered the University in semester one 2011, and engaged in the intervention, 60% were on good standing, and 10% had
graduated by the end of 2012. Only 30% have been re-terminated, a marked improvement from the 2009/2010 re-termination rate of 60%.

The impact on the success of students who were identified 'at risk' is evidenced in the grade improvement in the semester in which the intervention occurred. All students deemed to be at risk, had failed at least one unit in the semester prior to being referred. Of the fifteen students involved in the pilot in 2011, only five students recorded a single fail in the subsequent semester. Student comments provide depth to the success of the intervention.

_The program was a huge support to me in regaining my confidence as a student and as a person. The fortnightly meetings were a great way to see the progress with my studies and also made me feel a sense of accountability towards my counsellor, Jane Mangano. Jane is a credit to the program and the University of Notre Dame and was a huge part of seeing my University career get back on track._ (P.H. Student 2011)

_I have been working on the strategies and even speaking in front of the class, which has been very hard. I am also participating in tutorials. At the moment I am feeling very confident with my study time._ (J.T. Student 2011)

_After the first semester I was feeling overwhelmed however, the guidance given to me by you has enabled me to focus and enjoy my nursing degree. Whilst it has been hard at times, your encouragement and my own persistence have enabled me to achieve good results this semester. I’m really looking forward to next year._ (M.S. Student 2011)

The influence on student engagement is demonstrated through the students’ commitment to academic support offered by the AESC. Prior to their involvement in the intervention, voluntary support had not been sought by any of the at-risk or re-entry students. Following the completion of their Success Plans, all students engaged in email or telephone support, and more than 80% of students attended one2one sessions and/or Success Now! workshops.

There are some impacts that, although not reflected positively in retention statistics or improved grades, are arguably as important. On one occasion, a student made a concerning disclosure regarding her frame of mind as she faced the possibility of re-termination. The AESC staff member ensured appropriate outside support for the student, and informed those directly involved with this case. The long-term outcome for this student was positive, with both a change of University and a change of course. This case represents one of the greatest successes of this intervention, even though it did not move a student from conditional to good academic standing. Several students who were referred for a Success Plan subsequently registered with the University’s Disability Support Officer, and received adjustments and accommodations which improve the likelihood of their success. The long-term benefits are difficult to measure, but likely to have significantly positive life impacts (Stanley, Ridley, Harris & Manthorpe, 2011).

Student engagement and satisfaction with the overall university experience is also demonstrated in students’ emails, most often unsolicited, where they openly engage in conversations about their learning, as well as the increased optimism about their future studies.

Increasingly across the Fremantle campus, the Success Plans have also been requested by Schools for students who are deemed at risk of termination, not only those who have been terminated. Again, it follows the same process of a solution-focused approach for these students helping them develop strategies and skill to be successful with their studies.

**Discussion**

The solution-focused approach as embedded in _Success Plans_ worked effectively to reduce the likelihood of students being re-terminated once they had achieved re-entry into the university program. The success of the program worked in that it was solution-focused, and provided students with renewed confidence as they recommenced their studies.
One of the key complexities of working with the Success Plans, is that a relationship between the staff member and the referred student is required, which is not usual to the SFBT philosophy, when used in counselling. The ‘working alliance’ model (Bordin, 1979) is better suited to solution-focused approaches rather than a ‘therapeutic relationship’ model. Students involved in the Success Plan strategy were exclusively mandated students; many demonstrated a palpable reluctance to engage. Therefore, the working alliance created an essential conduit to increase student engagement and affect a willingness to work with an academic advisor.

The Success Plan intervention model has an institutional financial cost, calculated at approximately three to five hours per student, including follow-up, and based on the pay rate of a sessional staff, equating to a cost of $300 - $500. The program is not resource intensive. As referral to existing programs is a key feature, there are not additional costs for the AESC or the student. The Success Plan intervention is demonstrated to result in the successful retention of students, who would otherwise be lost to the institution. The moral and ethical obligation on a university to provide successful pathways for students is the major rationale for the provision of support services (Pike, Smart, Kuh, & Hayek, 2006). However, there is also a financial proposition, where successful retention is an economic benefit to the institution. Institutions spend significant money in marketing and promoting enrolments, and if significant numbers of students exit through attrition, the financial impacts on the institution are noteworthy (Gardner, 2009). Just as the Success Plans have a low cost to engagement and involvement, they have a high financial return in terms of a student’s studies, fees and government subsidies over the durations of their studies.

It became apparent, from the initial work on the Success Plan strategy, that the earlier a student was referred for a Success Plan, the more likely it was to be effective. Due to small numbers of students specific data are not available at this stage. Unlearning is distinctly more difficult than learning something correctly the first time (Becker, 2010; Huillet, Adler & Berger, 2011). Anecdotally, it was noted that students who were referred early in their studies, appeared more amenable and pliable to changes in their psychological disposition to study strategies, and to engagement with support classes, than those further along the progress of their studies.

The Success Plan strategy appears to have impacted on the culture of the academic support at UNDA, and this is an issue that warrants further research and investigation. As the Success Plans proved effective, faculty discussion led to proposing their use in a proactive, rather than solely reactive, way. Some faculty staff were keen to utilise the strategy when a change of academic status (to conditional) occurred, rather than waiting for the student to be terminated. Proactivity is fundamentally important to academic support (Reynolds & Weigand, 2010), and the AESC was keen to embrace this position. Likewise, this made a good correlation to our earlier work, which noted that the sooner a student was referred the more effective it was likely to be.

Philosophically, academic support staff, working in any higher education setting, would seek to have students choose to engage with academic support. However, for some students, not requiring them to engage simply adds to their disadvantage (Kantanis, 2002). A duty of care exists to these students, to afford them the requirement to attend, given that without such an involvement, a lack of success in studies is highly likely; the students themselves lacked awareness of this knowledge. Therefore, it was a moral and ethical responsibility, on behalf of the AESC, to provide a level of support. This presented a number of unique challenges in managing a very complex area, particularly as it involved making judgments about the likelihood of poor performance of individuals on the basis of others, whilst the AESC would have preferred to work only with empirical evidence and evidence-based practice. It was accepted that at least some of the referred students would be successful without any support, whereas the evidence suggested that the majority would be unsuccessful without support.
Conclusion

Collegial discussions within the AESC, over the period since the commencement of the Success Plan strategy have led to an organic desire to utilise SFBT as an underpinning construct for all AESC dimensions. Enabling programs (bridging courses), a key remit area for the AESC, are easily aligned to a SFBT model of intervention. Students who enter bridging courses have been unsuccessful in achieving direct undergraduate entry, and often have a range of factors that have impinged on previous performance. A new focus is essential for progress to occur. Likewise, the other major area of the AESC’s work is Disability Support, where there is a natural alignment between the work of a disability support officer and the students registered with the service. Affordances and adjustments around disability are all solution-focused.

There are distinct structural and cultural advantages to a school, such as an academic support unit, adopting and adapting a proven strategy from the field of counselling, in this particular case, SFBT. SFBT has enabled staff within the AESC to focus their community of practice (Wenger, 1998) and their shared understandings to shape strategic planning, goals and outcomes. Further research is needed to ascertain if the perceived effectiveness of having a shared philosophical model, taken from counselling, can be quantified and articulated.

References


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Transition to an Unfamiliar Environment: 
International Students’ Living Experiences 
in an Australian Regional Area

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Quynh Lê and Daniel R. Terry 
University Department of Rural Health 
University of Tasmania

Abstract

Transition to an unfamiliar environment is a complex process. Many previous studies have paid more attention to international students’ sociocultural adaptation than their basic living conditions and healthy behaviours. In fact, these factors are also closely associated with international students’ physical and psychological wellbeing. The study, in the context of a university in a regional area in Australia, examined international students’ satisfaction with their basic living conditions, as well as assessed their healthy behaviours to give important insights into international students’ basic living experience in Australia. Semi-structured interviews were used to collect qualitative data in this study. Twenty international students were invited to give their insights and perceptions of their life in regional Australia. The study found that accommodation, transport, financial and food and diet are the four main considerations related to international students’ basic living satisfaction.

Introduction

There has been a rapid increase in the numbers of international students in Australia from 1994 to 2012, as Australia is one of the most popular destinations for international students due to its high education reputation and advanced educational systems. (AEI, 2012). According to Australian Education International (AEI, 2011), in 2010 there were 619,119 full-fee paying international student visa holders enrolled in Australia. Amongst these international students, 39.3 % were enrolled in higher education with 56.2% undertaking undergraduate study (AEI, 2010). Despite the positive contribution which international students make, both financially and culturally to Australia, they have a propensity to experience many challenges as they migrate to, live and study in Australia. The focus of this paper is to provide some insight into a number of general living challenges international students experience as they attempt to adjust and transition to their new environment.

International students have become a highly visible population within Australia and the health and wellbeing of this cohort has attracted much attention of governments, educational institutions and scholars from various disciplines. As a group, international students are at a high risk of experiencing physical and psychological difficulties in the process of adjustment to their new environment (Mori, 2000; Ward, Leong, & Low, 2004; Ward & Rana-Deuba, 1999). This susceptibility to experiencing poor physical and psychological health, or what Forbes-Mewett and Nyland (2008) coin as ‘security’, is related to four major adjustment challenges which international students encounter (Bock, 2008). These include general living adjustment, academic adjustment, social-cultural adjustment and personal psychological adjustment (Hechanova-Alampay, Beehr, Christiansen, & Van Horn, 2002; Marginson, Nyland, Sawir, & Forbes-Mewett, 2010; Porter, 1993; Tseng & Newton, 2002).

General living adjustment includes basic living problems encountered by international students in their daily life such as accommodation, transport, financial and adjustment to different food and diet (Forbes-Mewett & Nyland, 2008; Khawaja & Dempsey, 2007; Mori, 2000; Rosenthal, Russell, & Thomson, 2006; Ward & Masgoret, 2004; Williams, 2007).These are generally not considered significant problems in an international student’s home country; however in a completely new environment they have the potential to become overwhelming and can impact on international
students’ physical health and psychological wellbeing (Khawaja & Dempsey, 2007; Mori, 2000; Rosenthal et al., 2006; Ward & Masgoret, 2004; Williams, 2007).

Within the literature, it has been shown that the quality of accommodation directly influences international students’ health and wellbeing. According to Ward and Masgoret (2004) and Rosenthal et al. (2006), students who lived in their own home, with family members and relatives were most satisfied with their accommodation. Additionally, students who lodged in home stays were more satisfied than those who lived in rental accommodation or student hostels, who were the least satisfied. Most importantly, students with the highest level of satisfaction with their accommodation had significantly lower levels of stress, depression and anxiety, than those who had low satisfaction.

The cost of accommodation is another factor related to international students’ satisfaction. According to Khawaja and Dempsey (2007), there is a scarcity of affordable housing for international students in Australia. Therefore, rising costs and dissatisfaction toward accommodation may increase international students’ financial and psychological stress (Khawaja & Dempsey, 2007).

In Williams’s (2007) study, the absence of adequate public transportation or access to a car was problematic for some Asian students, as it would result in a dependency on others and cause them great inconvenience. Accessibility and quality of service were two criteria related to their evaluation of transportation. In addition, it has been identified that safety, affordability and public transit services are three factors that have an impact on the use of public transport by international students (Benjamin, 2009; Dora & Phillips, 2000; Farhang & Bhatia, 2005). Where there are high transportation costs, fear of violence, unreliability of schedules, lengthy transit-routes with multiple transfers and long waiting times, stress can result. This has a direct relationship to physical and mental health outcomes, such as tiredness, depression and anxiety (Farhang & Bhatia, 2005).

Financial concerns are commonly identified as one of the greatest sources of stress for international students (Chen, 1999; Mori, 2000; Mullins, Quintrell, & Hancock, 1995). Adequate finances are essential for the acquisition of education, food and shelter (Khawaja & Dempsey, 2008). Increasing tuition fees and living expenses have been identified as key sources of financial stress (Chen, 1999). In addition, little or no access to welfare benefits, scholarships and loans all increase the financial pressure on international students (Lin & Yi, 1997). The study conducted by Rosenthal et al. (2006) found that students who were mainly supported by family finances were less worried about money than those students who were supported by other sources, such as savings, employment, scholarship or financial loan.

Food and diet has a direct influence on a person’s health. Due to differences in diet and concepts of nutrition, most international students have difficulties in adapting to the local food and cooking style. Due to the lack of family support and encouragement, some students develop unhealthy diet practices such as skipping breakfast and increased snacking (Ramakrishna & Weiss, 1992). The study conducted by Rosenthal, et al. (2006) revealed a relationship between financial resources and the students’ perception of nutritional balance.

Method

The study aimed to investigate international students’ basic living status in an Australian regional area and identify some key issues affecting their basic living conditions.

In order to have a comprehensive and in-depth understanding of international students’ living conditions in an Australian rural area, the authors of this study collected qualitative data through semi-structured interviews. Five university staff members, who had extensive contact with international students and twenty international students, who had been studying in an Australian regional area for six months or more, were invited to participate in an interview (tables 1 and 2).
Interviews were audio recorded and conducted face-to-face (see Appendix 1 and 2 – interview schedules). The interviewer asked follow-up questions to elaborate on initial answers. The study employed a purposive sampling method, where individuals and groups are selected according to certain selection criteria to ensure richness of data collected and to reduce bias within a small sample (Tongco, 2007). These criteria included university staff members who had a large amount of contact with international students; international students who had been studying on-campus at the university for more than six months; and other demographic factors which were also taken into account in the process of recruitment, such as gender, age, country of origin, academic faculty and degree currently pursuing.

Table 1: Staff backgrounds

<table>
<thead>
<tr>
<th>Staff members</th>
<th>Number of cases (N=5)</th>
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<tbody>
<tr>
<td>Academic staff</td>
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<td>Humanities</td>
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<td>Science</td>
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<td>Campus two</td>
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Table 2: Student backgrounds

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<th>Number of cases (N=20)</th>
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<tbody>
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<td>- Female</td>
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<td>Age groups</td>
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<td>- Under 20</td>
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<tr>
<td>- 20-24</td>
<td>4</td>
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<td>- Over 24</td>
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<td>- Korea</td>
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Table 2: Student backgrounds (cont’d)

<table>
<thead>
<tr>
<th>Student</th>
<th>Number of cases (N=20)</th>
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Transition to an unfamiliar environment

Audio data was transcribed into text and entered into the computer-aided qualitative data analysis software NVivo (version 8). With the systematic data analysis, two cycles of coding were undertaken to make participants’ views and thoughts explicit so as to explore in-depth their insights. The first coding cycle was an initial coding process. With the use of NVivo (Version 8), the researcher read the transcripts carefully, sentence by sentence, and then placed the relevant meaning units into the appropriate coding group. In addition, new codes were created when new meanings which did not fit any existing coding groups were encountered.

The second cycle of coding was then undertaken. At this stage, analytic skills such as classifying, integrating, abstracting, and conceptualizing were utilized to explore the deeper relationship between the codes produced from the first and second cycles. Along with this identified relationship, hierarchical structures were established and themes gradually emerged from the sets of data. Four key themes emerged from the qualitative data, with the relationship between these themes providing an explicit understanding of the main barriers to positive adjustment to the new environment for international students.

Discussion on Findings

Accommodation

Three salient issues relating to accommodation emerged from the set of data: types of accommodation and costs, accommodation location, and relationships with housemates and/or landlords.

Types of accommodation and economic considerations

There were four main types of accommodation mentioned by the participants. These are “shared house”, “living with family or other relatives”, “homestay” and “hostel”. Among these, “shared house” emerged as the most common type of accommodation, in that eleven out of the twenty student participants were living in this type of accommodation. Most of these had chosen a shared living place for economic reasons. Compared with other types of accommodation, a shared house is the cheapest. As one participant said, “I was living in home stay before, the price was nearly $200, but this shared house cost only $85, much cheaper than the home stay.” (Vietnamese female student)

Most students who choose to live in homestay are below 18 years of age. According to Australian Immigration policy (IMMI, 2011), international students who are less than 18 years of age must have acceptable arrangements for their accommodation, support and general welfare for the duration of their student visa or until they turn 18. Hence, homestay is the legal option if they don’t have family they can live with. Another reason that many international students prefer homestay is because of their desire to establish a closer relationship with the local society and this social support has been shown to improve international student adjustment (Hechanova-Alampay et al., 2002). A
female Japanese student’s response is representative of many other international students’ thoughts. “Firstly, I lived in a homestay, because I really wanted to know what Australian culture is; it is much easier for me to understand Australian culture when I resorted to homestay”.

The relationship with homestay families was emphasised in Ward and Masgoret’s (2004) study, where a correlation between students’ satisfaction and their relationships with the landlords and other tenants was found. Within this study, participants indicated that most of them had harmonious relationships with their landlords and housemates. Within this study it was found that those who enjoyed a good relationship tended to indicate fewer negative emotional issues such as depression and loneliness.

However, the expense of homestay remained the main barrier to international students’ choosing it as their primary accommodation. A Korean participant gave an explanation:

Actually I want to live with Australians, but I have to pay more if I live in homestay. I cannot afford it. Most Asian students want to practice English with a local. They want to have more opportunities to be with locals. But we don’t have many chances to interact with them. (Korean female student)

Some students choose a university hostel, especially an on-campus hostel for security reasons (Forbes-Mewett & Nyland, 2008). Also, living in a university hostel provides good opportunities for international students to meet local students. A Japanese student responded that, “when I moved to an accommodation on campus, which is also good, I met a lot of Australian students and we became friends”. However, again, the financial consideration reduces the numbers of hostel students. As a female Korean participant said “I am living in a hostel. It is quite good. But I found the price is a little bit higher. My friend is living in a shared house which is much cheaper than a hostel”.

Although homestay and hostel accommodation each have their own advantages, the higher prices mean that they are chosen by fewer international students. The study showed that the economic factor of affordability, impacts international students’ selection of accommodation. This finding is supported by Khawaja and Dempsey’s (2007) study which identifies that unaffordable rentals place greater financial and psychological pressure on international students. Moreover those participants who were more satisfied with their accommodation were also more pleased overall with their circumstances, which is supported by Rosenthal et al. (2006) who stated students’ satisfaction with accommodation is associated with levels of both depression and anxiety.

Accommodation location

Location is another important factor for the international student to consider. Most participants preferred accommodation which is close to the university campus, for three reasons: cost of travelling, time and security, with security being their first consideration. Within the study, students who lived at greater distances from campus had concerns that this may place them at a higher risk of crime and other potential dangers, especially if walking at night. Living close to the campus was felt to also save time and money and renders easy access to campus facilities, such as libraries, amenities, transport, security, and community. Amongst the participants interviewed, all these factors impacted upon the students’ evaluation of their accommodation. In addition to the above factors, the community environment surrounding the accommodation emerged as another factor, as discussed by an academic participant:

I feel sorry for international students coming here moving into a house near the university, which is in a low socio-economic area. I think most of the people you found in the area are not really representative of Australians. Many of them are rough, probably not well-educated. In contrast to international students, most of whom are from good educated background, good home environment etc. (Academic staff 3)
Relationship with housemates and/or landlords

The relationship with housemates and/or landlords was closely related to their satisfaction with their accommodation. As an interviewed staff member said, “Some students probably suffer severe stress because of whom they are living with or probably they have problems with their landlord. That can affect their health and wellbeing”. (Administrative staff 1)

It was noted from the data that most of the participants had positive relationships with their housemates and landlords which contributes to their satisfaction with their accommodation. As a male Pakistan participant said, “My landlord is a very nice person. He can solve any problem which we are facing. I am very satisfied with my accommodation”.

Transport system

Transportation influences international students’ quality of life when in an unfamiliar environment. Service, safety and price were three aspects affecting participants’ views of transportation. These aspects also determined international students’ level of satisfaction with public transport. Although international students were moderately satisfied with public transport services in regional Australia, some problems were of concern.

Service

Quality of service in public transport is very important to international students. Three main problems raised in the interviews were inadequate numbers of bus stops, few transport choices and low frequency of buses arriving. As a male Chinese student said, “There are few bus stops in Launceston, especially in some rural areas. Sometimes it is hard to find a bus stop”. Some participants mentioned the lack of transport choice in regional Australia, for example a female Japanese student commented, “There is no train, not enough taxis”, while a male Chinese student held a similar attitude, “There is no underground as well”. The low frequency of buses was mentioned a number of times, with most participants complaining that the intervals between buses are too long.

Security

Security, including safety on buses or at bus stop zones, particularly for international students who need to take buses late at night or in the early morning is another important factor relating to the quality of transport services. A male Indian student participant expressed his worries about the safety issue, “And also I cannot study after 5 o’clock, and also I don’t think it is safe waiting in the bus stop at night”. Such a factor influences the psychological wellbeing of these international students in an unfamiliar environment.

Price

According to data collected, most participants were basically satisfied with the price of public transport except for the taxi services, which were considered unaffordable. A male student from Pakistan responded: “[Transport] is good…the bus is very cheap… If you take a taxi, it is very expensive, so I try to avoid using taxis and to choose other types of transport”.

Financial concern and employment opportunities

Financial concerns are usually considered to be one of the greatest sources of stress for international students (Chen, 1999; Mori, 2000; Mullins et al., 1995). Although financial preparation was made before departure, most students still have financial concerns owing to the increase in tuition fees, lack of scholarships, and the increasing cost of living in regional Australia. Sometimes unexpected events such as an examination failure, visa extension, sickness, accidents and so on, can directly cause financial strain. If a student is unwilling to overburden their family, such events can easily provoke or increase personal anxiety.
I think the biggest challenge is financial problem. I don’t give burden to my family to support my tuition. I am trying to solve it and having money. I am trying to pay my entire course fee and support myself; it is the biggest challenge for me. (Female Chinese student)

**Growth of tuition fees and lack of scholarships**

One of the principle reasons causing international students financial concerns is increasing tuition fees (Chen, 1999). Tuition fees from international students have become an important financial source for most universities in Australia. International students are required to pay much higher fees than Australian domestic students. Apart from the higher tuition fees, international students have fewer opportunities to receive loans, scholarships or other financial support compared to Australian students. This finding is supported by Lin and Yi’s (1997) study which notes that scholarship options offered by the university to international students are far less than those for local students.

**Increase in living costs**

Although the cost of living in regional Australia may be cheaper when compared to larger cities in Australia, it has rapidly increased over the period 2008 to 2011. According to the Department of Immigration and Border Protection (2014), international students, in 2014, needed to prepare a living cost of AUD$18,610 per year for accommodation, transport, books, food, electricity and entertainment, which has dramatically increased over the past decade (Lane, 2013). The growth in tuition fees and living expenses has brought international students under greater psychological pressure and increased their anxiety and negative emotions (Obeng-Odoom, 2012).

**Unexpected events**

When encountering some particular circumstances, such as examination failure, visa extension, physical illness, psychological problems or an accident, most international students become anxious due to the need to spend money unexpectedly and perhaps beyond their budget. Levels of anxiety increase due to the lack of perceived control over these particular events (Rapee, Craske, Brown, & Barlow, 1996). Furthermore, some student participants indicated they were not willing to share with their families personal problems, such as financial difficulties.

**Employment opportunities**

Some students opt to look for part-time employment in order to reduce financial pressures. However, five out of the twenty complained that it was not easy to find part-time employment in regional Australia, with fewer work opportunities in regional Australia compared with more metropolitan areas of Australia. If fortunate enough to find employment, effectively balancing study with work was identified as a problem. Therefore, dealing with employment-related issues, such as poor working conditions and balancing education commitments has a propensity to impact on international student wellbeing (Nyland et al., 2009). In the words of one student:

*The first thing is financial thing. Some students just come here and realize that they can afford yourself (themselves). You have to find a part-time job. But I think you need time to work, also you need time to study. So you must delete some time in relax and sleeping, that maybe affect your health. If you don’t have strong financial support, think twice before you come here.* (Female Chinese student)

**Food and diet**

Food is one of the most basic elements in maintaining a person’s physical and psychological health (Bidlack, 1996; Capra, 2007). When relocating to a foreign country, being unaccustomed to the local food would be a challenge encountered by international students. They may at times change their original dietary habits consciously or unconsciously due to the unavailability of cultural specific food or ingredients, the different concepts regarding nutrition, or the different ways food is processed in the new country. In this study, adaptation to new food was identified as one of the main factors affecting the participants’ transition to the new environment. The enjoyment of
‘Australian’ foods may help international students to adapt more easily to local society and culture, however unavailability of cultural food and lack of traditional family support, are two issues which emerged in the interviews.

Unavailability of cultural specific food

Unavailability of cultural food was mentioned by some interviewees, especially those who are from Arabic or predominantly Muslim countries. Due to the nature of regional Australia there is less diversity of foods compared with other big cities in Australia. It is relatively difficult for those students to source food that is culturally and religiously appropriate. High prices and low quality of culturally specific foods that could be found emerged as another difficulty and is consistent with Pan, Dixon, Himburg, and Huffman (1999) who demonstrated that unavailability of cultural specific food is one of salient problems encountered by Asian students in the United States.

Lack of traditional family support

Lack of traditional family support emerged from the interviews as another issue. As most international students were living independently in the host county they lacked traditional family support for their dietary needs, instead having to look after their diet themselves. This lack of traditional family support impacted negatively on the dietary habits of some of the international students (Ramakrishna & Weiss, 1992). For example, approximately 11% of participants rarely or never eat fruit, 7% participants rarely or never eat vegetables and 36% participants very often skip breakfast.

Thirteen of the twenty student participants responded that they usually cook at home and seldom go out for dinner. Finance and health were two primary considerations. Cooking at home was viewed as much cheaper than having dinner in a restaurant, while home-cooked meals were considered to be much healthier than other meals, especially “fast food”. In this case, 80% of participants reported a low frequency of eating fast food and 10% of participants had never eaten fast food.

Conclusion

As international students migrate, live and study in new environments they experience a complex transition process. This process can lead to poor physical and psychological health which is impacted by four major adjustment challenges; general living adjustment, academic adjustment, social-cultural adjustment and personal psychological adjustment. The focus of this paper is to provide insight into a number of the general living challenges international students experience as they attempt to adjust and transition to their new environment.

This study, conducted in a regional area in Australia, has demonstrated that accommodation, transport, finances, food and diet are key considerations which impact upon the satisfaction of international students. The study demonstrates that there are potential opportunities for student bodies, host institutions and governments to provide more proactive support to assist and support the transition of international students as they study within Australia. This may be through the provision of a greater depth of information in relation to basic living, such as alternatives methods of transport; how best to accommodate financial difficulties; employment opportunities; and accessing cultural foods and goods. Also, the educational institution needs to give consideration to security and best options for accommodation to ensure students live in a secure and low-cost environment.

As part of this process, international students are also required to acculturate to their new cultural environment. Nevertheless, within this study, each international student reported that they were satisfied with their life in regional Australia; they had tenacious survival abilities; showed a strong willingness to succeed; and displayed a positive attitude as they transitioned into regional Australian lifestyle and education.
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Appendix 1

Interview Questions for Students

1. How would you describe your health status?
2. Have you experienced any physical illness after coming to Australia? Please give details.
3. Have you experienced any psychological problems, such as depression or anxiety after coming to Australia? Please give details.
4. How do you feel about living in [this state]?
5. If you are asked to give advice to your friends in your home country about living and studying in [this state], what advice would you give them?
6. What are some of the biggest challenges to your life in [this state]?
7. How do you feel about the ways by which you deal with these challenges?
8. With the benefit of hindsight, would you do things differently?
9. What are your sources of support in your study and daily life? What do they mean to you personally?
10. Is there any interesting experience about your life here that you would like to share?
11. Is there any other thing you would like to share in this interview?

Appendix 2

Interview Questions for Staff Members

1. Could you say something about international students in [this state], especially students in [this University]? Based on your understanding, what factors would affect international students’ health and wellbeing?
2. What kind of general living problems would be facing by the international students in [this state]?
3. What kind of academic difficulties would they encounter?
4. Do you think they would encounter any social-cultural difficulties during the process of cultural transition? Could you please give me some details?
5. International student is the group of people who are susceptible to various psychological problems, such as depression, anxiety, loneliness and homesickness. Could you say something about this?
6. Are there many international students seeking support from you? What kind of problems do they normally seek support? And normally how do you provide support to them? Do you think these supports are helpful?
7. Do you have any suggestions to current or future international students who are studying or will be studying in [this university]?
8. Do you have any suggestions to the university or government in terms of support of international students?
Non-refereed articles

Placement 101 – Preparation & Planning for Industry Placement¹

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Abstract

Industry placement is a compulsory component of several undergraduate courses aimed at enhancing a student’s transition from learner to professional. Undergraduate students face many challenges when they embark on their first industry placement, some of which could be resolved and managed more effectively if students were given the appropriate tools before they undertook the transition to professional learner off campus. The preparation and planning for industry placement workshop is an innovative pilot program offered to first year education and nursing students at QUT’s regional Caboolture campus. The workshop aimed to improve the preparation of students prior to their first industry placement, and to foster social connectedness and develop a sense of belonging as described by Devlin, Kift, Nelson, Smith and McKay (2012). Early data indicates the workshops have a positive effect in providing support for student’s life and learning issues and in enhancing student experience.

The context

Caboolture campus is a regional satellite campus of QUT, situated 44 kilometres north of Brisbane. By utilising the processes and established quality courses of QUT, Caboolture campus is able to provide tertiary education to the growing population in this non metropolitan region. The demographics of the Caboolture region are recognised as a key target in QUT’s Blueprint³ 2011-2016 (QUT, 2011); focussing on aspiration building among the significant numbers of the population from low socio economic (LSES) backgrounds. Currently there are approximately 700 students attending Caboolture campus studying in the four discipline areas of Business, Creative Industries, Education and Nursing.

The campus is unique when compared to metropolitan campuses by its regional location, the smaller cohort sizes and the attributes of its students. Two key characteristics of students at this campus are that a significant percentage of students originate from a low socio-economic status (LSES) background; and there are a considerably higher proportion of students in the ‘return to study’² category. These two characteristics, in combination with the isolated location and class sizes need to be taken into account when considering the potential needs and support required for the participants of the workshops.

Key issues identified in the literature

There are many aspects of placements that affect all students, including additional financial and time costs and anxiety related to the first placement experience. Additional financial costs can occur due to the changed location of learning. Wray and McCall (2007) reported medical, nursing and allied health students’ financial concerns surrounding placements included transport costs and buying items specific to placements. Additional time is often required from the student as a result of the changed nature of learning. Typically, students are immersed in the workforce when they

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² Return to study refers to mature age students or non school leavers who are entering into undergraduate study.
undertake placements and are expected to complete the full time load of the professionals they are training to be. This full-time commitment may be significantly more than the usual hours per week spent attending lectures and tutorials (Wray & McCall, 2007). Travel time to placement can also be greater than students’ usual home-institution travel time. Hence, placements can require more of students’ time and, while additional time may not appear costly in itself, it has a number of indirect financial and emotional implications for students depending on their circumstances.

Two of the main financial implications of additional time are employment and childcare. When students undertake full-time study in Australia they spend, on average, nearly 13 hours per week undertaking paid employment (James, Krause, & Jennings, 2010; Yorke, 1999). These hours are fitted in alongside their lectures and tutorials. Thus, students’ capacity to undertake their regular employment is compromised while participating in professional placements. During campus time, students may be absent from lectures to enable them to work. However, due to professional accreditation requirements this is not an option available to students undertaking placements (Wray & McCall, 2007). The impact of additional time for placements can be significant for students with families. Those with children may have to make additional or alternative childcare arrangements, which are likely to be more expensive than during on-campus learning periods due to the extended hours of placements.

Additional time constraints can have emotional implications. Students may feel more exhausted and stressed by the extended hours required (Wray & McCall, 2007), which can exacerbate the challenges of professional placement. Students may need to have access to a car to reach placements, which can cause anxiety as students try to negotiate vehicle access with family (Wray & McCall, 2007). It should also be noted that participating in a placement can in itself be an anxious period for students. They are in an unfamiliar environment, with increased expectations for them to demonstrate their skills and knowledge.

A further stressor identified by Astin, Newton, McKenna and Moore-Coulson (2005) is the experience of ‘reality shock’ that takes place with the first industry placement. This occurs when student’s expectations of placement are in vast contrast to what actually takes place. Nelson, Kift and Clarke (2008) assert that student expectations have a significant effect on the successful transitioning of first year students. This extends to all areas of university life, including industry placement.

For students with families, changed routines (for example, childcare and household duties) to accommodate the additional placement time, together with financial pressures and students’ charged emotional state, can result in strain on relationships. Duxbury and Higgins identified that “Work and family conflicts and tensions can occur as the result of role overload or role interference when there is not enough time or energy to meet the commitments of multiple roles or the expectations and demands if the two roles conflict” (cited by Glezer & Wolcott, 1999, p. 69).

The Workshops
Content and processes
The workshops were designed and led by Counselling Services staff in collaboration with key support from academic staff reflecting one of the great strengths of the Caboolture campus; that is, the innovative practice that occurs across faculty and service areas which also aligns with QUT’s student success and retention strategy of developing academic and professional partnerships (QUT, 2012, para 2). The rationale for the workshop was to support students to attend to those practical and emotional elements of their life that add complexity to their practicum experience; particularly those challenges such as affording child care, transport and work life balance.

The impact of a small cohort size on a regional satellite campus required specific attention in planning the workshop, as did the complex composition of the students and their backgrounds.
During the workshop several tools were employed to capture information about the participants that could inform the direction of the workshop and to allow for targeted response to student needs. A survey was provided and completed by individual participants. This identified the potential sources of stress surrounding professional placements. Other workshop mechanisms included individual reflection time; pairs and group discussion time; a full group discussion; a powerpoint with content from the research regarding common challenges for students on placement; and information related to sources of support.

The workshop format allowed for the open sharing of ideas and discussion between the students and the facilitators. The workshop was largely interactive, inviting participants to reflect on their current circumstances including their worries and concerns regarding their upcoming placement. Students were encouraged to form links with their peers to discover potential avenues for support whilst on placement. An individual plan was then developed for each student to enhance the placement experience. Follow up with students after completion of their industry placement will reveal the effectiveness of the individual plans.

Participants

The initial workshop was offered to first year education students as an optional extra activity outside of class time, with limited uptake. Therefore, the second workshop, offered to undergraduate nursing students, was scheduled during class time and focussed on preparing students academically for their industry placement. While limited demographic data was collected from participants, the majority of participants presented as ‘return to study’ students, with several participants referring to their children and child care issues.

Implementation and impact of the Workshop

The participants were very active during the workshop; willingly discussing their concerns regarding their upcoming industry placements. Students were informed regarding their specific placement dates and locations in week nine with placements beginning in week eleven. The most obvious reaction from this cohort of students was the overt anxiety and the anger they expressed regarding insufficient notice regarding placement details. They were initially resistant to participate fully in the planning component of the workshop, stating that they were unable to plan for placement when they were, as yet, unclear regarding the details. However they were very willing to participate by voicing their frustration and anxiety and asking questions in relation to several specific concerns.

Five key themes were identified during the workshop. The first theme related to financial, family and time imposts. The second theme related to anxiety regarding their lack of knowledge and skills for placement; and some specific learning requirements. There was a lecturer in the room who could attend to some of these specific academic concerns. The third theme highlighted concern regarding “horror stories” they had heard in relation to the “Buddies” on placement and bullying type behaviour by these buddies. As a response to this issue, information was provided regarding the process for managing any conflict or difficulty on placement. The QUT academic staff member, in an effort to provide reassurance, presented information regarding the successful experiences students have had. The fourth theme was a keenness to receive input from their peers, that is, someone who had done their first placement. This suggestion will be used for future workshops, and is supported by QUT’s commitment to peer-to-peer support as outlined in current policy (QUT, 2011). Finally, the responsibilities of students on placement and responsibilities of those providing placement were unclear to students. To address this concern, information was presented about QUT Work Integrated Learning (WIL) resources, an online resource provided by the institution (QUT, 2013).

3 “Buddies” are a registered nurse who works with the student during an allocated shift. This is not necessarily the same nurse every shift.
Conclusion

Early indications suggest the workshop was a useful strategy to engage with students regarding their upcoming placements; and to attend to those complex life issues and learning hopes that both our cohort and the literature identified. The workshops will be repeated at the Caboolture campus next year and will be extended to include students in the Faculty of Health at the larger metropolitan campus. It is anticipated that with further iterations of the workshop, a greater degree of understanding of the benefits of the preparation and planning provided by the workshop will be identified. In particular, we hope to gather further data to confirm the particular benefits of such an intervention for those students from LSES backgrounds. The benefit of equipping undergraduate students with knowledge, tools and support systems to optimise the learning potential of their first industry placement cannot be underestimated. With further research we hope to confirm the benefits of this intervention in terms of optimising learning and life support for students and thus ultimately for retaining these students at QUT.

References


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IASAS – A Borderless Global Movement

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Abstract
The International Association of Student Affairs and Services (IASAS) is a formal confederation of higher education student affairs/services professionals with more than 1000 members in over 67 countries, and was officially founded in 2010. Membership is open to past and present higher education student affairs/services practitioners, associations, organisations, and students. Global issues such as access, retention, student rights, cost of higher education, engagement (student, community, alumni), [Mental] health and wellness, professional preparation, assessment and planning, safety, student affairs/services in post-conflict/disaster environments, mobility, leadership, equity, diversity, international experience, experiential learning, etc., know no borders and present opportunities for learning, sharing and collaboration. IASAS is leading and engaging in discussions worldwide and promoting the student affairs and services field at the international level. This paper will focus on a review of IASAS’ origins and purpose, along with updates on progress, future projects, and the growth of IASAS in the Oceania region.

Background and purpose
Student services as a professional discipline has largely stemmed from the United States, with the offering of graduate degree programs in student affairs primarily focused there. US research data spanning the past 50 years is also frequently cited in student success and progression literature, but while there are commonalities in the student experience there are also many aspects that are not immediately transferable. The sharing of global professional knowledge will enable a broader understanding of how to provide the most effective student development programs in diverse educational environments.

An international organisation of student affairs/services professionals was a vision that Roger B. Ludeman had in the 1990s when, then the Assistant Chancellor for Student Affairs at the University of Wisconsin, he had an opportunity to visit European universities through the Fulbright Program. As the informal IASAS confederation grew over the following two decades, Roger and colleagues worked to build the organisation and to promote international dialogue around higher education policy, best practices, and the evaluation of student services. Partnerships were forged with the Division of Higher Education of the United Nations Educational, Scientific, and Cultural Organisation (UNESCO), and leaders of worldwide associations in Higher Education and Student Affairs and Services (NASPA (Student Affairs Administrators in Higher Education-USA), ACPA (College Student Educators International- USA), CACUSS (Canadian Association of College and University Student Services), DSW (Deutsches Studentenwerk-Germany), CSSI (Confederation of Student Services in Ireland), AMOSSHE (Association of Managers of Student Services in Higher Education – UK), ANZSSA (Australian and New Zealand Student Services Association), SAAASSAP (South African Association of Senior Student Affairs Professionals), APSSA (Asia Pacific Student Services Association, ACUHO-I (Association of College and University Housing Officers – International), etc.)

IASAS aims to promote international standards for student services, professional growth of practitioners and development of our students. As we know, many characteristics of the student experience are universal – seeking leadership opportunities, improving learning strategies, overcoming home sickness, surviving financially, career planning – but for local services to be most
effective they must be dynamic, evidence-based, and responsive to the distinctive needs of individual student populations.

**Organisational structure**

Following many years of a flourishing international list-serv connecting members, IASAS established its constitution and by-laws and was founded officially 1 March 2010. Its current governing Board consists of 12 Officers from across the globe, including four Executive Officers (President, Vice-President, Secretary General and the Treasurer) elected by the general membership, seven Regional Coordinators1, elected by regional membership and the Executive Director, appointed by the Board of Management, sitting as an ex-officio. IASAS achieved another milestone when it was formally chartered under the European Union in Belgium on 25 July 2013.

The first Regional Coordinator for the Oceania region was elected to the IASAS Board in January 2013. Oceania members represented around 3.5% of total membership at that time. An IASAS-Oceania Facebook page was established as the initial online sharing platform for information about research, conferences, employment opportunities, professional resources, internships, networking, and topical news with a glocal2 flavour. The Oceania region includes Australia, Fiji, Kiribati, Marshall Islands, Micronesia, Nauru, New Zealand, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. As the profile of IASAS builds, interest in the international organisation in the region continues to grow, as does dialogue about how the relationship with ANZSSA will develop in the future. Connection with IASAS will stimulate fresh ideas for services, enable new professional partnerships, and provide connections for research relationships internationally.

**Projects to date**

Before IASAS was officially founded and chartered, Association initiators embarked on a journey to speak about international practices of Student Affairs and Services. Presenting at countless conferences all over the world (22 countries and counting) they were approached by international partners to undertake projects used as the building blocks of the organisation.

Informally done under the IASAS banner, one of the first research projects was based on a study developed by Roger Ludeman, Doug Woodard and Jenny Lee of the University of Arizona. In 2004 this project was reinitialized as a survey under the heading: Research Project On International Emphasis In Student Affairs Preparation Programs.

This survey project had two purposes divided into two phases and was endorsed by IASAS and NASPA’s International Education Knowledge Community (IEKC). The primary purpose of this survey was to gather information on how institutions were internationalizing their graduate program curriculum with an objective to provide information to prospective graduate students who are interested in an international dimension in student affairs practices. The secondary purpose was creating a database of these particular graduate preparation programs with a second phase to study the extent to which student affairs practitioners in the United States were modifying services and programs in response to the internationalization of higher education.

The partnership with the United Nations Educational, Scientific, and Cultural Organisation has seen two publications: a manual for developing, operating, and assessing student services (UNESCO/IASAS, 2002); and a report on international student services/affairs practices (Ludeman et al, 2009). They were both launched/published to coincide with the UNESCO world conferences on higher education. The publications were a collaboration among worldwide contributors with authors from 22 countries producing 51 country reports, chapters, etc. A third publication is currently being planned with international partners.

2 Reflecting both global and local considerations: "think globally, act locally" approach
Following some of these early projects, IASAS then started to be called upon to provide consultation in the areas of higher education and student affairs and services. Some of these manifested, via Roger B. Ludeman, in the form of advising graduate students on programs that had international emphasis, on the use of certain books for classes in international student affairs and services, on global exchange opportunities and programs and on connecting people and associations from all over the world (e.g. connecting South African institutions with worldwide associations). IASAS at the time was, and some would say still is, one of the only associations to hold this type of worldwide information.

In 2012 IASAS was asked to perform a review and assess the work of a Haitian NGO’s student affairs and services, define its role in the academic and co-curricular lives of university students and provide recommendations on future development. Although this NGO did not label itself as a student affairs organization, the student services provided mirrored the work done in student affairs globally and supported the academic and social lives of its students. This innovative project, the first in a post-disaster/post-conflict setting, highlighted the higher education challenges experienced by students and educators in these types of environments.

The process commenced with a worldwide search and call for applicants for the establishment of a 12 member virtual review team, of which a three member in-country visit team was chosen. This global team of people from different countries met virtually to plan and guide the review. The first phase consisted of learning about the NGO, its staff and mission, reviewing documents related to the NGO’s student support services (having to translate these documents from French to English), evaluating the NGO’s student support services (academic and non-academic), conducting telephone interviews and providing findings to the onsite three member team prior to their visit to Haiti.

The second phase involved three university professionals chosen from the virtual team to travel to Haiti to spend one week with the NGO’s staff, students, visiting institutions and surrounding communities. This consultancy team was tasked to review the range and implementation of the NGO’s student services functions, programs and organizational structure, to enhance the quality of the overall vision and to ensure areas of strength are emphasized and weaknesses addressed. Near the end of the review, discussions were had with the leadership of the NGO on future visioning, strategic planning and future services (support for students with disabilities, access issues, scaling up the program, etc.) The in-country team and NGO staff also discussed the key challenges, key successes and key findings of the organisation and produced a report with recommendations. A debriefing of the consultancy project by the IASAS leadership and discussions pertaining to the lessons learned for future consultancy projects, outline of assessment documents prior to visit, report format, etc. took place. During the weeklong exchange, ideas on how to provide a holistic environment for students to best thrive in different settings were shared and an enhanced understanding of student affairs and services in a post-conflict/post-disaster setting was developed. The project conducted in Haiti highlighted the different ways students affairs and services is actualized in a post-disaster/post-conflict environment and demonstrated ways in which student affairs professionals can learn from each other. This project underlined the power of international knowledge and exchange amongst colleagues and emphasized the magnitude of the potential for changing the way we interact with each other, learn from each other, and grow as a profession as a result.

In 2012, IASAS and NASPA co-sponsored the first Global Summit for Student Affairs and Services, held in Washington, D.C., USA. The inaugural meeting of 47 international delegates provided a forum for identifying common trends and issues, and facilitating discussion around best practices and commitment to future research. Several task groups were identified to advocate for student services/affairs work around the globe. One of the key areas explored through the Summit was the philosophy and purpose of student affairs as it emerges around the world. IASAS is currently facilitating a project to progress this conversation internationally and draft a “Student Affairs and Services Purpose Statement”. A second Global Summit scheduled for September 2014
will be held in Rome, Italy. The idea of holding a Global Summit for Student Leaders is being planned with the hope of actualising it in 2015 or 2016. Currently a search is underway for an event host and sponsors.

This year IASAS will publish research surveying practitioners’ background, roles and professional development (Seifert et al, 2014). The report was compiled by researchers in three different countries and is a multi-national study of 622 respondents from 36 countries. It details findings about practitioners’ educational and professional backgrounds, organisational titles and functional roles, and engagement in professional development activities.

Several future projects are being envisioned, namely future reviews of institutions’ student affairs and services in different countries, exchange programs with institutions in Ecuador and the initiation of a MOOC (Massive Online Open Course) on the basics of student affairs and services adapted for use in various regions of the world.

Visioning

IASAS recently commenced a strategic planning process that will establish the Association’s direction and priorities for the next three to five years. This review of the organisation’s original guiding principles will include identification of critical stakeholders, resourcing plans, goals and strategies, and progress evaluation.

As a primarily virtual association, IASAS relies heavily on technology to connect its members to each other and the world. With very few face-to-face meetings, guiding and growing this association requires out-of-the-box thinking and strategizing. Building, strengthening and utilizing the full potential of the volunteers that make up this international association will be a cornerstone of this new planning.

With an impressive list of growing opportunities, the choice of where to start is daunting and exciting. The need to start conversations on the purpose of, and the global level activity in, international Student Affairs & Services is a priority. There is currently no common definition of Student Affairs and Services and the structures are vastly different (e.g. centralised/ faculty-based, non-academic/academic services, etc.)

IASAS can position itself to be the premier higher education association, promoting and advocating for the welfare of students in higher education worldwide. This can be done by collaborating with international governmental, non-governmental and higher education organizations, networking and sharing information among practitioners and student groups and encouraging high quality preparation and professional development programs.

IASAS, by its existence, already provides a stage for the improvement of multi- and intercultural communication and understanding and acts as a resource and networking platform for professionals and students. IASAS can play a pivotal role in collaborating with and assisting worldwide partners to address such global issues as human rights, equity, gender diversity, access, retention, quality of education, student rights, the cost of higher education, professional preparation and continuing education, evaluation, assessment, strategic planning, health, mental health and wellness, safety and security, legal issues, ethics, student affairs in post-conflict/post-disaster environments/settings, student affairs functions/specialties, mobility, leadership, equity, diversity, inclusion, models of practice, international experience, community based learning, community engagement, experiential learning, student and staff development, alumni relations, supporting transition and progression of students, student engagement, etc.

There needs to be a constant assessment of progress toward internationalization. It should have a main purpose of: portraying student affairs and services as universal in principles and international in scope, yet flexible enough to be adapted to any culture and context providing enough information and resources for any country and institution to begin developing or improving current student
affairs and services operations; and serving as a resource for those wanting [basic] information on student affairs/services for research presentations; beginning to develop and improve student affairs and services’ approach in new and continuing institutions; tailoring it to local culture and values (thinking globally, acting locally); and utilizing internationally developed principles.

There are exciting opportunities to build the types of relationships that IASAS can build with other international higher education and student affairs and services organisations. Being the global and international connector to such associations can bring the world to the doorstep of associations like ANZSSA, for example, and serve as a great benefit for both associations, expanding at the same time access to global databases, networking and research channels.

The idea of delivering short courses/certificates in student affairs that international practitioners can study is being discussed. ANZSSA members can play a pivotal role by bringing their vast experience to help build such systems.

IASAS is well positioned to develop international exchange programs for higher education and student affairs and services professionals, and support those working in different countries. Single university partnerships are already in place, and there are many more opportunities for multidirectional exchanges. IASAS is well suited to act as the scaffolding for a practice management forum by being a “clearing house” for research connections, best practices, questions and answers forums, policies and procedures support, a place for generating and sharing ideas, etc. It can be the locus for developing lists and information gateways using crowd sourcing for information exchange, for compiling a database of international jobs, internships, study abroad and exchange programs, etc., plus how each region practices and sees (visions) Higher Education and Student Affairs and Services. It can also position itself as the conduit for those who may not be able to connect to or access vital resources such as scientific journals, websites, etc.

**IASAS Board of Management 2014**

Executive Officers of the IASAS Board are elected by general members, currently -

- President: Rob Shea (Canada)
- Vice President: Wadad Youssef El Housseini (Qatar)
- Secretary: Lisa Bardill Moscaritolo (USA)
- Treasurer: Fabio Monti (Italy)

Regional Coordinators on the Board are elected by their regional members, currently -

- Africa: Antoinette Goosen (South Africa)
- Asia: Evelyn Songco (Philippines)
- Europe: Andrew West (UK)
- Middle East: Adnan Farah (Bahrain)
- North America, Central America and the Caribbean: Richard Zereik (Canada)
- Oceania: Eva-Marie Seeto (Australia)
- South America: Vacant

President Emeritus: Roger B. Ludeman (USA)

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Lisa Bardill Moscaritolo, IASAS Secretary General, and Associate Vice President and Dean for Students, Westchester Campuses, Pace University, New York, USA.

Roger B. Ludeman, IASAS President Emeritus, and Assistant Chancellor for Student Affairs Emeritus, University of Wisconsin-Whitewater Eugene, Oregon.

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Website: www.iasasonline.org
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Mytern: An Innovative Approach to Increase Students' Achievement, Sense of Wellbeing and Levels of Resilience

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Abstract

Many university students, particularly first year, do experience feelings of stress and social isolation, which negatively impact on their physical, mental and academic wellbeing. When it all becomes too overwhelming, some students perceive that their only solution is to drop out of university, or worse. This paper reports on a study at a regional Australian university using mixed methods to investigate the impact of an emotional fitness intervention (Mytern) on the emotional health and resilience of students in a compulsory first year course. The study adopted a salutogenic perspective to address the everyday stressors experienced by first year students; it explores factors that create health rather than concentrating on the limitations and disease that emerge as a result of these stressors.

Results indicated that this supportive intervention developed a feeling of connection and a sense of control within a large number of students; enabling them to feel stronger mentally and physically; perform better academically; encouraging them to continue their study; despite continually being confronted with everyday stressors. Equipping students with a skill to reframe the daily stressors of university and life revealed increased wellbeing and retention rates, with implications to decrease the number of students presenting to an already overburdened student counselling service.

College and university campuses are struggling with limited resources to address increasing student mental health needs (Conley, Travers, & Bryant, 2013). Counselling services, which once met the developmental and informational needs of the students, have increasingly had to adapt to cater for the more severe psychological problems being presented. National and international studies have documented high levels of depression, anxiety and stress amongst first year university students (Eisenberg, Gollust, Golberstein, & Hefner, 2007; Price, McLeod, Gleich, & Hand, 2006; Wong, Cheung, Chan, Ma, & Tang, 2006). This is a situation which is only exacerbated/complicated by those students who choose not to seek help (Wynaden, Wichmann, & Murray, 2013).

There is now a large body of research advocating the need to incorporate resilience within educational curriculum (Miller, Nickerson, & Jimerson, 2009). Thus, a move towards addressing the mental health problems within university students, whilst also reducing numbers presenting to the student counsellors, may be achieved through embedding resilience interventions within the first year university experience (Stallman, 2011; Stallman & Shochet, 2009; Vivekananda, Telley, & Trethowan, 2011). This paper reports on the effects of the Mytern™ intervention on first year university students at one Australian university. The study documented changes in students’ psychological wellbeing, life satisfaction, resilience and psychological distress levels. The results from this study indicate the positive influences that an intervention such as Mytern™, has had on one cohort of first year students; these include keeping them at university, and even keeping them alive.

Kitzrow (2003) argued that both universities and colleges were dealing with enormous challenges that had been created as a result of the changing mental health needs of students. Since then, the challenges have increased (Conley, et al., 2013). Yet the changing mental health needs of students
only represent part of the problem. Past research indicates “that between 45% and 65% of university students experiencing mental health problems do not access professional help (Ryan, Shochet, & Stallman, 2010, p. 74). A recent study of how university students manage problematic symptoms, behaviours or an emerging or diagnosed mental disorder whilst studying (Wynaden, et al., 2013) found that the stigma of having a mental health problem remained a major factor that kept students from seeking help. The study revealed that reasons why students failed to seek help also included:

- 41.3% were unsure “whether their problems were serious enough to warrant consulting a health professional or even whether they had problems for which it was necessary to consult someone” (p.855);
- 18% had not “sought the assistance of a health professional because they felt they were able to deal with their problems on their own”(p. 856);
- 25.3% “had not sought help because they were afraid, anxious, embarrassed or ashamed to do so (p.856);
- Students also cited lack of time and cost of the treatment as barriers

The students experiencing the more serious problems such as depression and suicide are less likely to seek help, despite the fact that universities offer free health and counseling services. The increasing number of students avoiding seeking help emphasises the need to equip them with proactive strategies early on in their university life (the first year), in order to help prevent the escalating symptoms of stress. Studies have found that students are often more likely to seek informal help (Ryan, et al., 2010), indicating a need for providing health promotion strategies that are available for students to access in a more informal manner. If students were able to recognise their increasing levels of stress and were equipped with strategies to avoid, manage or reframe it, then the number of students presenting with moderate to severe mental health problems may decrease.

Developing resilience

Jorm et al., (1997) stressed the need for raising the mental health literacy in the general population so that early symptoms could be recognised and appropriate action taken, with emphasis on individuals learning to self-manage their own mental health. The need for preventative programs was also identified at the National Summit on the Mental Health of Tertiary Students (Norton & Brett, 2011), where it was recommended that resilience training be embedded in course design, as part of building mental health capacity in a proactive way. In the context of first year university students, the skill of resilience could be both learned and developed (McAllister & Lowe, 2011) enabling the students to sustain motivation and focus when faced with the challenges of transition and emerging adulthood (Stallman, 2011). It is resilience building that is at the core of the Mytern intervention.

Psychological principles at the foundation of Mytern: positive psychology, positive emotions and mindfulness

The resilience-building intervention Mytern was created as a preventative program. The psychological principles behind positive psychology (Seligman, Ernst, Gillham, Reivich, & Linkins, 2009), positive emotions (B. L. Fredrickson, 2013) and mindfulness (Vago & Silbersweig, 2012), inform the intervention of Mytern in profound ways. The salutogenic perspective of positive psychology recommends the promotion of mental health interventions as a buffer for both mental and physical illness (B.L. Fredrickson & Losada, 2005; Seligman, 2011). From a higher education perspective, the teaching of positive psychology principles can be applied as ‘an antidote to depression, as a vehicle for increasing life satisfaction, and as an aid to better learning and more creative thinking’ (Seligman, et al., 2009, p. 295). Generating positive emotions, as part of the positive psychology teachings, has the ability to enhance psychological wellbeing and functioning,
and is associated with lowering levels of mental health problems (Bonanno, Westphal, & Mancini, 2011; Folkman & Moskowitz, 2000; B. L. Fredrickson, 1998, 2001; Lyubomirsky & Layous, 2013). Therefore, it is appropriate to introduce an intervention which promotes the generation of positive emotions into tertiary institutions where students are experiencing increased psychological distress (Stallman, 2012). The principle of mindfulness is what helps focus the student to be able to generate these positive emotions.

**Description of the Mytern intervention**

The *Mytern* intervention used in the study, was positioned in the area of health promotion and was proactive rather than reactive. Health promotion focuses on people gaining control over their health determinants, thereby improving their health in order to be able to lead an active and productive life (B Lindström, Eriksson, & Wikstrom, 2011). Importantly, the study was built around a salutogenic framework, an approach that focuses on factors that can create health and wellbeing in populations. The aim was not to seek ways to eliminate stressors from the participants’ lives, but to help them strengthen and create health whilst still being under these everyday stressors. As a result, the intervention under study focused on the creation, enhancement and improvement of emotional resilience and well-being within first year tertiary students (B Lindström & Eriksson, 2006).

*Mytern* is an acronym that stands for Take Emotional Responsibility Now. As inferred by the name, the intervention required that students take responsibility for their emotions and thoughts. The major aim of the intervention was to provide a resource which would help alleviate and transform the everyday stressors experienced by first year university students. *Mytern* was originally created in response to the increasing prevalence of mental health problems within secondary schools. As an emotional fitness and resilience building skill, *Mytern* was designed to assist people in changing emotional habits through building resources and learning to self-generate positive emotions despite prevalent circumstances. The intervention aimed not to eradicate stressors, but to educate students through the use of metaphor, that they are in control of their emotional state. Another aim was to introduce a strategy to transform negative emotions; with the understanding that all emotions have their benefits (ie, that the positive roads build health whereas the less positive roads build resilience). The intervention emphasised that if students continued along resilient roads for too long, their health would diminish/deteriorate. Coming from a salutogenic perspective, Mytern also aimed to educate the students to be able to transform every day stressors into experiences that would help create health from within.

**The study implementation**

In light of the rising prevalence of mental health problems in first year university students; the overloaded students counselling services and the high numbers of students who choose not to seek help; this study was conceived. It evaluated the impact of a time and cost effective intervention (*Mytern*) which was embedded into a first year compulsory course in an Australian regional university, and delivered via a brief movie on DVD, a mini manual and a daily SMS.

**Participants**

Participants for the study came from two compulsory first year courses: COR109 Communication and Thought (approximately 600 students) and COR110 Innovation, Creativity and Entrepreneurship (approximately 700 students). These courses were chosen as they attracted students from each faculty and comprised a high percentage of first year students (over 80%).

**Method: the implementation of Mytern**

By adopting a salutogenic perspective and employing a mixed method approach, the study gathered data from surveys of wellbeing, semi-structured interviews and SMS feedback.
During the first tutorial of semester 2, students from a compulsory first year course (COR109 Communication and Thought) were introduced via a 4 minute DVD to the intervention Mytern. They were each offered a copy of the Mini Mytern Manual which outlined the skill and also gave examples of how to apply it. They were also given the opportunity to elect to receive the daily Mytern SMS service. (See Table 1)

**Table 1: Mytern: Intervention timetable**

<table>
<thead>
<tr>
<th>Week</th>
<th>Mytern Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Tutorial: DVD (4min), Mini Mytern Manual, opportunity to receive Mytern SMS by texting ‘Mytern’ to the mobile number given in the DVD and in the booklet</td>
</tr>
<tr>
<td>2-10</td>
<td>Mytern SMS: Mon-Fri available for those students who elected to receive them. This service can be ceased by replying ‘stop’ to the Mytern text.</td>
</tr>
</tbody>
</table>

**Quantitative method:** Participants were surveyed both pre and post intervention; with the questionnaires being given during tutorial and lecture times. A paired t-test was carried out to see if the hypothesis was supported (i.e. if the intervention had created significant change within IA and ISMS groups) and whether the difference was sampling error or due to the influence of the intervention. A one-way ANOVA was used to compare the means of the three groups and detect differences.

Past research in this area identified the different types of data that had been gathered and the most reliable instruments that had been used (Price, et al., 2006; Stallman, 2010; Vivekananda, et al., 2011; Wong, et al., 2006). Four questionnaires were selected and used: FS (psychological wellbeing), SWLS (life satisfaction), CD-RISC (resilience) and K-10 (distress levels). The scoring and efficacy of each questionnaire was taken into consideration before adopting them for use in the study. Utilising questionnaires that measure subjective well-being such as the ones adopted in the study has been shown to be an important area of research which can be instrumental in helping to improve the lives of individuals (Bendayan, Blanca, Fernandez-Baena, Escobar, & Trianes, 2013). Measuring subjective wellbeing is also in accordance with the salutogenic perspective of what makes people healthy in relation to their own values (Hultell & Petter Gustavsson, 2008).

**Qualitative method:** Semi-structured interviews were conducted immediately after the intervention and six months later; the aim being to listen to the voices of individual participants, recording their personal reactions to the intervention. This included discerning any factors that may have influenced student’s psychological wellbeing, satisfaction with life, resilience and distress levels, as well why change may have occurred as a result of the intervention. A thematic approach was adopted for the analysis.

**What have we learned? Findings/results**

**Quantitative data:** Out of a potential 700 students in the control group (COR110), those who completed the questionnaires numbered 120 pre-test; with 54 completing both pre and post-test. The completion rate for the intervention group (COR109) was equally low. Out of a cohort of 600 students, 250 completed the pre-test; with only 53 completing both the pre and post tests. As the primary aim of the study was to measure change over time, only the participants who completed both the pre and post-tests (n= 107) were included in the analysis.

The quantitative results were divided into three different groups, as there were three separate influences/effects. The first group represented the control group, who received no intervention and were from the COR110 course (C). The second and third groups formed the experimental group. The second group consisted of students who had attended the tutorial, seen the DVD and received the booklet in COR109, but had not signed up for the SMS (IA). The third group were the
participants who had attended the tutorial, seen the DVD and received the booklet in COR109, and also elected to receive the daily Mytern SMS (ISMS). These will be referred to as

1. C=Control
2. IA= Intervention consisting of DVD and booklet
3. ISMS=Intervention consisting of DVD, booklet, and daily Mytern SMS

**Table 1:**

<table>
<thead>
<tr>
<th>Control group</th>
<th>Experimental group</th>
</tr>
</thead>
<tbody>
<tr>
<td>No intervention</td>
<td>Intervention (DVD, booklet)</td>
</tr>
<tr>
<td>C</td>
<td>IA</td>
</tr>
</tbody>
</table>

The research tested the hypotheses that:

1. the students who received the Mytern intervention would have higher levels of psychological wellbeing, satisfaction with life, resilience and
2. the students who received the Mytern intervention would have lower levels of psychological distress than the control group.

Although the control group C did experienced some change in the four scales, it was not seen to be significant (See Table 2). The IA group only experienced significant change in one scale which was in the life satisfaction (SWLS) score (1.59±3.41; *p*=.010). However, the ISMS group experienced significant change in all four scores: FS (5.74±5.86; *p*=.000); SWLS (5.53±5.16; *p*=.000); K-10 (-6.47±7.18; *p*=.001); CD-RISC (3.84±3.77; *p*=.000).

**Table 2:** Differences experienced between pre and post scores

<table>
<thead>
<tr>
<th>T1 &amp; T2 differences</th>
<th>Control Mean/SD/ p-value*</th>
<th>Intervention Mean/SD/ p-value*</th>
<th>SMS Mean/SD/ p-value*</th>
<th>p-value between Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>FS difference</td>
<td>0.64±4.44 <em>p</em>=.354</td>
<td>1.31±4.34 <em>p</em>=.115</td>
<td>5.74±5.86 <em>p</em>=.000**</td>
<td>.002 c</td>
</tr>
<tr>
<td>SWLS difference</td>
<td>0.38±4.67 <em>p</em>=.600</td>
<td>1.59±3.41 <em>p</em>=.010**</td>
<td>5.53±5.16 <em>p</em>=.000**</td>
<td>.001 b</td>
</tr>
<tr>
<td>K-10 difference</td>
<td>-1.36±5.39 <em>p</em>=.111</td>
<td>-1.07±4.79 <em>p</em>=.240</td>
<td>-6.47±7.18 <em>p</em>=.001 a</td>
<td>.002 b</td>
</tr>
<tr>
<td>CD-RISC difference</td>
<td>0.86±4.54 <em>p</em>=.228</td>
<td>1.21±3.81 <em>p</em>=.099</td>
<td>3.84±3.77 <em>p</em>=.000 a</td>
<td>.026 c</td>
</tr>
</tbody>
</table>

*significant at *p* < .05  *a* differences within group (t-test)  *b* differences between groups (one-way ANOVA);  
  *c* Brown-Forsythe T1=pre test; T2= post test  
  FS- Flourishing, K-10 Distress, SWLS Life satisfaction, CD-RISC Resilience

These salutogenic changes to the ISMS group may have been influenced by the limited response rate; discrepancies between the size of the groups; and the fact that the ISMS group began with the lowest scores, placing them in a position to experience the greatest change. However, through adopting a mixed-methodology, these results did not stand alone; the qualitative results also needed to be taken into consideration.

**Qualitative data:** Out of the 238 students who attended the first tutorial (COR109 intervention group), nearly 70 % elected to receive the daily SMS which was designed to reinforced the resilience building skill of Mytern. Participants’ ages ranged from 17-61 (F = 60% and M = 40%)
with over 85% of the participants being from the first year cohort. In week 12, participants who had volunteered to participate in an interview on the original consent form were invited to organise an interview time. Ten students agreed to be interviewed, which was considered a representative sample of the whole group.

Participants’ ages ranged from 18 - 61 consisting of three eighteen year olds, with the others being 19, 20, 28, 32, 47, and 48 respectively. (See Figure 1). Eight of the ten were first in family, with only one international student speaking a language other than English. The three male and seven female students were all enrolled in a compulsory first year course.

Friend, supporter, motivator

When asked in what way they felt that Mytern had had such a positive impact on their lives, the majority said that receiving the texts was like having a friend, a supportive influence, who was objective and always there for them. All except one commented that it didn’t matter that the sender was anonymous. Quotes such as those from Rory and Sam are reflective of what all the participants felt about the friendship and support that developed between the anonymous SMS and the student.

There’s someone else out there that isn’t here with me right now, who cares, doesn’t even know me, but still - that’s how Mytern can make you feel, so that’s good. It makes you feel someone’s out there caring. (Rory)

You just know that someone’s on your side and you feel like when you get the text it feels like you can relate. Just to know that somebody’s on your side every day. Just to remind you, give you a bit of confidence. Make you feel a little bit of hope, a bit of happiness, getting that text and seeing and reminding you that you can change your life. (Sam)

The motivational impact of Mytern also emerged from the analysis. Students spoke about Mytern motivating them to stop and change the way they were thinking and feeling; to keep them working; to reinforce that they can do this; and that they can take control of their life. Three recurring words in the interviews were ‘control’, ‘power’ and ‘motivation’. Quotes from Charlie and Phoenix (an international student) sum up the common sentiments expressed by the participants.

It is our only power...and it’s wonderful. It’s a lovely analogy, that steering wheel thing I think because you think about it driving around in your car and you think I have got power. Who else has got power over me except me really? Nobody can tell you really what to do, or what to feel. That’s brings you back to the point, to you yourself, into your body, I’m here now and I’ve got to get hold of that steering wheel again. (Charlie)

The high retention rate of 82% achieved by the SMS service may reflect the Mytern SMS’s positive influence, although some of those who decided to stop the texts did it from a salutogenic perspective; as the daily SMS had achieved what it had set out to do (the SMS was set up to scaffold the learning of the skill). An example of this scaffolding is reflected in one student’s response:

Unsubscribe…Thank you for making my day, just when I needed it. My life is back on track, but your kind words have been helping when things have looked dark. While I no longer need your words, others do. I am passing on your kind spirit in my own ways, and practicing the skill every day. So thank you. Goodbye. (S113)

Results from both the questionnaires and semi-structured interviews indicated that the intervention Mytern (i.e. when exposed to all the Mytern components- DVD, mini manual and SMS) had a positive impact on the participants. It was in the merging of these results that these effects were realised.
Discussion

From a quantitative perspective, the hypotheses predicted positive change in each of the scales (psychological wellbeing, life satisfaction, resilience and levels of psychological distress) for the participants in the IA and ISMS groups, who each received aspects of the intervention. However, it was the ISMS group who confirmed the alternative hypothesis. As both groups had been exposed to the initial DVD and Mytern mini-manual, the only difference between the groups as far as the intervention was concerned, was also the receiving the daily Mytern SMS. Results between C and IA were similar, indicating that the DVD and mini-manual alone were not sufficient to create a significant impact on the scores of the IA group. Therefore, receiving the daily Mytern SMS as well as the DVD and mini-manual may have been what created the significant change experienced in the ISMS scores.

With the quantitative data suggesting that the positive differences to the ISMS scores may have been a result of the inclusion of the SMS component of the intervention, the qualitative results were investigated to try and ascertain why the students had experienced these changes. Here the significant changes experienced by the ISMS group in all four scales were confirmed. All the participants interviewed agreed that Mytern had had a major impact on their lives. Although the positive changes to those who received the complete intervention (i.e. DVD, mini manual and SMS) were predicted, the main reason for these changes was not.

The most profound finding and the major theme that emerged from the thematic analysis was the students’ personal connection with the SMS. It was this connection which motivated the students to want to keep receiving the daily SMS in order to facilitate the positive changes they experienced to their levels of wellbeing. As stated before, this was not an outcome that was expected. Each one of the students referred to the SMS as being a friend; someone who cared; somebody out there who was watching out for them.

Practical implications

The rising prevalence of mental health problems within tertiary students, coupled with the increased demands that this places on student counselling services, indicates the need for interventions such as Mytern to be embedded within a first year tertiary course. Not only did the results show that Mytern was able to improve the psychological wellbeing, life satisfaction, resilience and levels of psychological distress of the students, they also indicated that the students who need a service such as Mytern elect to receive it. Having the skill within the course would also educate academic staff, equipping them with a skill to help support their students (Wynaden, et al., 2013).

Universities are in an excellent position to become more involved in the prevention of mental disorders and the promotion of wellbeing (Lally, Conghaile, Quigley, Bainbridge, & McDonald, 2013; Price, et al., 2006; Stallman, 2008). Through implementing a universal intervention such as Mytern (one which targets the entire first year population rather than just focussing on individuals who may be at risk), any stigma that may be associated with individual participants can be minimised (Lally, et al., 2013; Reavley & Jorm, 2010). Managing personal mental health issues begins with awareness, therefore a universal intervention introduced to all first year students also has the advantage of giving those at risk strategies to recognise and handle their own mental health issues, assisting them to minimise and manage them more effectively. (Andrews & Chong, 2011; Geisner, Neighbors, & Larimer, 2006).

Universal interventions also have the advantage of covering more than one issue or problem at a time, as was found with Mytern. Through adopting a salutogenic perspective, the skill helped students (whilst still under the influence of daily stressors) perform better academically; improve their relationships; stay at university; and even save lives. It is therefore important to implement universal interventions that cater for diverse student populations (Buchanan, 2012).
The major health constructs which were incorporated into the intervention Mytern were resilience, positive emotions and mindfulness. Resilience can be viewed as an asset-based approach that can support tertiary students’ mental health needs (Hartley, 2012). Resilience is open to development (Bonanno, et al., 2011; McAllister & Lowe, 2011); can be enhanced by interventions (Connor & Davidson, 2003; McAllister & McKinnon, 2009) and can be learnt by anyone (McAllister & McKinnon, 2009; Newman, 2005). Vulnerability and adversity were common themes within the literature surrounding resilience, of which both may be encountered by a student in their first year of university. It was through the teaching of the Mytern skill, which showed how to transform daily stressors, that students’ level of resilience was increased, helping them manage their vulnerability and adversity, reflecting the salutogenic concept of creating health through daily stressors.

Learning to cultivate positive emotions can be seen as a protective factor, as positive emotions not only signal flourishing, or optimal well-being, but produce it—both in the present moment and in the long term. They are worth cultivating, ‘not just as end states in themselves but also as a means to achieving psychological growth and improved well-being over time’ (Fredrickson, 2001, p. 218). From a salutogenic perspective, enhancing the protective factors is more effective than reducing the risk factors to improve resilience (Lee et al., 2013).

The daily SMS acted as a prompt to help students cultivate positive emotions, building a protective factor against daily stressors while creating improved wellbeing. As generating positive emotions has the ability to enhance psychological wellbeing and functioning, and is associated with lowering levels of mental health problems, it seems to be an important ingredient to be added to a tertiary intervention (Bonanno & Keltner, 1997; Folkman & Moskowitz, 2000; Fredrickson, 1998, 2001; Lyubomirsky et al., 2013).

Mindfulness was also incorporated into the intervention, but not in the usual way. The major difference with the mindfulness within Mytern was that it was practiced momentarily, via the SMS, rather than being practiced in a class situation for an extended period of time. This form of mindfulness enabled the students to become aware of their thoughts and emotions and not judge them, helping to transform psychological distress into psychological wellbeing (Keng, Smoski, & Robins, 2011).

These three constructs (resilience, positive emotions and mindfulness) combined to form a powerful intervention that was able to positively impact students’ psychological wellbeing, life satisfaction; resilience and distress levels. This is just one example of how multiple constructs could be combined to form an intervention that may be suitable for tertiary students.

In conclusion, a major fact to consider is that many interventions are developed, implemented and evaluated by either student counsellors (Bretag, Hayes, & Rohde, 2009) or psychologists (Hasel, Abdolhoseini, & Ganji, 2011; Stallman, 2011). This highlights a need for universal interventions that can be implemented by those who are not specialists, such as the one in this study which was implemented by tutors. This can foster uptake of innovative health promotion within universities; health promotion driven by student support services; health promotion that could help address the stigma associated with mental health problems; and health promotion that could assist in reducing the strain already felt by university student counselling services (Lally, et al., 2013; Stallman, 2012).

References


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From Gutenberg to QR: The Changing Nature of Evaluating Counsellor Effectiveness.

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Abstract

In an era of time-poor and survey-fatigued students the evaluation of counselling services efficacy is problematic. The progression for Victoria University (Australia) from paper based surveys to online questionnaires has not been an easy journey. It was driven by staff factors, student characteristics, in particular their familiarity with technology (Newton & Ellis, 2012), and a desire to efficiently use resources. The scaffolding of this process, from the student confidentiality and consent form, to the final evaluative report will be described. The way in which the survey has been used to address issues such as counsellor efficacy (Hubble, Duncan, & Miller, 1999), the service’s impact on attrition and retention, and whether the respondents represent a bias ‘e-literate’ subpopulation or are representative of the student body will be discussed. Finally, three years of data as it relates to students preference for face-to-face, telephone, email, or Skype type counselling will be presented.

This paper has three sections. The first section is a personalised description of traditional paper-based evaluative processes and the methodology used to gather information about counsellor effectiveness. The second section describes the rationale and methodology associated with the move from paper-based surveys to electronic surveys. Within this section the counselling service’s meeting of its institutional KPIs are discussed. The final section looks specifically at students’ preferences for how counselling can be delivered and their e-literacy.

Gutenberg, hard copy and soft accountability

Some of you may know about Heisenberg’s uncertainty principle. Essentially this principle states you can know either the momentum of a particle or its position. You cannot know both. The act of measuring one excludes the possibility of knowing the other. The applicability of this principle beyond the limits of physics will be illustrated.

From 1436 to 1440, with more than 50 years until the discovery of the New World, Gutenberg developed the printing press that utilised moveable type. The exponential growth of moveable type technology continued until its obsolesce in living memory. The present is understood via reference to the past.

I write in the first person. I would be surprised if my story was different to your story but I would not wish to impose my historical perspective as the universal experience.

For most of us the issue of effectiveness has varied over time and is contingent upon our role. The ripple effect of evaluation and its relevance has extended for me from a matter of personal efficacy with clients, to efficacy as a member of a counselling service, and finally to efficacy, particularly related to managerial responsibility within the specific setting of a counselling service in higher education.

After a decade as a Guidance Officer, an educational psychologist, in the Ministry of Education I entered the TAFE sector in 1990. How did I know if I did a good job or at least was effective from some objective criteria? There was internal self-regulation via clinical supervision and direct feedback from students and feedback from colleagues and staff. As part of my training and profession placement, my counselling skills had been assessed and commented upon. It was in

I would like to thank the anonymous reviewers for their comments and Andrew Chua for his comments on the various drafts of this paper.
effect similar to obtaining a driver’s licence. I had passed, gained the qualification and now with this licence I could negotiate my way through the traffic of clients that were booked in to see me.

In the 1990’s the paradigm within the counselling area, and within the milieu of most professional groups was about to change. Lifelong learning and mandated ongoing professional development to maintain standards was introduced.

In late 1991 I arrived at the Royal Melbourne Institute of Technology (RMIT). The Head of the RMIT’s Higher Education Counselling Services was Margaret Robertson. My guided journey in evaluation of effectiveness from an individual and institution’s perspective commenced. Margaret and her colleague Neill Quintrell (Quintrell & Robertson, 1996) were pioneers in the field of applying a critical lens to the area of post-secondary counselling services. Their articles were crisply written, concise and perceptive.

At RMIT in the early 1990’s counsellors completed a pencil and paper student ‘data sheet’. Beyond the basic demographic data, the fields were local/international student, course of study, year of course, semester, session date, session number, and a listing of several presenting issues. The students’ names were entered into the first column. When completed the first column was cut off and the sheets were given to Margaret. These sheets consisted of number strings. After manual entry by a systems analyst the output was sent to a designated location and stored at the Computer Centre. While one could enter on the data sheet progressively during the year, it was not unusual for practitioners to have their file cards lined up in early December and spend several hours entering the year’s data.

The ongoing evaluation of clinical efficacy of staff occurred through fortnightly case discussions and individual supervision. Margaret was also available to discuss concerns about individual client presentations outside of these times. We had an active life of professional development with external individuals addressing specialised needs as well as an in-house program.

This was the era when appointments were made in the ‘counsellors diary’, a physical paper diary, and notes were recorded on large file cards. These were Gutenberg’s great grandchildren many times removed. We had our own file box with the cards of our own clients. These were stored in a locked filing cabinet.

Initially, Margaret had to specify the exact types of reports required and within a week or so, dependent upon the work load of the Computer Centre, a printout of several centimetres thickness and considerable length and width would arrive. The printout provided the raw results from which the reports were extracted. Reports were provided to the Chancellery as a matter of courtesy. My recollection is that the purpose of these reports was for educational and strategic purposes. These reports tried to let the Chancellery know what counselling services actually did. Within the service the reports served a different function. They were able to identify peaks and troughs for student presentations, trends in presentations by course and by type of presentation and thus assisted in the planning of operational matters. As can be appreciated the once a year picture, obtained at the end of the year, did not enable objective real time monitoring.

As time progressed there was a move from the Computer Centre to desktop means of data analysis. Data was still entered manually on a yearly basis by a systems analyst. From the new wonder tool of the personal computer (PC) the data files could be manipulated via the first PC version of the SPSS packages. The introduction of the PC and the now nearly defunct facsimile machines were the milestones that designated the beginning of the end of the Gutenberg epoch. In the late 1990’s we moved to a fully integrated electronic diary and note keeping database. The database permitted the instantaneous generation of a large repertoire of reports. The era of the capacity to meet a request for specific information from the Chancellery, and from any other part of the university had arrived.
Up until that point in time, the task of evaluation has missed two components. The first component was the views of the students, and where it existed, the staff who accessed the service as clients. Staff as clients access ceased in the mid 1990’s with the introduction of an Employee Assistance Program. The second deficiency was the lack of any objective means of determining efficacy. Satisfied clients are better than unsatisfied clients; however efficacy is not about pleasing clients.

Within the counsellor’s rooms, psychometric tools were rarely used to determine objective indices of change or effectiveness, nor were there any systematic appraisal of satisfaction. While we all thought that we did a good job and professional standards were maintained by peer and external clinical supervision, we were unsure how our efficacy was viewed by students. The imperative to evaluate student satisfaction, as an index of efficacy had arrived. By way of post-script with RMIT, it introduced an Evidence Based Practice using Scott Miller’s tools after I left. For most counselling services, the lack of an objective measure of client change remains a reality.

From late 2001 I assumed the manager role at Victoria University’s counselling services. I arrived and found that there was a whole of service approach to evaluating students’ experiences. Students were interrogated about their experience of a broad range of reasons for them presenting to student services. The range of presentations was for personal concerns, financial concerns, study help, special consideration, international advice, housing/accommodation and health. These reasons were seen as the major functions of the professional groups within student services.

There was a pencil and paper evaluative tool. All staff within student services cooperated with a designated commencement and end time where all students who presented for an individual appointment were requested by the practitioner to fill in the instrument. Across the dual-sector university over a number of years there was a return rate between 119 and 257 completed forms across 9 campuses.

The response rates for counsellors during these years was from the high 70% to the low 80% of total number of responses. Given that the majority of appointments were for counsellors and there were specific and unique areas of efficacy that counsellors were looking at, the service wide evaluative process was abandoned and instead each service undertook its own evaluative processes. One size did not fit all.

For several years the counselling services continued a paper-based evaluative instrument. We extended the questions presented to students to reflect our own KPIs. We directly asked about behaviours that impact on counsellor engagement and efficacy (Hubble, Duncan, & Miller, 1999), and counsellors’ impact on retention. These are discussed below. The reasons for the shift to electronic surveys were manifold. They revolved around staff attitudes, views supposedly held by students, and resources.

Counsellors saw the switch as relieving them of an onerous task of physically handing out surveys and encouraging students to complete them. Counsellors indicated that the survey process, which had them as the visible drivers, had the potential to impact negatively upon the therapeutic relationship. This notwithstanding there was also a conviction that an electronic survey with its greater level of anonymity would provide more honest feedback about counsellor efficacy then one the counsellors physically proffered to students.

From our daily experiences and local research, for example Newton and Ellis (2012), there was recognition that students are adept in the use of a wide range of technologies and were highly e-literate. We felt confident that we could use an online tool to survey students’ experiences as recipients of counselling. The accumulated research, examining face-to-face versus on-line counselling (Murphy et al., 2009) and the years of findings about the efficacy of delivery of therapeutic assistance via the internet (Farrer et al., 2013), prompted us to ask students whether they wanted to receive counselling through ways other than face-to-face sessions.
From a resource point of view the move to a technology based instrument reduced the labour costs and the cost of materials associated with any hard copy survey. The burden of responsibility for the annual surveys had shifted to the small group responsible for the sending and analysing the survey results.

QR, soft copy and hard accountability

The survey process entered the electronic era, the precursor to QR, in 2009. By this stage we had what we considered very precise questions. Over the years, both in paper-based mode and through online mode, we have experienced increasing difficulty in obtaining responses. We have been told by students that there is a deluge of hard copy surveys and emails they receive and while they would like to respond they simply did not have the time to do so. Our current response rate is 9 percent and has been hovering around 10 percent in previous years. This rate is within the ‘Liberal conditions’ specified by Nulty (2008) for efficacy given the students who constitute our sample pool.

There is no quantitative difference between students’ ratings as a result of the increase in anonymity. However, there has been a change in the qualitative responses. More and longer responses are being provided. These responses run the full gamut of detailed comments about the furnishings and music in the waiting areas, to specifics about counsellor’s style and requests for “less CBT”.

The current version of the Counsellor Feedback Questionnaire (CFQ) takes approximately 10 minutes to complete. At regular times throughout the year I email the link to the survey to all new clients. Before discussion of this I will describe the QR card. The QR card commenced in mid semester one this year. It is distributed to all new clients and provides them with the capacity to provide comments on an identical questionnaire to the CFQ. All that is required is a QR reader, time and motivation. As of 29/7/13 there have been 6 responses. Given such a low response rate my comments will be restricted to the CFQ.

I will explain the lifecycle of the CFQ process in a step-by-step way: from gathering email addresses, to the production and distribution of the final report. A check list (Appendix One) is provided that should serve as a reminder of the key elements discussed.

Each year we have returning or new students register on a form that provides them with information about confidentiality. Previously we had an opt-in system where students indicated their preparedness to be surveyed. As too many chose not to opt-in, we ended up with a small sample pool. We changed to an opt-out system. With this change only a handful of students currently exercise their capacity to opt-out at the registration stage. When the registration form is completed, counsellors record in an Excel spreadsheet, on a campus-by-campus basis, the student’s name, id number and their preferred email address. This spreadsheet exists on a counsellor only shared drive.

Several weeks before sending out the emails I foreshadow this intent with the staff. This ensures that the spreadsheet data on students is up to date.

Using a purpose specific email address, in batches within the transmission capacity of the email system, I send the email in the BCC mode. I include a brief note (Appendix Two) where I list the purpose of the email, my phone and email address and the link to the tool. There is approximately a 5-10% failure to transmit, due to staff incorrectly transcribing student details, or students’ incorrectly providing their details.

The CFQ (Appendix three) can be divided into four components of: a) demographics; b) presenting issues and how students were referred; c) the appointment making process and time between making an appointment and being seen; and, d) satisfaction with counsellor, counselling’s perceived impact, preference for mode of counselling, and indication of how various forms of electronic
medium are utilized by students. The majority of responses required were just “point and click”. Most of the questions utilise a Likert-type rating scale. However, there were a number of free text fields that elicited qualitative data. These were: ‘Write the key messages you want to give the counselling services’ (Section 1, question 2), ‘Do you have any suggestions for improving our Counselling Service’ (Section 4, question 7), and ‘Please add any other comments you wish to make about the Counselling Service’ (Section 4, question 8).

To date in 2013 I have sent out three waves of emails. There are two more waves planned before the end of the year. The response to the QR has been low. At the end of the year a decision will be made whether to incorporate QR information or to report upon it separately.

The later part of the year will be spent compiling the information and producing a report. Once it has gone through an editing process and comments sought from within the counselling services, the final version will be distributed within the university.

**KPI’s, counsellor engagement, and counselling’s impact upon retention**

The KPI’s questions on making an appointment, counsellor engagement and the impact of counselling upon student retention are found within section c) and d) of the CFQ. By way of a snapshot, the following picture was revealed by the 2012 CFQ results. The KPIs of appointment making process, time between making an appointment and seeing a counsellor, the privacy and ambiance of the waiting area ranged from a low of 66% for ‘the music in the waiting area’ to a high of 89% for ‘the furniture in the waiting area’. The other responses clustered in the high seventies and low eighties. Students’ responses to counsellor engagement measures were from a low of 59% for ‘the counsellor helped me to work on my goals’ to a high of 92% for ‘the counsellor listened to my concerns’. All the other indices ranged from high seventies to low nineties. Lastly, turning to impact upon retention, the lowest rating of endorsement was 63% for ‘helped me to adjust to university’ to 78% for ‘contributed to my positive experience as a student’. The remaining indices were in the high sixties. This indicates that respondents saw the process of making an appointment and seeing a counsellor were quite efficient, the interaction with the counsellors was very positive and these interactions were seen by the majority as having a positive impact on retention and contributing to a positive experience of being a student.

**What about e-counselling?**

The final part of this paper will present three years (with 2013* indicating incomplete responses for the current year) of responses from students about their preference for mode of counselling. Why did we ask this question? There had been an institutional drive to increase the availability of services to distance education students, mature aged and part-time students, and students studying beyond the 9 am to 5 pm domain. The service was responding to requests to explore modes of service delivery under the catch all rubric of e-counselling.

What we tried to ascertain was the preference for face-to-face, telephone, email, and Skype type (video-conferencing) interactions. The results of these are presented and discussed below. The strongest methodological criticism raised is that these questions are being asked of students who present for face-to-face counselling. Evoking Heisenberg’s uncertainty principle we can only assess those who are registered with the service, we cannot assess those who do not. This latter group, that is all non-users of services, are a group around which much is said. They are often viewed as the known unknown and they are evoked via “… but you don’t know about those you have not surveyed [non users] or those who have not responded…” . That is correct. However, we know through several years of cross institution research that students may not know where counselling services are located on campuses, but they do know how they can locate them should the need arise.
We asked students if they would use telephone, email or Skype like means of counselling if they were available. The results for ‘yes’, would use if available, and ‘no’, would not use if available are reported below in Table 1 and Figure 1. Very few respondents indicated they were ‘undecided’, with the majority of those who indicated neither ‘yes’ nor ‘no’ indicating they ‘might use this service’. Skype type exchange is the least popular. Both email and telephone counselling has greater percentage of those willing to use, which is about the same as those not willing to use. Depending upon which year, between 30% to 40% of students indicated they might use email or telephone counselling modes.

Table 1: Students indication of intention to use this mode of counselling if it were offered

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>26%</td>
<td>29%</td>
<td>34%</td>
<td>23%</td>
</tr>
<tr>
<td>Email</td>
<td>21%</td>
<td>36%</td>
<td>25%</td>
<td>37%</td>
</tr>
<tr>
<td>Skype like</td>
<td>5%</td>
<td>60%</td>
<td>15%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Figure 1: Students indication of intention to use this mode of counselling

We knew that intention was one component of behaviour, another was preference. To ascertain preference we included face-to-face counselling, with the previous modes of counselling and asked students to indicate their preference (Table 2 and Figure 2). Only first preference and combined first and second preference are included. Skype like counselling remains the least popular with face-to-face being the most popular ranging from a low of 90% for first preference to a high of 94 percent for first preference. The relative popularity of telephone counselling is followed by email counselling.
Table 2: Students’ first, and first and second preferences for mode of counselling.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st</td>
<td>1st &amp; 2nd</td>
<td>1st</td>
<td>1st &amp; 2nd</td>
</tr>
<tr>
<td>Telephone</td>
<td>5%</td>
<td>66%</td>
<td>4%</td>
<td>67%</td>
</tr>
<tr>
<td>Email</td>
<td>5%</td>
<td>26%</td>
<td>4%</td>
<td>24%</td>
</tr>
<tr>
<td>Skype like</td>
<td>0%</td>
<td>10%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Face-to-face</td>
<td>90%</td>
<td>97%</td>
<td>92%</td>
<td>98%</td>
</tr>
</tbody>
</table>

Figure 2: First, and first and second preferences for mode of counselling

Having received consistent information about preference for mode of counselling, and which modes students would and would not use, we added another question. Answers were sought as to whether the group who attended for face-to-face counselling were limited in their use of social media and other technological dependent forms of communication. Essentially where on the e-literate spectrum did they fall? This we envisaged would help determine how different, if at all, these students were to other students within the university and the general population.

Table 3 and Figure 3 present the descriptive data. Skype type continued to be the least popular medium with the greatest number of non-users and the lowest percentage of users for each time bracket. For telephone and text users the majority of students spent between one and nineteen minutes per day on this medium. Facebook users were fairly evenly distributed across all the time brackets.

Table 3: How much time would you spend on the following in an average day

<table>
<thead>
<tr>
<th></th>
<th>0 minutes</th>
<th>1-9 minutes</th>
<th>10-19 minutes</th>
<th>20 + minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>12%</td>
<td>50%</td>
<td>32%</td>
<td>6%</td>
</tr>
<tr>
<td>Texting</td>
<td>12%</td>
<td>52%</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>Skype type</td>
<td>85%</td>
<td>9%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Facebook</td>
<td>26%</td>
<td>21%</td>
<td>24%</td>
<td>29%</td>
</tr>
</tbody>
</table>
Were we able to answer the questions we asked? Unfortunately there was no data available within the university that looked at our students’ use of media for communication or their use of social media such as Facebook. External to the university there was only general information mainly found in the popular press that provided us with inapplicable data. It looked like Heisenberg’s uncertainty principle again. We know the level of e-literacy of the students who respond to our online survey, but cannot compare them to their peers either within or external to the university.

**Conclusion**

When thinking about the future we need to look at the past. The past presents us with ways to address the present with the intention of obtaining answers that will shape our future. We know the questions we want answered and the ways to prompt responses to these questions. However, eliciting responses to surveys is difficult. In the twenty first century elicitation via online methods through emailing links and with QR cards linked to surveys are available, as well as the descendants of Gutenberg on clipboards. While we make it easier for students to respond to our surveys they report feeling overwhelmed with competing similar requests and their own limitations in time. Ease in completing a task and enticement to engage and complete tasks are not the same thing (Deutskens, Ruyter, Wetzels, & Oosterveld, 2004). There remains a low response rate no matter how much we evolve our technology to match student lifestyles.

Our repeated findings are that counsellors are consistently viewed as positively interacting and therapeutically engaging with students to assist them to overcome barriers to reach their personal and educational goals. Students report that sessions with counsellors have contributed to their persistence with their studies and assisted in experiencing the university as a positive place. We can, with justification, conclude that on an individual level and on a service level we are perceived as being effective.

While there is institutional interest in different modes of counselling being available to students, the consistent finding over three years has been that students prefer face-to-face sessions with counsellors. This does not mean that other forms of counselling are not effective, merely that if students are given choices they will choose to interact with a person not mediated by any electronic filter or interface, despite respondents being comfortable users of communication technologies for their own social interactions. The question as to whether students who prefer face-to-face mode of interaction with counsellors have greater or less ‘e-literacy’ compared to their peers cannot be answered at the present.
In any complex process such as evaluation of efficacy of service delivery there are individual, services, and institutional objectives that may be competing. While it is difficult to satisfy all three simultaneously we have no option but to continue trying. Our attempts to address institutional requests, such as broadening our modes of counselling delivery, resulted in a few surprise discoveries.

The processes of evaluation I have described have a history that goes beyond me and encompasses all the counsellors, the staff that support students and the students that utilise the services available for them. They contribute to the goal of improving efficacy of outcome and the continuation of counselling support while studying. While difficult we should not let this difficulty stop us from evaluating our efficacy.

References


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## Appendix 1

### Lifecycle of the evaluative process.

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the instrument address the questions of:</td>
<td></td>
</tr>
<tr>
<td>- Individual counsellor efficacy</td>
<td></td>
</tr>
<tr>
<td>- Service efficacy</td>
<td></td>
</tr>
<tr>
<td>- Institutional objectives</td>
<td></td>
</tr>
<tr>
<td>- Ad hoc additional questions</td>
<td></td>
</tr>
<tr>
<td>Consent obtained for delivery of survey – opt in or opt out?</td>
<td></td>
</tr>
<tr>
<td>- How is the mailing list compiled?</td>
<td></td>
</tr>
<tr>
<td>When will the survey be sent?</td>
<td></td>
</tr>
<tr>
<td>- Times that are likely to obtain maximum response</td>
<td></td>
</tr>
<tr>
<td>- Is the platform user friendly</td>
<td></td>
</tr>
<tr>
<td>- Does the platform permit you to ask the questions you want to</td>
<td></td>
</tr>
<tr>
<td>- Is the list up to date</td>
<td></td>
</tr>
<tr>
<td>- Is there a unique email address for surveys</td>
<td></td>
</tr>
<tr>
<td>- What is the message that accompanies the survey</td>
<td></td>
</tr>
<tr>
<td>Report writing and distribution</td>
<td></td>
</tr>
<tr>
<td>- Allocate time for this task</td>
<td></td>
</tr>
<tr>
<td>- Determine the combination of qualitative and quantitative data</td>
<td></td>
</tr>
<tr>
<td>- Editorial and proofing mechanism</td>
<td></td>
</tr>
<tr>
<td>- Determine the audience(s) for the report(s)</td>
<td></td>
</tr>
<tr>
<td>- Provide feedback to staff</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

Emails sent to student requesting participation in the online survey CFQ.

From: Darko Hajzler On Behalf Of VUXXXX
Sent: Tuesday, 16 July 2013 11:15 AM
Subject: Helping us to help you.

Hi,

Thank you for providing your email address on the Victoria University Counselling Services Client Registration and Consent Form 2013

Your comments will assist us to improve the services we provide to students such as yourself.

The survey will take 3-5 minutes of your time.

While this questionnaire has been personally sent to you, completing the questionnaire is voluntary and your identity will be kept confidential. For any questions or further information about this questionnaire please contact: Darko Hajzler, Manager Counselling Services, 9919 XXXX, or via darko.hajzler@vu.edu.au

Please follow the link below to complete the survey:
http://www.XXXXX.com/s/XXXXXX

You may receive this email more than once, as we cannot determine who has already completed the survey. Apologies for this in advance.

Dr Darko Hajzler
Manager, Counselling Services
Victoria University
9919 XXXX
0438 XXXXX
Appendix 3

The Counsellor Feedback Questionnaire

<table>
<thead>
<tr>
<th>1. Please indicate how many times you have completed this survey this year (2013).</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ This is my first time</td>
</tr>
<tr>
<td>☐ This is my second time</td>
</tr>
<tr>
<td>☐ This is my third time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Write the key messages you want to give the counselling services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Your postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Your Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Female</td>
</tr>
<tr>
<td>☐ Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Main campus where you study</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ City Flinders</td>
</tr>
<tr>
<td>☐ City King</td>
</tr>
<tr>
<td>☐ City Queen</td>
</tr>
<tr>
<td>☐ Footscray Park</td>
</tr>
<tr>
<td>☐ Footscray Nicholson</td>
</tr>
<tr>
<td>☐ Melton</td>
</tr>
<tr>
<td>☐ St Albans</td>
</tr>
<tr>
<td>☐ Sunshine</td>
</tr>
<tr>
<td>☐ Werribee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Main campus where you attended counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ City Flinders</td>
</tr>
<tr>
<td>☐ City King</td>
</tr>
<tr>
<td>☐ Footscray Park</td>
</tr>
<tr>
<td>☐ Footscray Nicholson</td>
</tr>
<tr>
<td>☐ Melton</td>
</tr>
<tr>
<td>☐ St Albans</td>
</tr>
<tr>
<td>☐ Sunshine</td>
</tr>
<tr>
<td>☐ Werribee</td>
</tr>
</tbody>
</table>
7. If you attended counselling at a campus other than your home campus, please indicate your reason or reasons for this:

- [ ] More convenient
- [ ] Preferred to go away from my home campus
- [ ] No appointments available at my home campus

8. Your Age

- [ ] 14-17
- [ ] 18-20
- [ ] 21-29
- [ ] 30-39
- [ ] 40-49
- [ ] 50-59
- [x] 60 and over

9. Full title of the course you are enrolled in.

10. Your year of study (for courses shorter than 1 year duration please mark 1st year)

- [ ] 1st year
- [ ] 2nd year
- [ ] 3rd year
- [ ] 4th year
- [ ] 5th year
- [ ] 6th year

11. Enrolment status

- [ ] Local Student
- [ ] International Student

12. Please indicate your enrolment fraction in the sector you are enrolled in.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAFE course</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Higher Education course</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
1. How did you find out about the Counselling Service?

- [ ] VU Teaching Staff
- [ ] Other VU Staff
- [ ] Friends
- [ ] Other VU Students
- [ ] Parents
- [ ] Referral
- [ ] General Practitioner
- [ ] Student Diary
- [ ] Orientation Talk
- [ ] VU Internet Home Page
- [ ] Posters
- [ ] Brochures / Information Cards
- [ ] Online screening tool
- [ ] Other (please specify in the box below)

Other: [ ]
2. Please indicate the reasons for which you attended counselling. You may click on as many which apply to you.

- Difficulties at work.
- Eating issues.
- Relationship difficulty.
- Family difficulty.
- Feelings of depression.
- Special Consideration.
- Suicidal thoughts.
- Feeling worried and/or anxious.
- Concerned I will not complete my studies.
- Uncertainty over my course.
- Problems with teaching staff.
- Problems with my course.
- Problems with administrative processes.
- Drug/alcohol use.
- Studying.
- Having adjusting to University.
- Self-confidence.
- Procrastination.
- Time management.
- Motivation.
- Stress.
- Psychiatric concern.
- Trauma.
- Gambling.
- Personal crisis.
- Grief and loss.
- Health concern.
- Referral.
- Other (please specify in the box below)

Other
3.

1. The time between making an appointment and seeing the Counsellor was:
   - Straight away
   - Within a few hours
   - Within the day
   - The next day
   - Within a week
   - Within two weeks
   - More than two weeks

2. Your appointment with the counsellor

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had to wait too long for an appointment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The appointment time was convenient for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Number of visits you have had this year with this VU Counsellor
   - 1
   - 2
   - 3-5
   - 5-13
   - 11+

4. Future visits with this VU Counsellor
   - This was my last counselling appointment
   - I have made another appointment for counselling
   - I have not made another appointment but may return for counselling in the future
   - Undecided
5. Please rate your overall satisfaction level on the items listed below:

<table>
<thead>
<tr>
<th>Item</th>
<th>Highly Satisfied</th>
<th>Satisfied</th>
<th>Undecided</th>
<th>Dissatisfied</th>
<th>Extremely Dissatisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting through to reception on the telephone when making an appointment with a counsellor</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The assistance from reception staff when making your appointment with the counsellor</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The Counselling Service appointment making process</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The privacy of the Counselling Service waiting area</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The furniture in the Counselling Service waiting area</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The music in the Counselling Service waiting area</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The resources in the Counselling Service waiting area</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
4.

1. Please respond in relation to the Counsellor who you saw:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Counsellor listened to my concern(s) / issue(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Counsellor seemed to understand my concern(s) / issue(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt the Counsellor accepted me for who I am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt able to trust the Counsellor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Counsellor helped me to better understand my concern(s) / issue(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Counsellor helped me to cope with my concern(s) / issue(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Counsellor helped me to work on my goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. My session(s) with the Counsellor has:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped me cope better with my studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helped me to stay in my course</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helped me to adjust to university</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributed to my positive experience as a student</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If a referral was made, the referral was appropriate in addressing my needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. If the VU Counselling Service were to provide the following services, please indicate if you would use this service:

<table>
<thead>
<tr>
<th>Yes, I would definitely use this service</th>
<th>I might use this service</th>
<th>No, I would not use this service</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Counselling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Counselling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skype Counselling</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Please rank your preferences for the following four types of counselling.

<table>
<thead>
<tr>
<th>Skype Counselling</th>
<th>First Preference</th>
<th>Second Preference</th>
<th>Third Preference</th>
<th>Fourth Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face-to-face Counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. How often would you use the following during an average day

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>1-4</th>
<th>2-5</th>
<th>More than 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone call</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Texting</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Skype type exchange</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Facebook</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

6. How much time would you spend on the following in an average day

<table>
<thead>
<tr>
<th>Activity</th>
<th>0 minutes</th>
<th>1-6 minutes</th>
<th>10-19 minutes</th>
<th>More than 20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone call</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Texting</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Skype type exchange</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Facebook</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

7. Do you have any suggestions for improving our Counselling Service


8. Please add any other comments you wish to make about the Counselling Service here:


Alternatives to Self-Harm – A Skills-Based Approach

Diane Clare
Director, University Health & Counselling Service
University of Auckland

Abstract

The Alternatives to Self-Harm Program (A.S.H.) and 4-stage APEX model was designed by the presenter using the evidence base for clinically effective ways of working with self-harm reduction. ASH is a skills-based group program for people where self-harm is a coping strategy yet who risk unintentional suicide. ASH is a 12 week group based approach using CBT, Narrative and Art therapy being adapted for a student population in a university setting. APEX stands for the evidence based core needs of such a program: Attitude, Purpose, Emotional First Aid Kit and X Factor. Attitude of the therapist and an understanding of purpose (how self-harm helps) in order to generate alternatives are first explored and the emotional first aid kit is the repertoire of strategies tailored to fit the purpose or purposes of the harming. The X Factor is the method used to draw all this into a self-management plan.

Successfully used in UK adult mental health services and in forensic settings, outcomes indicate a reduction in self-harm with increased repertoire of coping strategies sustained at 6 month follow up. It is envisaged that ASH be used as a peer-education initiative where Counselling or Psychology post graduate students are trained to facilitate the program. Options for adapting it to fit a briefer approach or to a two module version linked to semester calendars are under consideration. The University of Auckland is taking forward a pilot program evaluation of ASH as a post graduate student research project.

Introduction

A series of significant life experiences led me to become interested in the field of psychology at a relatively later stage in life such that much of what I have brought to my work has come from personal experience first and then backed up through academic training. I was born in the UK and the most significant event in my young adult years was the birth of my second son whose disabilities and later his death led to my deepening interest in human development, grief and issues of identity. I then immigrated to New Zealand in 1981 where I continued to raise my other son and two daughters in the South Island. That year of the Springbok tour was significant in the history of Aotearoa and the events that followed helped to form my understandings of biculturalism and a keen interest in applying my learning to the NZ context. I trained in NZ first as a grief and relationship counsellor and then as a psychotherapist and as a clinical psychologist. In New Zealand I worked mainly in Adult Mental Health and in Intellectual disabilities services and developed specialist knowledge about the effects of trauma including that of sexual and physical abuse.

An employment opportunity arose for me to return to the UK, where I took up senior roles in forensic and general mental health services before returning to Aotearoa in 2010 where I first worked in the mental health services then developed my own business, Mind Business Consultancy. Through this time, I continued to develop the ASH Program and related training. In 2013 I was recruited as the Head of University Counselling Services at the University of Auckland. Since then there has been a restructure to our services and as of January 1 2014 I am now the Director, University Health & Counselling Services, managing the joint services.
Background to ASH

Over the past decade, I have developed the Alternatives to Self-Harm program, drawing on what I refer to as a HOPE Plus approach:

History of 30 + years in health services
Observed no models that specifically target self-harm
Practical approach needed for clients and staff
Evidence based & effective approach
Plus practice based insider knowledge – an ‘experience consultant’ assisted in the design and delivery of the initial program.

Alternatives to Self-Harm draws on my strong interest in Narrative Therapy in that it takes a position of curious and respectful enquiry to the stories of those who consult with us, developing a re-authoring approach to stories about their lives and the role of self-harm. The program also includes some cognitive behavioural coping strategies as well as some art therapy ideas where a less verbal approach has proved invaluable in being able to express feelings and tell stories in meaningful ways.

Around the time I was beginning to design ASH, I came across an interesting approach to working with people with emotional intensity difficulties. This is a program called STEPPS (Systems Training in Emotional Predictability & Problem Solving) developed by Blum NS, Bartels NE, St John D, Pfohl B (2002 & 2012). STEPPS is a skills based 20-week program originating from the University of Iowa and now has gone global. It is CBT based with a range of useful strategies and there is a manual available in CD-ROM. I met Nancee Blum from the University of Iowa in London in 2006. She is one of the originators of this program and we have maintained a strong colleague relationship ever since that chance meeting. After meeting Nancee, I obtained funding to bring her back to the UK to provide training to staff in the Kent & Medway NHS Trust where I worked as the Associate Director, Psychological Services. This Trust is the largest in England and Wales. This led us to then roll out the STEPPS program concurrently with that of ASH in Kent, England from 2005-2010. As part of the UK roll out of the STEPPS approach I met Renee Harvey, a colleague in Sussex who was pivotal in the development of STEPPS-UK where we compared notes to assist Nancee in the creation of the UK version of the STEPPS approach.

As part of this work, I led a range of developments to raise greater awareness of the evidence base (NICE: National Institute for Clinical Excellence) guidelines drawing on the international evidence base for working with people with borderline personality disorder which in STEPPS terminology is reframed to emotional intensity difficulties. Dialectical Behaviour Therapy (Marcia Linehan 1993) has long been recognised for strong evidence in the reduction of self-harm and in developing skills for coping with emotional dysregulation and distress tolerance. DBT combines CBT with Mindfulness and is usually offered as a group based approach with supporting individual psychotherapies. However, it was seen in many services where I worked as being costly and somewhat inaccessible for the wider multidisciplinary team. STEPPS is, like DBT, a skills-based approach for managing emotional intensity and distress rather than focused specifically on self-harm. STEPPS, however, is relatively inexpensive and very much more accessible for staff with little or no psychological training and is therefore more easily shared with the participants in a consistent way across the service. We found in Kent that this enabled a very rapid roll out of the STEPPS program and some initial clinical trials for ASH, with excellent outcomes.

Since returning to New Zealand in 2010 I found that DBT was a strongly supported approach in mental health services, although it appeared to be mainly led by psychologists rather than a multidisciplinary approach and it had taken on something of a mystique across the wider service such that is was mainly the domain of psychological staff. There was less of the joint ownership of
the approach as I had seen it practiced in Europe and little opportunity with limited resources to concurrently run other programs such as STEPPS or ASH despite these being inexpensive as well as evidence based. I therefore provided elements of STEPPS and ASH to a number of individuals here in NZ to good effect and have offered some well received training workshops in the ASH approach. Indeed many of the people who consulted with me in this time were not happy about the DBT groups, finding them somewhat challenging. One such client referred to the program as ‘Diabolical Bollocks Therapy’ due to the power dynamic she experienced in the strict rules put in place.

It is interesting to note that as recently as 2012 at the European Society for the Study of Personality Disorder, Marsha Linehan commented as she had 10 years earlier that we do not really sufficiently know the precise components of DBT that make the difference for people. She suggested that perhaps there are many such components that are less than necessary and that more research is desirable to clarify this point. This and feedback from clients has encouraged me to persist with using what fits for the person as we are all aware now that the therapeutic approach is not the significant issue but the relationship between the therapist and the person consulting them (see for example Scott D Miller et al 2004).

Drawing on the literature and consulting with service users, NICE Guidelines for Self-Harm were first published in 2004 but their focus was mainly on the initial 48 hours’ treatment in the emergency room. Though useful in developing consistent care, a thorough bio-psychosocial assessment and a more appropriate attitude of compassion toward the people who self-harm, it did not focus on general interventions or on the vast number of the population of those who self-harm who do not attend the emergency room. It was not until late 2011 that the follow up NICE Guidelines on Self-Harm outlined what was psychologically useful in terms of interventions. Here is a summary of what these later guidelines recommended:

- Target Self-Harm specifically
- Use a psychological approach
- 3-12 weeks to be focused on this work, preferably the longer option
- Group-based approaches are considered most effective
- Problem solving approaches should be included in this work
- Service user consultations should influence the design of such approaches

(Nice Guidelines November 2011)

It was heartening to see this as all of these recommendations had been part of the success of the ASH Program since 2005!

**Method**

During my career I have seen a large number of clients in community mental health services as well as in a medium secure forensic service where self-harm was a predominant feature of difficulties experienced by the clients. A thematic analysis of my work across these settings in terms of Treatment as Usual (TAU), led me to identify what I have coined as the ‘AILS’ approach, which is cyclic in its nature, as follows:

- Attitude that harming is behaviour to simply stop and just ‘attention seeking’
- Inadequate understanding of how harming ‘helps’ with no concept of the Purpose or needs met by the harming
- Lack of effective coping skills identified to meet the individual needs differently
Struggle for control resulting in poor outcomes with poor attitude by the professionals leading to the repeat of this cycle.

The AILS approach does little if anything to reduce self-harm behaviour and rotating admission rates continue while emergency room data showed that risk increased & concurrently that hope decreased. Hope was minimal in the staff in terms of their attitude remaining one of resistance and an unrealistic expectation that people who self-harmed did this for ‘attention’. In some practices of DBT there is a rule that if a participant self-harms between sessions they are not allowed to make contact for 24 hours following a self-harm episode – based on the presumption that giving support in this time will behaviourally reinforce the self-harming. Of note, in the Bethlem Unit in South London and Maudsley’s specialist unit for self-harm treatment, they have found that such a stance increases risk. As harming serves a purpose or meets a need, the person will continue to self-harm with or without such rules and indeed by taking such a rigid position, they found it is more likely to become covert and indeed more risky.

ASH approach – APEX model:

I devised the APEX model to underpin the approach used in the ASH Program. Each element of APEX draws on the evidence based knowledge which has emerged in the years intervening that of the development of DBT whereby we now know (NICE 2011) that the attitude of the caring staff is more helpful if accepting that the harming provides a means of coping in the first instance. This attitudinal stance is captured well in the position of curious enquiry that is the basis of a narrative approach (White M and Epston D, 1990). Although such a stance is not the sole domain of narrative therapy, it is a style which is clearly helpful according to the evidence base.

Such an attitude decentres the professional and the centring of the client becomes possible. Narrative therapy takes a position whereby the person is not the problem; the problem is the problem (White, M 1996). If a person is deemed as the problem, consider how this might pan out in terms of the risk of self-harm. By externalising the problem of the effects of harming, this enables some curiosity and the possibility of generating alternatives. It is also worth consideration that the purposes of harming can change and are not all the same. We have found using the ASH program that clients found a number of reasons why they harm and these are supported in the literature by Sutton (2007) who found eight common themes all beginning with C:

- Coping and crisis intervention
- Calming and comforting
- Control
- Cleansing
- Confirmation of existence
- Creating comfortable numbness
- Chastisement
- Communication.

The ASH group also identified a ninth reason or theme: Compliance. This is a common theme for those working with youth and tends to be about being acceptable to one’s peers perhaps. Once we identify the main purpose being met by such forms of harming is to be acceptable or part of the group, then other ways of being part of the group might be possible.

Once any purpose for the harming is clarified, then it becomes possible to generate alternatives to match those needs, in much the same way as Michael White developed an approach of deconstruction of meaning in his work (for example, White M 1995).
Adopting an open attitude enables this enquiry into purpose or purposes of the actions of harming, to lead to generating a range of other options in the form of an emotional first aid kit tailored to the person. The Emotional First Aid kit crucially must be tailored to fit the purpose and it is here where many errors occur due to presumptions about what will work. For example, in my career I have come across a number of ideas being applied without consideration of how these strategies may or may not fit the purpose that harming is meeting. I was due to see a woman in a hospital ward and in her notes there were several pages of red pen scribbles. The nurse explained that they had found that a red pen was known to be helpful sometimes so this patient was given a red pen and paper when she requested it as an alternative to harming. The nurse was unsure if it had made a difference for the person so when I met with the patient I asked her about the red pen drawings:

*Diane:* Your notes contain several pages of red pen drawings, can you tell me about these?

*Patient:* Oh that is something the nurses suggested I do whenever I have the urge to self-harm. I have to ask for the paper and a red pen and then draw my feelings in red on the paper.

*Diane:* Does that help you and if so how?

*Patient:* No not at all but it seems to make the nurses less anxious!

In this particular example we then looked at the purpose of harming for her so that more meaningful emotional first aid ideas could be generated. Once an attitude of enquiry has identified the purpose or purposes of the harming and some alternatives have been tailored for an emotional first aid kit, the final part of the APEX model is the X Factor.

The X Factor is something I have adapted to pull all this together into a self-contract. In the AILS approach contracts have notoriously been about the professional demanding that the person complies with their rules. I liken this to Nancy Regan who as First Lady to US President Ronald Regan adopted the stance that the answer to the drug problem among the youth of America was to ‘Just say no to drugs’. We are all aware that the USA and other countries worldwide have not resolved drug addiction this way!

The XYZ contract is somewhat different to this, whereby the person identifies the purpose or purposes of the harming. They then identify 3 things which generally they consider would meet that need as an alternative to self-harming. For each purpose there is a list of 3 things: X, Y and Z to do first prior to harming (e.g. before I self-harm to feel in control I will do X, Y & Z or before I self-harm to calm down, I will do X, Y and Z). This acts as a delay tactic and enables a greater sense of personal agency for the person in managing the urge to harm. The three choices (X, Y and Z) must be linked to the purpose of the harming at the time and must be SMART (specific, measurable, achievable, realistic and timely). For example, calling a friend might help but only if that person is available 24/7 such that one of the choices might be better named as ‘call someone like my friend or a 24/7 crisis line’ so that it covers all time frames.

In summary, here is the APEX approach:

- **Attitude:** self-harm is a coping strategy to be understood
- **Purpose of harming** is clarified with the person
- **Emotional First Aid kit of matched needs** is developed
- **X factor** is the XYZ self-contract that emerges from this process

*Outcome: Hope increases & risk decreases* (a general theme in the ASH program findings to date).

**Overview of the content of the ASH program**

- 12 structured sessions
- Focus on skills development
Alternatives to self-harm

- Narrative ideas: person is not the problem, outsider witness use of the group’s reflections
- CBT ideas: STEPPS Emotional Intensity Continuum and Problem Solving Strategies for example
- Art therapy: group based sharing & learning
- Brief home tasks between sessions e.g. 1 square centimetre, Yes/No exercises

**Home task examples:**
The 1 square centimetre task asks for all participants to take one small area of skin they will aim to care for during the intervening week, even if they persist in harming other parts. They are asked to keep this area warm if the weather is cold or cold if it is a warm season and perhaps use some moisturizer on it. They are invited to notice what they are thinking and feeling and any ideas that arise and come back to discuss this. Invariably some remarkable new awareness arises from this simple mindful exercise.

The Yes/No exercise is a similar mindful approach: notice how often you say no when you mean yes and yes when you mean no. Maybe consider the contexts where this happens more or less often. Be curious about it rather than blaming yourself. Simply acknowledge this is another time when you are saying the opposite of what you feel. There is the option to choose one small thing where you say yes and mean it or you say no and mean it. Provided it is something small, we guarantee two things: the world does not end and nobody dies! Issues in the feedback are often about being more assertive, paying more attention to the self and generally being more authentic.

**Key aspects of the ASH approach:**
- Develop trusting group-based learning space
- Clarify the purposes of harming
- Alternatives matched to purposes
- Create an emotional first aid kit of strategies
- Encourage self-contracts (XYZ Contracts that draw on these kits)
- Individual plans for the future beyond group
- Provide a supportive ending experience

**Results**
Initial trials in UK as well as individual based outcomes in NZ are encouraging.

2005-2010 saw the first 6 groups run in the UK. Each group had between 4 and 6 participants and usually were a 50-50 gender mix. We had considered issues around gender and whether an all women or all men group would be preferable but client feedback showed this was not generally an issue and they commented how valuable it was to have mixed groups even if at first they had been a little nervous about it. Outcomes repeatedly showed in evaluations that participants found greater hope for the future and their risky behaviour decreased. In addition, staff who supported them have been encouraged by the simplicity of the strategies as well as their efficacy. There have been some who only needed this group based approach and were discharged from the service although many found it a means for going forward to other therapies.

**Outcome measures used in the original program:**
Self-Harm Questionnaire (SHQ) was adapted from a web based example and used to obtain a history and current self-harm activity.

Clinical Outcomes in Routine Evaluation outcome measure (CORE-OM) was used pre and post group for general functioning and risk.
Beck Hopelessness Scale (BHS) used pre and post group to measure risk of suicide. Robson Self Concept Questionnaire (SCQ) used pre and post group to measure confidence and a sense of self-worth.

Some qualitative self-evaluations were also used to establish pre and post group confidence and self-efficacy and risk.

The administration of all these measures takes up at least a full initial session and it has now become clear from initial trials that although they provide a detailed measure of greater general functioning, increased hopefulness and greater feelings of efficacy and hope, it may be more suitable to adapt measures that will still obtain this information but be less time consuming to administer. Feedback from training workshops run so far in New Zealand have suggested these are reviewed and these will be adjusted in the first version of the program on the CD-ROM Manual.

The following themes have been identified from initial UK based trials of ASH:

- Increased understanding of the purpose of harming (evaluation questionnaire)
- Enhanced confidence and hope (SCQ, BHS)
- Wider range of coping strategies as alternatives (evaluation questionnaire)
- Reduction in risky behaviour (evaluation questionnaire)
- Benefit from focus on the harming (evaluation questionnaire)
- More engaged in other programs (e.g. STEPPS or DBT approaches)-(staff feedback)

Qualitative feedback included comments from a woman aged 54 when she began the ASH program. She had a 30-year pattern of stockpiling her prescription medication and then overdosing on it when she found life too difficult, but never with the intention to die. At the conclusion of the ASH program she said that ‘When I started I was stockpiling pills but now I am stockpiling good ideas.’ A male participant aged 18 years had a history of sexual abuse and found that suggestions offered to him by well-intended professionals were commonly unhelpful as they seldom matched the strategy solutions (Emotional First Aid kit) to the purposes from his perspective. For example he was advised to have a warm bath with the professional thinking this would help him relax (a sensation achieved by harming). What they did not check was whether this fitted for him and in fact the majority of childhood abuse had occurred in the bathroom.

The ASH program has also been offered to a variety of individuals across the age range (from children as young as 9 years to adults and older adults both in UK and NZ) with similar outcomes. One such example was of a woman in her forties in NZ with a chronic history of rotating between community mental health and inpatient services. She learned the ASH skills and this enabled her to remain out of hospital. She said that the skills gave her confidence and hope and that the power of the XYZ was pivotal in this change for her.

Support from others

As part of the approach attention to the support team is provided such that each participant is encouraged to involve supportive others in their recovery process, in much the same way that the STEPPS program offers this as a ‘Reinforcement Team’. This support system helps to maintain the progress made and to reduce a sense of isolation that many participants have voiced feeling when they leave the group situation. Some work is in progress on including some additional sessions for support people and whanau and will be included in the CD-ROM of the ASH program manual.

PHOENIX

Follow up support can be offered as a peer-support approach with a similar stance to that used in the STAIRWAYS program (Blum NS, Bartels NE, St John D, Pföhl B 2009) which follows on from
STEPPS. For ASH this has also been designed as PHOENIX but has yet to be trialled. PHOENIX stands for the key elements of learning from the original program and allows the person time to consolidate skills learned with others who have been through the program. Phoenix: Peer group for maintenance plus support

- Purpose of harming review
- Helpful links and hints
- Only what works for me
- Emotional first aid kit revisited
- New ideas developed and shared
- Involving support network
- XYZ contracts refreshed

Discussion

Although other evidence based approaches are available (e.g. DBT and STEPPS), ASH has been found to be needed for many people where self-harming is not only a risk but where it is also likely to increase if they enter therapy. Similarities between STEPPS & ASH have been identified as being skills based and involving a support team as well as being low cost and clinically effective. Differences are that ASH is a 12 week and STEPPS a 20 week program. ASH focus is on harm while STEPPS and DBT type approaches provide a more general range of skills for managing emotional distress and learning tolerance of this distress. As follow up support programs, PHOENIX is to ASH what STAIRWAYS is to STEPPS and can be offered for those who find this helpful.

Marsha Linehan’s contribution to our learning about the reduction of self-harm risk is undoubted although she has acknowledged the limits of DBT and a need for more research as to what actually makes the difference. Where approaches such as DBT have become such an investment, there is a risk we could overlook alternatives that might be less complex for the wider team to grasp, cheaper and just as clinically effective for different settings.

So although my work to date has been within Adult Mental Health and Forensic settings I am interested in considering what is it that would make ASH particularly adaptable within a tertiary setting? I suggest that this program could be split into two sets of 6 sessions with an inter-semester break. The review of outcome measures proposed would assist in this reduction in sessions. Due to the development of PHOENIX this could be adapted as a peer-led follow up program for students who find it helpful without the necessity for professional intervention, other than occasional consultations perhaps.

Next steps

Within my work at the University of Auckland, I am looking at ways to develop a somewhat briefer version of ASH for university students in 2014. This will be evaluated with the help of a university clinical psychology student.

I am developing a CD-ROM of the ASH Manual and it will become available in 2014. The prototype in Word Format was trialled successfully with professional colleagues in the UK. This was achieved by offering the groups with colleagues working alongside the presenter and thus learning on the job then they were given a copy of the manual to guide them to run it themselves. Feedback to date is very positive. Further to this I have offered training to other professionals in New Zealand about the APEX model together with training on a session by session guide to the program itself.
References


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</table>

**Convenors of State and Regional Group Queensland**

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<tr>
<th>Name</th>
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<th>Institution</th>
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**Convenors of State and Regional Group Tasmania**

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<th>Institution</th>
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*Journal of the Australia and New Zealand Student Services Association: Number 43, April, 2014*
### Convenors of Professional Interest Groups

#### Counsellors (Australia) and NASPA delegates
- **Heather McLeod**
  - Head, Counselling Service
  - ANU
  - Email: Heather.McLeod@anu.edu.au

#### Counsellors (New Zealand)
- **Gerard Hoffman**
  - Head, Counselling Service
  - Victoria University of Wellington
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  - Wellington NZ
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#### Heads of Services
- **Position Vacant**

#### Mental Health Issues
- **Catherine Fitzgerald**
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#### Convenor of Aboriginal and Torres Strait Islander Issues
- **Convenor of Religion and Spirituality in Higher Education**
  - Positions vacant

#### TAFESNET
- **Position vacatant**

#### Equity and Disabilities
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- **Copy Editing by Ruth McHugh**
  - ruth@squiddery.com

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*Journal of the Australia and New Zealand Student Services Association: Number 43, April, 2014*
Information about ANZSSA

The Australia New Zealand Student Services Association is the professional association for all people working to support students in post-secondary education in Australia and New Zealand. We also encourage links with people in other nations who share this interest.

The Australia and New Zealand Student Services Association provides development opportunities and sector representation for professional staff working in post-secondary student engagement, student participation, student wellbeing and student development throughout Australia and New Zealand. Through meetings, seminars, workshops and conferences, experienced practitioners share information, ideas and research within their areas of expertise.

ANZSSA operates as an umbrella organization for a wide range of professionals. We are uniquely placed to:

- Deliver professional development activities to deepen understanding of the principles and philosophies of student support
- Provide a platform for training in best practice in the profession of student support.
- Advocate for quality standards in student support
- Foster networking across our professional community

Our Aims:

- To foster and promote student support services amongst students and staff;
- To facilitate the general well-being of the institutional community in universities and other post-secondary institutions;
- To sponsor regular conferences and organize close professional contact between its members;
- To promote research relevant to the delivery of student services/student affairs including services, programs and interventions and the enrichment of student life and student engagement in the post-secondary education sector;
- To support and promote the interests of all those engaged in these activities.

ANZSSA is focused on:

- The quality of the student experience
- Supporting and empowering students to achieve their educational and life goals
- Enhancing student wellbeing and development Improving student success and persistence
- Providing outreach to students at-risk
- Raising institutional student retention rates

Membership

Whilst ANZSSA is based in Australia and New Zealand, anyone is welcome to join us, no matter where you may be located. Full details of current membership categories and registration costs are available via the ANZSSA website members’ page at www.anzssa.org.

Belonging to ANZSSA will connect you to a community of professionals across many institutions and support areas – including:

International offices - Counselling - Health services - Housing services - Student guild advocates - Learning support - Grievance/Conflict Resolution officers - Chaplaincy and other faith officers - Careers - Academic advisors - Recreation services – First year experience and transition services - Mentor programs - Equity staff - Financial advisers - Student advisors - Disability support - Welfare
advisors - Volunteer and leadership program coordinators - Directors and Heads of operational areas.

**Professional development activities**

The *ANZSSA Biennial Conference* attracts international participants as well as delegates from across Australia and New Zealand.

Regional and State meetings are the main ANZSSA events between biennial conferences. Regional and State meetings range from informal workshops to visiting speakers and annual conferences.

Upcoming regional events are publicised on the ANZSSA news blog:
http://anzssa.Square space.com/newsblog/

A Members Discussion Board is located on the ANZSSA web site at www.anzssa.org and provides opportunities for members to share information and collaborate on programs and issues.

**Publications**

*JANZSSA*, the Journal of ANZSSA, is published and distributed to members twice per year. Members are encouraged to contribute a variety of material: scholarly articles, information communications, comments, book reviews, and items of interest to the general membership can all be accommodated.

**Website**

http://www.anzssa.org

The ANZSSSA web site is a comprehensive resource offering a broad range of information to professionals working in student support and student services’ roles.