fitA

from intention to Action

(vol 2.0)

FITA Manual:
Translating Institutional
Mental Health Intention into
Program Action

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Preface

This manual offers a clear model of student service that can be employed in starting up similar programs in other colleges, universities, and high schools. Our research indicates that the FITA program can make significant changes in the lives of students and the educational institutions that are central in building human capital. This program adds to the capacity to support highly vulnerable students and to improve mental health, achievement and over time, retention.

Depression and anxiety are the most prevalent psychological disorders to emerge that affect post-secondary academic performance. Current research (e.g., Eisenburg et al., 2012) reports that symptoms of both depression and anxiety predict academic performance in university students. As symptom levels increase, grades drop and the likelihood of dropping out or being suspended also increases.

FITA provides a model that could increase cost-effective support for vulnerable students in a systematic program that is evidence-based with research over the last four years showing that:

- the most distressed students make the most significant gains in psychological well-being

- a therapeutic alliance develops over time, which research shows has the greatest impact towards therapeutic change

- students on Academic Warning who face the prospect of suspension make significant gains in learning and study skills as well as improvements in Major and Overall Grade Point Averages

- students continuing FITA a second time show significant gains in overall GPA

- students show a high level of appreciation for FITA support

We believe that the focus on mental health issues across primary, secondary, and post-secondary systems has increased expectations regarding the need for more services. As awareness increases, so too does the demand for services (beyond the already developed and useful services such as web sites, 24 hour help lines, and peer support). We believe that ongoing, skilled personal support for vulnerable students does not require a doctoral or medical degree nor does such support require the costs to train and retain such personnel. At the same time the costs of increasing masters level counselling services, while less onerous, may still be hard to sustain in light of the many financial demands faced by colleges and universities.

Employing graduate interns is consistent with the reality that students in medical school can work in hospitals to further goals to combine learning with valued work which advances the goals of the health system. In the same way, students working toward the career goals of addressing mental health needs can help students in their own institution acquire improved psychological well-being while learning their vocation.

Universities that have graduate programs in clinical social work, psychology, and counselling could develop a FITA program as part of a practicum program. With a FITA program, universities can augment their departments of health and counselling services that in many cases have established waiting lists for students in need.

The intake process as outlined in this manual allows for students to be referred to less intrusive programs if they are not accepted into the FITA program. These less intensive programs can offer appropriate supports to bring about positive improvements. Students accepted into FITA complete an assessment and feedback session. Students at very high risk are referred to resources outside of FITA *while continuing to receive weekly support* from their FITA Coordinator. This allows for a differential assessment of student need while providing a base of support to bridge the time needed to arrange additional supports. This approach adds to the level of risk management efforts offered at the post-secondary level that are gaining increasing attention as distressed students act out to bring attention to their suffering.

FITA provides much needed and highly valued training to unpaid graduate students who are entering the counselling profession. They provide an important service to 'overwhelmed' students and demonstrate

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a high level of intelligence, interest, and training. The students that work with these practicum Coordinators feel that they are easy to relate to, as our interns are relatively young, successful in completing a university degree and making it into a graduate program, trained for a career in counselling, and caring.

Because the intake of students is ongoing throughout the academic year (a flow-through system), once the basic components are in place it can be scaled up as resources become available. The historical development of this program shows that it is *scalable*—we started with a pre-pilot year to iron out program development issues with 30 students. This involved the services of a psychologist one day a week and generated results that have been replicated in research for the three years that followed. In our second year the FITA program served 100 students with two days a week of involvement of a psychologist. For the past three years, more than 250 students each year have taken part in FITA with the support of a full time psychologist.

The value of FITA, an evidence-based program, across other institutions is multifaceted.

Our experience at Carleton shows that FITA holds the promise to:

- increase the capacity of mental health support

- increase the level of risk management of urgent and crisis situations

- improve academic performance in subsets of students on Academic Warning

- contribute to training a new generation of counsellors and psychotherapists

- provide a new in-house internship program for programs in counselling fields

- develop this program initially with small numbers and build up capacity in an organic manner

- create a program that is transferable across campuses, departments, buildings, interns, and supervisors

- improve psychological wellbeing and mental health in the most distressed students and prevent psychological deterioration

- relieve strain on other mental health and student support services

- develop a program that is well-accepted by students

All of the above goals and achievements are supported by an intervention model based on the findings of the highly successful Learning Opportunities Task Force with students with disabilities. The principles found to lead to success involved assessment, student commitment, therapeutic alliance (being known and understood in a personal relationship over time), audit planning support, and the involvement of the wider network of support services. These are elements which FITA specifically introduces.

1. Introduction

The From Intention to Action (FITA) program has been developed at Carleton University over the last five years to address the related issues of student distress, mental health, and retention at the post-secondary level. Problems pertaining to anxiety, depression, and related difficulties have been well documented in the National Collegiate Health Assessment II. With a large sample across 32 Canadian universities, a picture emerges of a large number of students who are grappling with a range of demanding life issues soon after leaving home, all the while competing for grades and a career. While most succeed in spite of challenges, many students require extra support to make the transition into the next chapter of their lives.

FITA was developed to help the most vulnerable students bring more stability to their lives as they recognize that they are overwhelmed and need to get help. Students must commit to regularly attend meetings with their Coordinators to address both personal and academic issues. Many FITA students are on Academic Warning and face the prospect of suspension, which adds to their feelings of worry and concerns about their self-efficacy, identity, and future prospects.

Over the last four years we have collected data on FITA students to evaluate their progress. For students who were facing the prospect of suspension because of poor marks, we evaluated changes in Grade Point Average, and ratings on the Registrar's Academic Performance Evaluation were reviewed.

- *FITA students showed significant improvements in Major and Overall Grade Point Average while a closely matched comparison group did not*

- *Significant reductions were seen in suspension rates of FITA students on Academic Warning compared to a closely matched comparison group*

Students often reported feeling anxious, distressed, or having difficulty coping with life challenges. All FITA students were evaluated on a screening measure that yielded a Mental Health Composite score. This measure was re-administered upon student's completion of the FITA program.

- *FITA students reported significant improvements on their Mental Health Composite scores (Appendix XXIX-XXXII)*

- *Qualitative ratings provided by FITA students indicated that they had experienced a very positive relationship with their Coordinators and 100% said that they would refer a friend to FITA*

A crucial alliance between an individual and her/his Coordinator

A key goal of the FITA program is to ensure that our students who are contending with distress have a "go to" person who knows them and wants to help them succeed. The importance of feeling respected and known is essential to all therapeutic endeavors. This is outlined in section 4: The Therapeutic Alliance: The bottom line. This alliance helps students to adapt to the social and academic realms as well as to personal demands and is crucial to the success of the program. The success of this alliance can be seen in our research paper (Appendix XXXII). In paper and pencil exit interviews students reported that they were treated with respect and provided an average rating of their Coordinators of 4.92 on a scale where the maximum score was 5.0.

Providing intervention during the high school to university transition

Since receiving support from the Ministry of Advanced Education and Skills, we have expanded FITA recruitment to include graduating high school seniors who are seen by their guidance counsellors as vulnerable. These students are given an automatic admission to FITA starting in their first year of university studies. To do this we have contacted or spoken directly to guidance counsellors and success teachers in all of the boards in Eastern Ontario that provide more than 50% of our university's first year students and are within commuting distance.

In recruiting from high schools we seek students who have accepted the offer to come to Carleton University and aren't seen as likely to have a diagnosis that

> "The importance of feeling respected and known is essential to all therapeutic endeavors."

would result in accessing services though the Paul Menton Centre for Students with Disabilities. These students experience issues such as anxiety, chronic health problems (e.g., migraines) that flare up when under stress, complicated family of origin issues, and recent significant losses in the family or in a close relationship. The Ottawa-Carleton District School Board, a FITA partner, reports that about 15% of their students have Individual Educational Plans (IEPs). We estimate that less than one third of this group would have the documentation required to receive disability support services; however, these students are ideal candidates for FITA.

Who is a FITA student?

We do not accept all applicants; before a student is considered to be enrolled in FITA, she/he must complete an interview, application, and begin an assessment that will lead to a Feedback session (see section 5: The Interview: Is FITA the right solution?) and attend the first three sessions with her/his Coordinator. To complete FITA, a student is required to attend a minimum of 12 weekly sessions (see section 6: Assessment: Knowing the score early on). The FITA program is intensive, and if it isn't right for a given students we may refer her/him to a number of less intensive options among our student support services at Carleton University. For example, we refer students to our Student Academic and Career Development Services, Learning Support Services, Writing Tutorial Centre, Peer Assisted Study Sessions or the Bounce Back program if we feel that they can be sufficiently supported through these less intensive means. The students we do accept go through an interview that

can be scheduled with one email or phone call to our Team Leader. This interview is covered in more detail in section 5 (The Interview: Is FITA the right fit?) and our interview questionnaire can be seen in Appendix XI.

Graduate level practicum students' contributions to FITA

Over half of our students are assigned to Coordinators who are graduate students who have completed a full year of counselling courses and are fulfilling their programs' internship requirements through a two-term practicum placement at FITA. This is outlined in detail in section 8: The Use of Master's Level Interns. These people are bright, committed, educated, and can identify well with struggling university students.

At FITA we believe that it is important:

- to train the next generation of counsellors

- to utilize differentiated levels of service at the post-secondary level; not all students need to be seen by professionals with medical and doctorate degrees; however some need a more sophisticated level of support than can be provided by peer helpers and more constant support than can be provided through telephone help lines

- to deliver our program in the most cost-effective manner, as it can otherwise be challenging to financially secure ongoing 1-on-1 support for students

We work in partnership with other universities; those with graduate programs in areas such as counselling, clinical social work, and clinical psychology can integrate their graduate students into a FITA practicum. At FITA we try to provide the broad ranging and supportive practicum experience that we ourselves would have wanted at an early stage of career development.

Like students in medical schools who contribute to the functioning of the health care system in a lower cost manner, university students aspiring to be mental health professionals provide a similar service to assist the increasing number of students requiring mental health support. Across Canada, these graduate students are

actively seeking well-developed practicum placements but are sometimes forced into what they see as marginal internships. A placement at FITA is seen as very desirable; anonymous survey feedback following a two-term practicum yields clear evidence of this. Included in this manual (see Appendix I) is a description of our internship placement that is sent to all applicants inquiring about our program.

Origin of the FITA program

There is a massive base of research literature on treating psychological afflictions and on achieving academic success at the post-secondary level; however, the application of the numerous interventions is neither simple nor straightforward. As Richardson et al. (2012) note in a study of the impact of non-intellective factors on achievement:

"Until theoretical models are supported by prospective and experimental data, the design of interventions to optimize students' performance will remain a project of invention rather than applied science" (p. 375).

In fact, FITA is drawn from a large-scale, longitudinal study. FITA is not a pure invention, but is based on a well-planned intervention for students with disabilities (primarily Learning Disabilities and AD/HD) who, as a group, were unsuccessful in post-secondary education in the past.

The largest scale post-secondary intervention to improve academic performances in a vulnerable population followed an initiative called the Learning Opportunities Task Force (LOTF) which was developed by the provincial government of Ontario through the Ministry of Advanced Education and Skills,.

As part of the LOTF program, rigorous research was conducted to ensure that participants in the study met careful diagnostic standards (ref Allison Harrison). The results of this study were carefully analyzed in a seven-year longitudinal study conducted by Larry McCloskey (2011). At the end of this seven year period, more than 91% of students who had documented Learning Disabilities had graduated from their post-secondary programs. This compares to an approximate provincial graduation rate of 78% over the same period. Research by Harrison et al. (2000) reported

academic performances that exceeded the Canadian university average.

This outcome validated the effectiveness of disability support offices in Ontario and showed that the latent academic potential of students with LD could be manifested with a relatively small investment. This finding raised the question of whether a similar model might be developed for students facing problems due to stress and potentially emerging disorders.

Key components derived from the Learning Opportunities Task Force (LOTF) have been adapted by FITA using proven methods. For students examined by the LOTF…

First and foremost, student commitment was essential to their success

Qualitative analyses of student responses in the LOTF study indicated that the successful students were prepared to *commit themselves* to hard work. Indeed, it is commonly felt that successful students with LD have to put in considerably more time and effort than their non-disabled peers to achieve at this level.

Assessment and recommendations provided direction

In order to register with disabilities services, students require a psychological assessment and, over time, develop an improved understanding of their strengths, weaknesses, and learning style. This places them in a stronger position to self-advocate as they learn more about themselves based on information obtained on standardized measures. They also receive recommendations from psychologists that help to provide a plan on how to proceed and use strengths to compensate for weaknesses in learning. Assessment of new FITA students is essential to develop an understanding of the strengths, challenges, and issues that inform their lives and influence their abilities to succeed.

A therapeutic alliance with a caring and motivated service provider was integral

Students registered with disabilities services are assigned a disability support Coordinator; these students have an ally to help them adjust to college

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and university life, improve their skills, and respond adaptively to emerging challenges. In developing this relationship they experience the benefits of a therapeutic alliance. In the therapy literature this

> "Assessment of new FITA students is essential to develop an understanding of the strengths, challenges, and issues that...influence their abilities to succeed."

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alliance is considered the most powerful predictor of therapeutic outcomes. Overall, the quality of the therapeutic alliance accounts for more of the variance in outcome than does the type of therapy offered. This topic is discussed further in section 4: The Therapeutic Alliance: The bottom line.

Essential elements included an audit of transcripts by academic advisors as well as program and course planning

A fourth element involved a review of current transcripts to ensure that students understood the courses required to successfully complete a degree program, the grades that they had to achieve, and the changes that they needed to make to establish realistic goals for success.

To function effectively, the FITA program must work in partnership within and outside of our institution

In addition to these four elements of success (detailed in Sections 3: Student Commitment: FITA is not for everyone, nor is it a casual choice, 4: The Therapeutic Alliance: The bottom line, 6: Assessment: Knowing the score early on and 7: The Academic Audit: A roadmap to graduation), we have added a fifth, related to partnerships (section 11: Recruitment Strategy).

We at FITA regularly communicate with our colleagues at Carleton's Health and Counselling Services, the Paul Menton Centre for Students with Disabilities, the

Student Academic and Career Development Services, Learning Support Services, the Student Experience Office, Career Services, the Registrar's Office (including Petitions and Appeals), the Ombud's Office, and the Office of the Associate Vice President of Student Services. We also work with other parts of the university as necessary to support our students and problem solve as issues emerge. Hence our within-institution partnerships help to make us part of an integrated system to support students, and the university at large.

Outside of the institution we have actively partnered with the Ottawa-Carleton District School Board and the Ottawa Catholic School Board. We are partners with the University of Ottawa's Counselling Psychology program and with St. Paul University's Counselling and Spirituality program. Outside of Ottawa, we have been involved with the Canadian Mental Health Association, the Centre for Innovation in Campus Mental Health, the Canadian Association of College and University Student Services, and the Advanced Education and Skills Training (formerly MTCU). We are actively engaged with the University of Toronto and Humber College in piloting FITA programs on those campuses.

More on assessment

To get a clear picture of our students' strengths and weaknesses, we obtain data from standardized measures of vocational interests, personality, adaptive abilities and mental health problems, study skills, and academic ability. The results of this test information are shared in writing with each student and discussed. This also provides us with an opportunity to review any red flags that we see with each student, and look at possible referrals while maintaining our commitment to provide service to them. This allows for a closer screening. At the same time, our stance focuses on identifying strengths and often surprising students who find that they have 'all the parts' but need to organize them differently.

This information allows us to focus on key areas and intervene more effectively while using research literature as a guide. For example, we focus on measures to help students achieve a higher level of academic self-discipline and more emotional self-regulation (Robbins et al., 2006). This includes reducing procrastination and managing test anxiety. We encourage personal self-

efficacy and academic self-efficacy so that students have a greater sense of their own potential. Students are directed to specific grade goals, and are encouraged to maintain a regulated level of effort. This is done in conjunction with a strategic approach to learning and working with FITA Coordinators to improve their study strategies and time management skills as well as their abilities to manage personal stressors and emotions which can hinder academics. These variables account for success at the post-secondary level in studies that control for cognitive ability and demographic factors such as SES, sex, race, and institutional variance (Richardson et al., 2012). The relationship between student and Coordinator (the therapeutic alliance) is an essential element to help students make changes in these areas. The personal relationship and counselling support to help stabilize the emotional issues that diminish skill development is an important catalyst for change (see section 4: The Therapeutic Alliance: The bottom line). More information on assessment measures and procedures is available in section 6: Assessment: Knowing the score early on.

Annual research and program evaluation

Continuing research allows for a better understanding of who we are serving and how well they are managing. We have adapted our program based on exit interview data and have focused on psychological well-being, study skills, and grades as outcome variables. We have also investigated the therapeutic alliance and the role of student-Coordinator personality variables in contributing to successful outcomes and to identify problem areas that require further attention. This information is included in the attached executive summaries of our last four years of research (see Appendices XXIX and XXXII).

Summary

This introduction provides a broad overview of the FITA program. The following chapters provide greater detail and elaboration. We have included in our appendices various documents that we have developed that could be useful to others who have an interest in developing a FITA program on their campuses.

2. FITA's Theoretical Model: Integrated advising, eclectic counselling, and at times, intrusive intervention

FITA's model and counselling style are supported by research on "at-risk" postsecondary students which indicates that this population benefits most from *integrated advising* and at times, *intrusive intervention*. "At-risk" students are those who are struggling academically, on Academic Warning or in danger of becoming so; this group also includes students whose grades are satisfactory, or even high, but who are at risk of dropping out due to personal distress. Various factors have been found to correlate with these circumstances, including:

- lack of leadership experiences

- lack of community service experiences

- lack of long-term goals

- self-reported study habit problems

- uncertain career plans

- time management difficulties

- hours at a part-time job

FITA addresses the above issues with the aim of reducing the student's risk. However, perhaps the most important risk factor is the absence of a quality relationship with a university employee (Heisserer & Parette, 2002; Wycoff, 1999). Indeed, "research has shown that the only variable that has a **direct effect** on student persistence is the quality of a relationship with significant member(s) of the college community" (Heisserer & Parette, p. 73). The notion that an alliance with a member of the university community (e.g., advisor, counsellor, professor) is vital for these students makes sense given that some of the most commonly reported experiences of "at-risk" students are: diminished self-esteem, feelings of not belonging to the university, embarrassment and reluctance to

access resources, and anxiety (Abelman & Molina, 2002; Heisserer & Parette).

In addition to fostering this essential relationship between Coordinator and student, FITA employs an *integrated advising style,* in which the Coordinator assumes a partial "advisor" role. This is a combination of traditional, directive, "prescriptive" advising (in which the advisor-as-expert imparts information and concrete advice to the student) and the more collaborative "developmental" advising (in which the advisor helps the student to explore her/his own ideas and refrains from offering opinions). Integrated advising "emphasizes informational and counselling roles" (Heisserer & Parette, 2002, p. 71).

Integrated advising is:

- Collaborative and directive
  - FITA Coordinators use person-centred counselling techniques and believe that the student is the best expert on herself/himself and thus makes her/his own decisions; the student's behaviours, feelings, and attitudes are explored in depth, without judgment. However, FITA Coordinators also offer opinions when appropriate, and can therefore be directive. For example, after an issue has been discussed collaboratively, the Coordinator might say something like, "It looks like your grades aren't where you want them to be. I am going to ask you to speak to your academic advisor about dropping this course. How do you feel about that?" or even something more directive such as "We need to fit some relaxation time into your life."

- Gradual
  - Lasting change is developed gradually, over time. With this belief in mind, FITA utilizes a 12-session model. Our program evaluation research has indicated a dose effect wherein students who attended more FITA sessions saw greater improvements in mental health and grades. Our Coordinators remind students that to develop new habits (whether academic or personal), patience and persistence are essential.

- Identity-based
  - Developmental advising, and therefore integrated advising as well, helps students to explore their identities. FITA Coordinators ask students about how they see themselves, what their roles are as students, partners, sons, daughters, future members of the workforce, and so on. One of the goals of FITA is to help students to see themselves as capable and strong-willed adults, able to manage their lives and achieve desired results in all areas from coursework to stress management to healthy living. Indeed, research suggests that this self-efficacy is one of the most important predictors of goal achievement (Richardson, Abraham, & Bond, 2012).
- Mindful of developmental stages
  - Another aspect of developmental advising which integrated advising entails is its use of developmental psychology theories. A good developmental advisor employs her/his knowledge about developmental theories in her/his work with students.
  - Erik Erikson (1956) proposed eight stages of psychosocial development faced at certain stages in life which can, until addressed/fulfilled, cause distress. The "Identity vs Role Confusion" crisis occurs when adolescents are driven to discover who they are, what their roles are, and develop a positive self-concept. Facing "Intimacy vs Isolation," young adults feel anxious without close relationships, social support, and romantic attachments. During "Generativity vs Stagnation," adults struggle to figure out how to live with meaning, choose careers, maintain healthy lives, and make use of their time. All of these issues are very common topics in FITA sessions, and knowledge of the related developmental theories can be invaluable.
  - Abraham Maslow's (1943) hierarchy of needs suggests that human development involves progression through five stages in which we seek to fulfill various needs. If a basic need has not been met, an individual cannot begin to address a "higher" need. For example, if a student is struggling to feel safe within her/his family and/or financial situation ("safety needs"), she/he will be

unable to focus on her/his "love and belonging needs" and may as a result feel isolated. A FITA Coordinator may first work with her/his safety needs in order to be able to address her/his

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loneliness. In another example, a student whose needs for "love and belonging" are unmet must develop some social support and connections before she/he can focus on improving her/his "self-esteem" or confidence needs. At FITA, we try to remind students that not every aspect of life can be "fixed" all at once.

- Mindful of developmental skills
  - Like the developmental stages discussed above, developmental skills must be addressed in integrated advising. These include capabilities needed to achieve adaptive levels and styles of self-efficacy, self-esteem, emotional intelligence, identity formation, motivation, and adjustment. As in many forms of counselling, integrated advising calls for comprehensive understanding of these concepts. At FITA we address these issues with intentionality, understanding that this ongoing skill development is a normal part of becoming an adult. Many students are in the middle or even the beginning of this process and thus benefit from help not only in developing these abilities but in easing frustration that they have not yet fully achieved their goals (e.g., with respect to managing their emotions, believing in themselves, understanding their strengths and challenges, maintaining willpower).

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- Informational
  - Prescriptive advising's use of directive advice-giving is included in integrated advising. Unlike some counsellors, FITA Coordinators offer concrete information at times—such as information about sleep cycles, nutrition, exercise, services offered on and off campus, prescribed learning strategies, and research on student development.
- Holistic
  - This style of advising maintains that environmental influences (e.g., home life, social group, health, family, sexual orientation, religion, race, financial situation) all impact a student's academic achievement and ability to emotionally manage school, and thus must not be ignored. FITA's holistic focus is integral. We proactively ask students about any and all elements of their lives with the belief that in order to help in one area, we need to know about the others. For example, we are unlikely to believe that a student's difficulties in a course are simply due to a lack of learning strategies if we discover that she/he is also going through a break-up, experiencing migraines, and supporting her/his siblings while her/his mom is ill.

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Eclectic counselling, holistic support

Because of FITA's integrated advising style, as well as our holistic combined focus on personal therapy and learning strategies, our counselling mode is eclectic. Our Coordinators are trained to provide specific counselling techniques which are believed to support the elements of integrated advising. The following are our most commonly used counselling tools:

Directivity. While we are collaborative and encourage students to take responsibility for their own decisions, we do not refrain from offering concrete suggestions.

Self-disclosure, transparency, and encouragement. Research indicates that at-risk students respond particularly positively to a counsellor/advisor's self-disclosure, perhaps because of their frequent feelings of embarrassment. For example, it can be helpful for a Coordinator to disclose that she/he herself/himself struggled in the beginning of university, or to transparently offer her/his personal opinion that she/he

is proud of the student. Integrated advising emphasizes the personal relationship over the professional relationship. This does not mean that boundaries become blurred, but rather that the Coordinator can be something of a mentor to the student as opposed to a "blank slate" therapist.

Open-ended questions. This counselling tool allows for clients to express themselves freely without constraints. For example, asking "How do you feel?" will likely yield a more complete and in-depth answer than "Are you happy about that?" Open-ended questioning also avoids "multiple choice questions" (e.g., "Did you feel hurt? Stressed?"), which can lead a client to feel that her/his true response is unacceptable. Some research suggests that the first session with an at-risk student should in fact be comprised wholly of questions. The FITA interview is a student's first in-person contact with us, and entails essentially all questions, most of which are open-ended. Throughout the program our Coordinators are trained to use this technique as much as possible.

Confrontation. This occurs when the counsellor confronts a client's maladaptive belief or action. For example, if the client states something that the counsellor believes to be irrational (e.g., "I had a fight with my girlfriend so everything is ruined" or "I couldn't study because there was no time"), or chooses actions that contradict her/his attitudes or desires (such as skipping class despite her/his wish to succeed in school), the counsellor may openly confront the discrepancy. A FITA Coordinator may say something like, "You say school is important to you but then you chose not to attend class. What's behind that?" or "What's the evidence that everything is ruined?" Confrontation is meant to help the student to analyze the words she/he is choosing, and to take responsibility for her/his actions and beliefs.

Unconditional positive regard (UPR) and empathy. FITA Coordinators have UPR for their students. It is commonly believed that UPR is necessary for a counsellor to have empathic understanding of a client. Although a FITA Coordinator may believe that a student's actions are maladaptive, or disagree with her/his beliefs or even values the Coordinator cares about the student, sees her/his worth, and believes that she/he is fundamentally a good person. This facilitates the

ability to empathize—which refers to the practice of compassionately trying to understand the experience and emotions of another. In order to show empathy, counsellors employ techniques such as reflection of feelings (e.g., "It sounds like you're frustrated"), paraphrasing (e.g., "So what you're saying is…"), and nonverbal cues such as leaning forward and softening vocal tone (Rogers, 1957; Rogers, 1958).

Intrusive intervention

FITA is designed as an "intrusive intervention" because research indicates that:

i.   at-risk students benefit (in terms of increased retention and GPA) from this type of intervention far more than do other students
ii.   the greater the risk, the more they benefit
iii.   the more intrusive, the more they benefit

(Abelman & Molina, 2002; Schewebel et al., 2008). Intrusive intervention involves "individualized attention and personalized accommodation" (Abelman & Molina, p. 66). Its core elements and how FITA operationalizes them are summarized in the following table:

Component of intrusive intervention	How FITA operationalizes this component
Regular 1-on-1 sessions to build a relationship	Minimum 12 consecutive weekly sessions between student and Coordinator
"Student in charge" mentality; decisions belong to the student, and sessions are unique to each student	Collaborative ("integrated") advising style, placing decisions in the student's hands; eclectic counselling style and flexible session focus, catering to student's individual personality and goals
Reminders and forceful communication with the student to incite mutual accountability	Emails/calls from Coordinator to remind students of sessions, query about missed sessions, etc.
Written contract of student's and advisor's responsibilities, as well as a contract with goals unique to the student	FITA Contract outlines student's and Coordinator's responsibilities; with their Coordinator, each student writes out goals at the start of FITA as well as along the way
Success plan developed by exploring the "root of the problem," taking into account a thorough assessment of the student's strengths and challenges (Cruise, p. 3)	Registered Psychologist's Feedback letter given to each student outlining recommended success plan, developed on the basis of several assessments and 1-on-1 discussion
Preventative model	Recruitment targeting students who self-refer and/or are at academic risk but not yet suspended/debarred etc.; goal of serving students who cannot register with disability services and cannot access immediate, extended support from Health & Counselling Services because their distress has not yet reached the level of diagnosable mental illness

(Abelman & Molina, 2002; Cruise, Desjardins, & Jie, 2002; Heisserer & Parette, 2002).

References

Abelman, R. & Molina, A. (2002). Style over substance reconsidered: Intrusive intervention and at-risk students with learning disabilities. *NACADA Journal*, *22*(2), 66–77.

Cruise, C. A. (2002). Advising students on academic probation. *The Mentor: An Academic Advising Journal*, 1–4.

Desjardins, S. L. & Jie, W. (2002). An analytic model to assist academic advisors. *NACADA Journal*, *22*(1), 32–44.

Heisserer, D. L. & Parette, P. (2002). Advising at-risk students in college and university settings. *College Student Journal*, *82*, 69–82.

Richardson, M., Abraham, C., & Bond, R. (2012). Psychological correlates of university students' academic performance: A systematic review and meta-analysis. *Psychological Bulletin*, *138*(2), 353–387.

Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, *21*(2), 95–103.

Rogers, C. (1958). The characteristics of a helping relationship. *The Personnel and Guidance Journal*, *37*(1), 6–16.

Schewebel, D. C., Walburn, N. C., Jacobsen, S. H., Jerrolds, K. L., & Klyce, K. (2008). Efficacy of advising first-year students via frequent reminders for advising appointments. *NACADA Journal*, *28*(2), 28–32.

Wyckoff, S. C. (1999). *The academic advising process in higher education: History, research, and improvement.* <www.magnapubs.com/R_R/the.htm>

3. Student Commitment: FITA is not for everyone, nor is it a casual choice

One unique element of FITA is that we require that our students make several specific commitments upon joining our program, and that they continue to honour these commitments as long as they wish to participate (see Appendix XXV). Research on "at-risk" postsecondary students shows that this style of directive, contractual intervention is particularly effective among this population (Abelman & Molina, 2002; Schewebel et al., 2008). Further, our own research on FITA indicates that students who truly commit and engage in our program benefit the most; for example, mental health scores as well as grades increase more for students who attend more sessions. Our style of counselling is not short-term. To be able to effect lasting change, several sessions are needed to build the therapeutic alliance discussed in the following section. Further, we believe that learning strategies, coping skills, and healthy lifestyle habits are developed over time with consistent practice and encouragement. FITA is not a service which provides students with quick tips to go off and implement on their own. The majority of our students are already aware of the commonly recommended techniques and lifestyle habits (e.g., use an agenda; stick to a routine weekly schedule; break tasks down into small chunks; wind down before bed; exercise regularly; talk to professors and TAs). Most students do not need help with the knowledge or understanding of these tips, but with their *implementation*. While students recognize and intend to make adaptive choices, they often find themselves feeling unable to do so. If students can commit to putting in the time and effort, we can work with them to figure out the elements within themselves and/or their lives that are hindering their good intentions, and find motivation and methods to make changes. Hence: *From Intention to Action*.

Our evaluation of student commitment begins immediately. Students who are interested in joining FITA, whether referred to us or self-referred, begin by contacting the Team Leader who then engages in a brief phone or email exchange confirming that the student is eligible for FITA, understands the commitment involved, and is prepared to take this first step. This initial exchange can yield information about the student's readiness to commit to FITA. For example, some students contact us having not read the FITA webpage; some are under the impression that FITA is a service for booking one-off study skills appointments; some are reluctant to schedule an hour-long interview; and some are not currently registered at the university. The Team Leader briefly describes the holistic nature of FITA and its combined focus on counselling and learning strategies, the 12-session model, the mandatory Assessment and Feedback, and the commitment required. Students who are not interested at this point are referred to more appropriate services. Students who are still interested are booked for the one-hour intake interview with one of our experienced staff members.

The interview (described in detail below), entails an in-depth discussion of the student's goals and struggles in order to assess whether the student will commit to all 12 sessions, Assessment and Feedback, as well as her/his openness to different ways of thinking, accepting advice, and trying new behaviours. Several factors affect commitment but in general we want to know: 1) Does the student need FITA's intensive support? 2) Does the student *want* FITA's intensive support? and 3) Is the student capable of making this time commitment? As part of the Interview, we read and discuss the FITA Student Contract. The Contract outlines responsibilities of both the student and the Coordinator. Among other things, the Contract obliges students to: attend 12 consecutive weekly sessions on time; provide one full business day's notice of cancellations; only cancel in the case of emergency or illness; take responsibility for their sessions and show up knowing what they would like to talk about; and follow through on tasks and activities discussed in session (e.g., trying out a new stress coping strategy throughout the week to then discuss in the following session; completing an agreed-upon portion of an assignment by a certain date; going to see an Academic Advisor if the Coordinator makes this referral). Students' responses to the Contract in the Interview help us to decide whether they are ready for the commitment. If we feel that the student is ready, we will offer her/him an Application form (see Appendix XIII) which she/he must fill out at home and bring back

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later to submit to the Team Leader. While the written responses on the Application provide us more insight into the student's commitment level, the primary purpose of the Application is to provide the student

> **"The student is respected enough to be held accountable for breaking the Contract."**

with a small hoop through which to jump. Students who are not committed enough to fill out a form and bring it back to the office are not considered ready to commit to the rest of FITA.

Once a student is registered with FITA, we try to ensure that the Contract is fulfilled. Sometimes a student breaks her/his Contract (e.g., by missing sessions without giving the required notice or without valid reasons; by neglecting to try to implement changes; or by failing to express her/his goals or desired topics in session, effectively putting the responsibility in the Coordinator's hands to "work for her/him"). Each time the Contract is broken, the Coordinator discusses this with the student and together they reassess whether FITA is the appropriate resource for the student's goals and commitment level. The student is respected enough to be held accountable for breaking the Contract, as she/he is seen as responsible for her/his own choices and actions. This is intended to be empowering, and reflective of the student's responsibility for her/his education and life. For example, if a student who misses FITA sessions is struggling with time management, willpower, or self-regulation, we would use this as a chance to talk about following through on promises she/he makes to herself/himself and others. Following this discussion, if the student reaffirms her/his commitment to the Contract, she/he is likely allowed and encouraged to continue in FITA. However, if the Contract continues to be broken, the Coordinator consults with the Team Leader and/or Manager. Unless exceptional circumstances apply, typically the Coordinator or Team Leader will then speak again with the student about how FITA is evidently not the right fit, and the Team Leader sends the student

a "goodbye email" indicating that, as discussed, she/he is not actively participating in FITA and her/his file is therefore being closed. The student is notified that if she/he wishes to rejoin FITA, she/he is welcome to contact the Team Leader to engage in a new intake Interview and talk in-depth about the Contract and the need for commitment. The student is also referred to less intensive and more applicable support resources on and off-campus. This is in no way a punishment for breaking the Contract; rather, it is a way to save the student from the guilt involved in repeatedly being confronted about neglected contractual obligations. If the requirements of FITA are not realistic for a student at a given time (whether because her/his life situation makes commitment unfeasible, or because she/he does not need or want the intensive support and weekly sessions), it benefits her/him to seek support elsewhere. Additionally, it benefits other students interested in FITA because it frees up space in the program.

4. The Therapeutic Alliance: The bottom line

In anonymous questionnaires regarding which elements of FITA students found most helpful, most wrote about aspects of their alliances with their Coordinators, such as:

❝*Being able to speak with [a] Coordinator without being too formal. Able to speak about life alongside school.*"

"The FITA Program allowed me to experience a more personal academic experience within a large and sometimes impersonal university environment."

"To talk about my issues without fear of judgment."

"Having someone to be accountable to…feels like a partnership."

"The guidance and moral support presented to me by my counsellor may very well have been my saving grace and I am truly grateful."

"I have someone on campus who is there to help me if I need it."

"Having one-on-one time dedicated to addressing problems unique to [me]."

"My Coordinator was always supportive and created a friendly, trusting environment."

"Having someone to share your load. To empathize and do their best to help you solve your problems in all spheres.❞

The above quotations are just a few of the many comments from our qualitative feedback on FITA that illustrate the importance of the therapeutic alliance between student and Coordinator. Research on post-secondary attrition suggests that perhaps the most important predictor of success is having a quality relationship with a university employee (Heisserer & Parette, 2002; Wycoff, 1999). Indeed, "research has shown that the only variable that has a **direct effect** on student persistence is the quality of a relationship with significant member(s) of the college community" (Heisserer & Parette, p. 73). A well-established argument in the counselling literature is that, regardless of theoretical orientation or counselling technique, it is the quality of the therapeutic relationship that predicts success in therapy (Horvath & Symonds, 1990; Wolfe & Goldfried, 1988). In our qualitative feedback from FITA students, in which students were asked the open-ended question, "What did you find most helpful about FITA?" the majority of comments specifically pertained to this relationship, such as:

- having someone to talk to about different aspects of a student's life (e.g., school, career, mental health, relationships)

- the elements of the program involving individualized, 1-on-1, and consistent weekly meetings which promote personal accountability between student and Coordinator

- mentioning Coordinators' personal qualities (e.g., empathy, nonjudgmental attitude) and how these create a safe and comfortable relationship

How do we facilitate these strong alliances between FITA students and their Coordinators? First, we make an intentional effort to assess relationship building skills when interviewing prospective interns and staff. We attempt to select Coordinators who demonstrate a nonjudgmental attitude, empathy, humour, friendliness, and the ability to self-disclose effectively. Once our team is selected, we provide staff and interns with mandatory professional development opportunities focused on the therapeutic alliance (e.g., guest speakers, workshops). We also place a strong emphasis on the therapeutic alliance during our intern/staff training days, weekly team meetings, Coordinators' consultation meetings with our Team Leader and

Manager, and Coordinators' supervision meetings with their clinical supervisors.

In a further attempt to ensure strong alliances, we match Coordinators and students based on Myers-Briggs Type Indicator profiles such that whenever possible, similar types are matched. When this is not possible, "bad" matches are at least avoided (i.e. we would not pair a "very clear extravert" with a "very clear introvert," etc.). We analysed data collected previously that looked at the relation between students' self-reports of the therapeutic alliance (using the Working Alliance Inventory) and their changes in academic performance and mental health. We found that working alliance "bond" ratings predicted improved mental health outcome. Working alliance "task" ratings predicted improved grades.

Once Coordinators and students are paired, it is important to uphold the 12-session model so that they have time to get to know each other and to build trust and comfort. Fortunately we are indeed hitting this target, as the median number of sessions students attended in 2013–2015 was 11.7. Our research shows that students who attended 10 or more sessions made statistically significant improvements on a measure of mental health (SF-36) since beginning FITA. While we did also see this change in those who attended four to nine sessions, the improvement was statistically significant in some years but not others. These findings seem to justify FITA's 12-session model. Moreover, to provide continuity of care, we avoid having students switch Coordinators; we instead encourage any issues to be addressed within the relationship. We have found that whenever a student has asked to change Coordinators but instead stuck with it and talked to the Coordinator about her/his concerns, the pair has strengthened their bond. In these cases, the students have in fact ended up expressing even more attachment to their particular Coordinators than we typically see.

The vast majority of literature on post-secondary student success relates to students' academic skills such as their abilities to combat procrastination, reduce test anxiety, and increase academic self-discipline. However, at FITA we believe that these are the metaphorical troughs of water to which Coordinators lead students,

but it is the quality of the therapeutic alliance that helps them to drink.

References

Heisserer, D. L., & Parette, P. (2002). Advising at-risk students in college and university settings. *College Student Journal*, *82*, 69–82.

Horvath, A. O., & Symonds. B. D. (1990). The relationship between working alliance and outcome in psychotherapy: A synthesis. Paper presented at the annual meeting of the Society for Psychotherapy Research, Wintergreen, VA.

Wolfe, B. E., & Goldfried, M. R. (1988). Research on psychotherapy integration: Recommendations and conclusions from an NIMH workshop. *Journal of Consulting and Clinical Psychology*, *56*, 448–451.

The Structure of FITA

5. The Interview: Is FITA the right fit?

Apart from the phone or email exchange with the Team Leader to make sure scheduling the Interview is appropriate (based on the student's understanding of what FITA entails), the Interview is the student's first step within FITA. This is a one-hour session in which the student sits down with one of FITA's experienced staff Coordinators to discuss her/his challenges and stressors, her/his goals, and the type of help needed. The interviewer describes FITA in detail and gauges whether the student is ready and able to commit to and benefit from the program.

The Interview is semi-structured; the interviewer follows a list of discussion questions but uses her/his discretion to alter the direction of the conversation as appropriate. The tone depends on the student. Typically this is the first time the student has had the chance to sit down with someone who will patiently listen to her/his whole story—as such, personal and distressing topics can arise and crying is very common. On campus, most services can only offer students a few minutes of face time, and need to stick to a specific topic or task; a student is rarely given a full hour to simply let it all out. Students' relief during the Interview is often palpable, and this hour can be the first therapeutic step.

We have admitted approximately half of the students who attend Interviews. Of the remaining half, most are referred elsewhere because FITA is not the right resource for them, while some are offered a spot in FITA but change their minds and decide not to join.

The Interview entails the following process:

1. Interview questions (see Appendix XI)

2. Interviewer decides whether FITA is the right resource for the student and vice versa. If "no," interviewer refers student to other resource(s) on and off campus. If "yes"…

3. Interviewer has student complete some questionnaires including the Myers-Briggs Type Indicator (MBTI) and the OQ45 (discussed in the Assessment chapter)

4. Interviewer gives student FITA Application form (see Appendix XIII)

5. Student goes home and thinks it over, and if she/he decides to join FITA, hands in Application

6. Team Leader and Manager consult to assign student a Coordinator based on MBTI and other information from the Interview

7. Team Leader activates student file and introduces student and Coordinator over email

The following is a list of the Interview questions, and associated rationale.

So, how did you hear about FIT: Action? What was it that appealed to you?

Here we are looking for a sense that the student has done some research on FITA, read through the website, and knows what the program involves. This indicates that she/he is serious about making some changes. We don't want students who say "I don't know, I was referred here so I thought I'd come see what it was all about." When the Team Leader had earlier booked their interviews, she/he had directed each student to peruse the website so that they would know whether it would be a good fit for them.

If the student was referred through a mass email that goes out to students on Academic Warning (AW), this tells us she/he is struggling academically.

If the student was referred by an advisor at Carleton's Student Academic and Career Development Ser (SACDS), we often look up the SACDS advisor's session notes to learn of any relevant details.

Students referred by the Paul Menton Centre for Students with Disabilities (PMC) are taken into careful consideration; we work with the PMC to provide the student with support. Students who were

referred by PMC because they tried to register there but couldn't (due to inadequate documentation) are often good fits—this is part of why FITA was created.

Students referred by Health and Counselling Services at Carleton are usually good fits too, since they are typically emotionally overwhelmed enough to have sought counselling. They are often in need of something more intensive/regular than what they could receive through Health and Counselling Services, or in need of counselling combined with learning strategies.

Students who self-refer because they heard about the program through a friend or through our advertising are often a good fit because self-referral shows proactivity.

First year students who learned about or were alerted to the FITA program in high school have all been accepted.

So far, all of these students have met major GPA and overall GPA requirements at the end of their first year in university.

What is going on right now in your life that is interfering with your ability to focus on your school work? (ask about lifestyle, living situation, social support, part-time job, study habits)

Research indicates that a student's number of hours spent at a part-time job negatively correlates with grades. We discuss this with students who report working more than 15–20 hours per week at a job. Are they open to the idea of either cutting down on hours, or dropping courses (i.e. if they have four or five courses)? The student's thoughts on this give us a sense of how willing and able she/he is to make changes and to prioritize her/his education.

We are also looking for a sense of whether the student actually has the time for FITA. If she/he is living 30 minutes from campus, taking five classes, working 15 hours per week, and involved in extra-curricular activities, it might be unrealistic to think she/he can also attend weekly sessions.

In rare cases involving significant substance abuse and severe psychiatric difficulties we will refer to health and counselling services for primary support.

> **"Part of the service that FITA provides is this one-hour meeting to sit down with the student and determine the best resource(s) on campus for him."**

We may continue to provide bridging support to the student until the support situation has stabilized.

With this question, we are looking for all the information about the student's stressors. Students who say they don't have anything stressful going on apart from classes are often not right for FITA, and may be referred to Learning Support Services (LSS) instead for purely academic support.

We ask about social life, family, roommates, sleeping habits, diet, exercise habits, mood, etc.—all areas in which signs of stress can arise. Some common answers that suggest the student could benefit from FITA:

o   sleep problems (too much or too little), and feeling consistently tired

o   poor nutrition/bingeing/eating disorders/lack of appetite

o   erratic mood, frequently feeling down/depressed, being told she/he is irritable, snapping at those close to her/him

o   difficulty going to class

o   difficulty focusing

o   anxiety about exams even when student has studied and prepared well

o   disappointing grades *despite putting in a solid effort* (e.g., approximately three hours of studying

per class, per week) and genuinely attempting to study (going to class, doing readings, taking notes in class, self-testing, etc.)

"**Students who had an IEP in high school but no diagnosed disability are often a good fit for FITA**"

o difficulty with time management and procrastination *despite trying* to use agendas, calendars, etc.

o death or illness of a loved one

o relationship difficulties, social anxiety, break-up, family pressure

o lack of social support, feeling lonely, difficulty adjusting to university life

o difficulty cutting down on partying and/or socializing despite genuine efforts

On a scale of 1 to 10 (1=happiest you've ever been, to 10=thinking about suicide) how overwhelmed do you feel right now? (If range is high, do suicide assessment. If you deem it necessary call Campus Safety). Have you experienced similar situations in the past? If yes, explain. What coping strategies have you tried in the past? How successful were these attempts?

This gives us a chance to talk about suicidal ideation (past and present) if applicable. Our interviewers are experienced staff who are certified counsellors trained in suicide intervention. We almost always admit a student who has recently considered suicide (as well as refer her/him to Health and Counselling Services). If there is present concern, we will call Campus Security right away.

Some students report low stress (i.e. 5 or less) but say that in the past year at their worst, it has been much higher. This gives us a chance to ask about what they have done in order to manage their stress lately, and encourage these coping strategies. We also ask about what life was like at their most

stressed, and what the warning signs would be if they were nearing that territory again.

If students say their stress is low and has never really been a problem, often they are a better fit for another resource.

What are you hoping to get out of these meetings? What kind of changes are you prepared to make? (e.g., Stress management? Learning strategies? Life balance? Motivation? Time management?)

We are looking for a sense of how much ownership the student takes, thus the question is worded "changes you *are* prepared to make." Students who seem to expect us to manage their lives for them, or give them magical quick fixes, are not right for FITA. We want students who realize change takes a lot of effort, patience, and time. We are wary of those who give answers such as, "I want help to get higher grades" or "I want help because I'm not motivated and don't really study."

Time management and learning strategies are certainly areas in which we can help a student—if she/he is already genuinely trying. We stress to the student that we cannot make her/him do the work. We can teach her/him skills and help with motivation, but we can't wave a magic wand.

Sometimes being a successful student just comes down to willpower. Students who are strictly looking for learning strategies and/or time management training (without the mental health component) are often referred elsewhere.

How do you feel about your degree program? Do you know what career you're hoping for? Are you thinking of switching degree programs?

This is a chance to talk about whether the student's degree is leading her/his in a direction she/he likes. Some students report being in a certain program for no known reason, or because their parents pressured them to, or because they think it will make them rich one day—but they are not interested in their courses or the field. When this comes up, we may talk with the student about motivation. If the student knows her/his degree will lead to a career that she/

he wants, but doesn't find any satisfaction in her/his current courses, there is long-term motivation but no short-term, daily enjoyment or motivation. This can make it very difficult to sustain willpower. In contrast, if the student enjoys her/his classes but feels lost regarding what career this degree could possibly lead to, there is short-term, but no long-term motivation.

Another issue is whether a student's reason for being in a certain program is extrinsic (e.g., parental expectations, desire for wealth, power and prestige) as opposed to intrinsic (e.g., interest in the subject, feelings of personal achievement, enjoyment). Research indicates that intrinsic motivators are stronger than extrinsic.

Some students mention that they do want to switch into a different degree program; we refer them to talk to their departmental advisor or to the Centre for Student Academic and Career Development Services (SACDS) for assistance. If the student has already looked into this and knows what she/he needs to do in order to make the switch, we can discuss whether this goal motivates or discourages him.

Sometimes students know that they are in the wrong program but don't know what the right program would be. We can talk with them about how to start researching different potential programs. This might be something the FITA Coordinator can work on with the student as well.

Discuss FITA—go through Contract in detail. Explain the testing/feedback component. Explain who the Coordinators are. Try to gauge how serious the student is about putting in the work and taking responsibility.

We go through the Contract with the student and then ask, "Is there anything on here that stands out to you in terms of being what you're looking for? Anything that sounds not quite right for you? Anything you're unsure of?" Often a student will point out a particular element about which she/he is most excited. We would be wary of a student who comments that she/he isn't sure about the strict adherence to weekly meetings, or to giving notice when she/he needs to reschedule. Some students

comment that they don't think they would need the testing/feedback, and ask if they would have to do it. This indicates that they may not truly be willing to accept advice and be open to change.

In general, questions and comments about the Contract are a good sign. They imply that the student is taking the Contract seriously.

As you can see, this program requires a significant time commitment. On a scale of 1 to 5 (1=not interested, 5=fully committed) how committed are you to this?

An answer of 1–3 usually means the student is not right for FITA. If they answer 4, we ask, "What are you unsure of that makes you a 4 right now instead of a 5?" Sometimes they will have a query we can address.

Sometimes your Coordinator may make a recommendation that might be tough. For example, many students are advised to reduce their course load and/or hours at a part-time job. How do you feel about that type of advice?

We only admit students who are willing to take advice seriously, and who appreciate that FITA staff have relevant experience and knowledge that they do not have. Students need to be open to making changes, even difficult ones. As the saying goes, "If you want something you've never had, you've got to do something you've never done."

We attend to the student's tone of voice and body language when she/he answers this question. she/he may say she/he is open to making changes, but we want to be sure this isn't just impression management.

Do you have any questions at this time? Additional notes (e.g., high school average; disabilities diagnosed or assessed in the past; Individual Education Plan in high school)

We assess whether the PMC would be more appropriate for the student. If she/he has a documented disability, we ask if she/he has considered the PMC, and talk about why or why not, and explain what the PMC can offer. We encourage

the student to make an appointment with the PMC for an intake and to talk about the types of accommodations and support they might suggest. If the student is already registered with the PMC, we encourage her/him to discuss with her/his PMC Coordinator that she/he had this interview, what type of extra support she/he is looking for, and see if it can be accessed through the PMC instead of FITA. If the student still feels, after meeting with her/his PMC Coordinator, that FITA is appropriate, we talk with her/his PMC Coordinator about working together and letting the student participate in both. Some students with disabilities prefer to join FITA and don't want to register at the PMC. This may be because of stigmas surrounding disabilities, or because the student is simply not interested in accommodations. We talk about this with the student and make a decision on a case-by-case basis.

Students who had an IEP in high school but no diagnosed disability are often a good fit for FITA because they are accustomed to benefiting from extra support but cannot register at the PMC.

Asking for the student's high school average can yield additional important information about her/his academic abilities and her/his identity as a student. For example, if a student achieved As in high school and is now struggling, it may indicate that although she/he is cognitively capable of earning high marks and has good study skills, other stressors related to university adjustment are interfering with performance. Often a student who did well in high school feels pressured to maintain these grades (which are more difficult to achieve in university) because her/his identity and self-concept involve being a high achiever and an excellent student. This can be overwhelming even if grades are good. On the other hand, when a student reports that her/his grades in high school were relatively low, this implies that she/he may need help to develop learning and study strategies; it may even be an indication of potential LD or AD/HD.

Referral(s) made by interviewer

In addition to being a chance to discuss FITA, the Interview is also seen as a referral service. Part of the

service that FITA provides is this one-hour meeting to sit down with the student and determine the best resource(s) on campus for him. Each student who is not given a FITA application is instead given a personalized letter from the interviewer outlining suggested campus resources for the particular student, with descriptions and expanations.

If we decide the student is a "no," we will always refer her/him somewhere else so that she/he isn't left unsupported. We try to word it so that the student feels that she/he is part of the decision. For example, if the student isn't really experiencing stress and simply wants academic support, we describe LSS's 1-on-1 Study Skills Sessions, and then say, "It sounds like that's more what you're looking for, am I right?" Usually they agree and are glad to be referred. Occasionally a student argues and says she/he would prefer FITA. We discuss this and suggest that she/he try LSS a couple of times, and if it still isn't helping, come back for another Interview. This will indicate whether the student is willing to take advice and be open to trying things.

If the student is adamant that FITA is the only resource that can help, this may not be a good sign; it can indicate that she/he expects FITA to save her/him, without having to put in work. However, it is a judgment call which involves reading a student's nonverbal communication and analyzing the motivations behind what she/he is saying. It might be that she/he knows what FITA provides, has tried other resources, and is really a "yes." We are always open to re-evaluating our decisions.

Even if the student is a "yes," we may make additional on-campus referrals such as:

o   Paul Menton Centre for Students with Disabilities (PMC)

o   Learning Support Services (LSS)

o   Health and Counselling Services

o   Writing Tutorial Service

o   Student Academic and Career Development Services (SACDS)

6. Assessment: Knowing the score early on

Assessment includes an online component and approximately 1.5 hours of testing in person.

Test administered during a student's initial FITA interview:
• Personality preferences: Myers-Briggs Type Indicator (MBTI)

Test completed prior to first meeting with her/his coordinator:
•   Outcome Questionnaire OQ-45.2

Tests completed by the student online prior to her/his assessment session:
• Vocational interests: Strong Interest Inventory
• Study skills: Learning and Study Strategies Inventory (LASSI)

Tests administered during a 90–minute assessment session:
• Psychological screening: Basic Assessment Scales for Children 3nd Ed. (BASC3 CSR) College Self-report (ages 18–25) (computer scored)
• Reading, written language, and math: Woodcock-Johnson III Brief (WJ-III-C)
• Nelson Denny reading test
• Achebach (25 years+)

Assignment to a FITA Coordinator is based on the student and the Coordinator's MBTI scores, with the intention of matching preferences to get student and Coordinator on the same page quickly.

Feedback session

All students attend a one-hour feedback session with FITA's Registered Psychologist. During this meeting they receive copies of the assessment results. They also receive a signed letter that identifies a set of initial goals that are collaboratively developed during the Feedback session.

All FITA students are also given contact information to book follow-up appointments with the Registered Psychologist in case they are experiencing serious difficulties and would like further support apart from their sessions with their Coordinator.

Integrating assessment information across measures allows us to anticipate problems and take steps to manage them

In order to develop an understanding of our students' situations and to identify goals, our assessment helps us to identify important issues to discuss with our students. We do not formally diagnose students, and more often than not, students feel a sense of relief as assessments often show that students have "all the parts" to be successful in university. They only have to figure out how to assemble these parts, or organize priorities, in a different manner.

MBTI: Obtaining information to help match students with Coordinators

During the interview, incoming students complete the Myers-Briggs Type Indicator (MBTI). This widely used and well researched measure provides useful information with respect to the student's preferences. We then use this information to match students with Coordinators with the intention of providing a good "fit." We try to avoid what could be bad chemistry (this is discussed further in section 4, The Therapeutic Alliance: The bottom line). Our goal is to get the two people on the same page quickly so that they can feel more comfortable. It is not uncommon for students to report that they had previously seen a different counsellor at another resource, but that there was a personal mismatch and this contact ended after a few sessions.

In the FITA program we try to match people with preferences on the Thinking/Feeling dimension of the MBTI. As the program fills up, there is less choice regarding MBTI type and the assignment of students to Coordinators. We try to make the best of the situation and help our Coordinators adapt to people who differ from their own perspectives on the MBTI. For example, while Intuitive Feelers are drawn to careers in counselling, they can quickly see how clients who are Analytical Thinkers are less concerned about harmony;

such counsellors can find that a spirited discussion is a way of making a connection with others.

Students are given their MBTI profile along with a

> "Here, the goal is to help students develop greater self-awareness."

brief descriptive summary related to what this profile says about their learning style (see Appendix VII). The implications of preferences in a university setting are discussed. For example, students who are Extroverted Perceivers may have to work to negotiate academic boundaries. In doing so, they can better achieve their goals without being drawn away from deadlines by interesting people and activities. Students are encouraged to research their profiles online. They are told that these results may only be partially accurate and can change with time. Here, the goal is to help students develop greater self-awareness.

Mental Health Screening Questionnaires: Moving from the SF-36 to the OQ-45.2

From 2011 to 2016 we used the Mental Health Composite scores of the 36 item Short Form (Ware et. Al, 1980) called the SF-36, along with BASC3 self-ratings, to get an idea of how much distress a student is experiencing. In the fall term of 2016 we moved to the OQ45.2 to assess distress as well as using the unique components of the program to assess client change over time. On the basis of this information we assign our more experienced coordinators to students experiencing much higher levels of distress.

The OQ-45.2 is a practical and brief questionnaire that is quickly completed and scored on-line. It is a well-normed, reliable, and well-validated measure. The OQ-45.2 provides a three measures of psychological wellbeing that correlates well with longer measures of depression. OQ-45.2 consists of a total score and three subscales: Symptom Distress (SD), Interpersonal Relations (IR), and Social Role (SR). It's practical screening/outcome assessment instrument was

developed for post-secondary students and is useful in providing feedback on how clients change over time while receiving counselling support. It is also widely used by the Canadian Military.

Students entering FITA who scored below the average range on mental health measures made significant gains. A convenience sample of students showed virtually no change on a composite measure of mental health scores between the end of fall and winter terms. (See Appendix XXXI Executive Summary 2015–16)

BASC3 Scales

SRP Scales
Alcohol Abuse Anxiety Attention Problems Atypicality Depression Hyperactivity Locus of Control School Maladjustment Social Stress Sensation Seeking Sense of Inadequacy Social Stress Somatization
Composite Categories
Internalizing Problems Inattention – Hyperactivity Emotional Symptoms Index
Adaptive Skills
Relationship with Parents Interpersonal Relations Self-Esteem Personal Adjustment Composite
Validity Scales
F Index L Index Inconsistency V Index Responses Pattern

A lower psychological quality of life as reported on a composite measure of mental health is seen as an independent predictor of weaker academic achievement at the post-secondary level (DeBerard et. al, 2004). Lower scores on the Mental Health Composite component play the role of a repressor variable inhibiting academic performance such that students may not be working to their potential.

In the FITA program we use the mental health measures to better understand the current quality of life of our students. We also re-administer the same measures when a student leaves/completes FITA, to see whether, and to what extent, a student has changed.

Using the BASC3: College Self-Report to identify adaptive abilities and problem areas

Students ages 18–25 complete the Behavior Assessment System for Children Second Edition (BASC3): College Self-Report (or, if over the age of 25, the Achenbach Behavior Checklist). This multidimensional measure of personality and behaviour yields a range of descriptions that are useful in generating goals in collaboration with FITA students. The BASC3 is a uniquely helpful descriptive measure that provides five measures of validity to help ensure that the information provided reflects the student's true situation. For example, if students are not actually reading the questions, or are giving very inconsistent responses to similar questions, it becomes apparent immediately. If students cannot admit to the normal failings of life, or present as being overly perfect, this 'faking good' is quickly identified. Some students exaggerate negative items and are seen as creating a more negative situation than one might realistically expect. When 'cautions' or 'extreme cautions' emerge, the rest of the data cannot be interpreted with confidence. Students are given a profile sheet that charts the BASC3 categories, but only if there are no cautions with respect to validity. When profiles are not seen as valid they can still provide a picture of the students' situations. For example, students who are inconsistent on the BASC3 may also report problems with consistency in other areas. People who exaggerate negative qualities are seen as wanting others to take them more seriously. Often international students will present an overly positive picture of themselves, not

wanting to reveal what they see as negative aspects of themselves until they can be sure that their Coordinator is worthy of trust.

"We work with all of our students to develop a greater sense of personal and academic self-efficacy."

BASC3 scales yield information that can direct discussions and offer potential entrance points for intervention

Each of the SRP scales (listed) can offer possibilities for solutions. The BASC3 also provides ratings on a range of adaptive skills, which include: relationship with parents, interpersonal relations, self-esteem, and self-reliance. If a student comes from a conflicted family of origin that affects her/his current situation, this will be indicated on the "Relationship with Parents" scale. Likewise, if students have difficulty connecting with peers, such difficulties will be reflected on the "Interpersonal Relations" scale. The Composite scale provides a combined measure of subscales assessing self-esteem, self-reliance, inter-personal relations, and relationship with parent.

The computer scoring of the BASC3 is done quickly on-line and yields a response sheet for each of the categories. With this format the reader can easily look up responses on scales that are elevated to get more of an understanding of how the student is experiencing the world in comparison to normed standard scores. This information can then be used as a basis for further investigation during the Feedback session and subsequent Coordinator sessions. For example, students with elevated scores on measures of social stress, anxiety, depression, or the emotional symptoms index can be asked to elaborate on their situation. Some students will be encouraged to consider a referral to a physician at Health and Counselling Services to investigate medical treatment options.

Students with high scores on the somatization scale of the BASC3 will report chronic health problems that they may consider insignificant but have an influence on their day-to-day functioning. For example, students who have infrequent seizures may spend a lot of time anticipating these and worrying about social embarrassment. Students with irritable bowel syndrome can get distracted by searching for bathrooms to which they can retreat if the need arises, which can add to daily anxiety. Students with autoimmune disorders such as Crohne's disease tend to perform poorly under the stress of exams. Students with complicated health situations (e.g., chronic pain, multiple surgeries, or out-of-town travel for specialist follow-up) can have difficulties with attendance and test scheduling. A surprisingly high number of past FITA students have had sports-related concussions that affect both attention and anxiety, and these students have benefited from extra support. In 2016–17 the Carleton FITA program will offer a concussion support group with the disability office (PMC).

Because students typically normalize health concerns, they rarely seek support from a disability services office. These concerns can add to a burden of anxiety, but by discussing the impact of these problems it is possible to develop plans, add supports, and reduce negative impacts so that students are not blindsided during high stress periods.

Students who report high levels of inattention or hyperactivity are queried about their histories. Some have previous DSM diagnoses of AD/HD and may be referred to the PMC if accommodations are required. Some of these students have difficulty focussing on lectures and are given the loan of a LiveScribe™ pen and notebook that helps them to record lectures. By touching the pen to a word in the notebook they can hear what was said in class at the time the note was written. Students who find this system useful can then buy themselves a LiveScribe™ (after we loan it to them for a free trial), a relatively inexpensive technology. Students who are inattentive or frequently restless usually have difficulties with time management skills (assessed on the LASSI—see portion of this section).

Students with elevated school maladjustment scores will often respond candidly about their responses on this scale. Such a discussion, when held in the context of other assessment data, is extremely helpful to establish goals in priority.

Students who report problems with alcohol (or substance use in general) are often asked to monitor this behaviour and to follow up on what they have discovered. Students may be encouraged to consider more specialized services and those actively seeking help with alcohol/substance problems are referred to community resources as well as to our HCS.

Many students in the FITA program come in with feelings of inadequacy as they are overwhelmed with school and/or their lives. We work with all of our students to develop a greater sense of personal and academic self-efficacy. Many students, as they begin to find solutions to their problems, start to become excited about their prospects and make significant changes in their lives. Examples of such students can be found in written testimonials on our web site (www.carleton.ca/fita/testimonials).

When the BASC3 data is integrated along with other assessment measures it is possible to develop a detailed picture of the strengths and challenges faced by each student. This helps Coordinators to really understand the students with whom they are working. When our students feel better understood, they are willing to make a greater effort as a result of this alliance.

Vocational interests, motivation, and program selection

All students coming into the program complete the Strong Interest Inventory that is offered online and is completed by the student prior to the Assessment. This measure has a long history of use in career development and provides empirically-based measures of vocational interests, general interests, and specific job interests that match an individual's preferences. This measure also provides descriptions of personal styles as they affect learning, risk-taking, willingness to take on new challenges, working independently and on teams, and preferred learning environment, from hands-on learning to theory-based learning.

Strong Interest Inventory results are given to each student to help them evaluate their program and

career choices. Some students find that they entered an academic program because of encouragement and/or pressure from their parents. They later discover that they have insufficient interest or motivation to truly engage in their studies. By examining and discussing their interests, students who are not well placed in school re-examine their decisions, obtain further information and may switch their major area of study to one that more closely matches their interests.

Some students are very much encouraged when their Strong Interest Inventory results validate their initial program/career choice and motivate them to redouble their efforts. For further investigation and fact-finding we refer FITA students to Career and Co-op Services as well as to departmental advisors and academic advisors.

Academic achievement testing

All students complete the Nelson Denny timed tests of reading comprehension. Students who are learning English as a second language may require more time to complete reading assignments. In our program, approximately 10% of our students are international students. Overall, just over 50% have reported that they learned English as a second language, though they may have a long history of speaking and reading English.

At Carleton University we have a site license for *Read and Write Gold™* that provides text-to-speech reading support and is available to all students, faculty, and staff for downloading at no cost. FITA students are encouraged to use text-to-speech software to review course materials and their own written assignments.

Students with poor reading scores (defined below) are given the three Woodcock-Johnson III-C (WJ-III-C) Reading sub-tests to independently assess reading without time constraints. If these scores are very low, students may be referred for further evaluation at the PMC and possibly receive a referral for a psycho-educational assessment if a learning disability is suspected. Depending on scores on measures of personality or study skills, weaker readers, particularly if they are not highly introverted, may benefit from group study to learn and review materials in a format that doesn't emphasize reading.

All FITA students also complete the Writing Samples subtest of the WJ-III-C. If difficulties with written language emerge we discuss means of addressing

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them. These can vary from systematically using text resources in MS Word™ and *Read and Write Gold™*, to going to the Writing Tutorial Centre (online or in person) through the university's LSS.

Students in math, science, and engineering programs also complete the WJ-III-C Calculation subtest to help ensure that their skill levels are sufficient to access the curriculum. If this is a problem area, consideration is given to accessing tutorial services offered through different departments or they may be advised to reconsider their program choices.

Study skills: even very bright students may not have developed the study skills required for success at the postsecondary level

Students complete the Learning and Study Skills Inventory (LASSI) online prior to the Assessment. This measure is employed at over 2,400 colleges and universities in North America and provides standardized measures of study skills. The LASSI is scored online and students have immediate access to their scores.

These scales can help to pinpoint where students can place more effort to yield better marks. For example, students who are not able to identify main ideas in a text tend to study everything, and thus know a little bit about everything, but not enough about key areas to obtain good marks on tests and exams. These students can review strategies with other students, Teaching Assistants, and professors so that their time studying is efficient. They can also look up previous exams in some departments to gain a wider appreciation of core themes. FITA Coordinators can help students to develop selective and efficient reading strategies.

Students with time management issues frequently run into deadlines that they hadn't expected and often study in a stressed and hurried manner. In the FITA program we help all of our students develop time management and planning skills and to track grades so they have a clear picture of their standing and the marks that they need to meet university and degree requirements.

Some students report that they put a great deal of effort into study aids but very little time into self-testing and review. Alternately, they might report that they have problems with anxiety that, over time, become more manageable as they develop better test strategies. These areas are directly targeted by a student's FITA Coordinator.

Other areas assessed by the LASSI (for example, poor motivation) can be overcome by reviewing earlier choices with respect to major area of study that were selected on the basis of initial interests and little research. All of the areas assessed by the LASSI can have a bearing on the student's approach to learning, and can affect—as well as be affected by—a student's personal life and mental health. Discussions of these study skills therefore take place in conjunction with discussions of the student's psychological wellbeing. As grades improve, students tend to become less self-reproaching, and see that they can be more effective and self-directed. In the larger picture they can begin to imagine that they could develop skills and credentials that will lead to a meaningful career and life, goals which may previously have been seen as illusory and unobtainable.

Learning and Study Strategies Inventory Scales

Attitude
Motivation
Time Management
Anxiety
Concentration
Information Processing
Selecting Main Ideas
Study Aids
Self-Testing
Test Strategies
Use of Academic Resources

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7. The Academic Audit: A roadmap to graduation

As part of the FITA Contract, students are expected to maintain contact with their academic advisors at SACDS, a requirement which FITA Coordinators facilitate by making referrals as needed. SACDS advisors help students to understand what at Carleton is called the *academic audit*; this is essentially each student's roadmap to graduation. The audit outlines the student's program requirements, cumulative and major GPAs, required courses yet to be taken, and academic standing (Good Standing; Academic Warning; Suspended; etc.). For students on Academic Warning (AW) or at risk of becoming so (such as those with GPAs lower than C+), Coordinators ensure that at least one audit review is arranged each term, depending on the student's situation. For those in Good Standing, at least one audit review, upon joining FITA, is scheduled. Each term FITA students are referred to the Carleton Student Academic and Career Development Service office or to faculty advisors. The goal of this referral is to ensure that FITA students know what is required in terms of realistic academic goal setting and to provide a roadmap to graduation.

When a FITA Coordinator asks her/his student what she/he would like to achieve while participating in the program, a common response is to improve her/his grades; however, this requires a concrete and realistic goal. When meeting with an academic advisor for an audit review, a student is able to calculate hypothetical GPA requirements and leave with tangible goals to then discuss with her/his FITA Coordinator. This climate of transparency cultivates a sense of responsibility and accountability between student and Coordinator. Students who are struggling academically (especially those on AW) must collaborate with their academic advisors to develop a strategy to reach the applicable goal (whether that is to avoid suspension, remain in an Honours program, get off AW and back into Good Standing, etc.). During an audit review, an academic advisor helps to devise such a plan using strategies such as:

- dropping a course in order to delay the Academic Performance Evaluation thereby giving the student time to raise her/his grades enough to avoid AW or Suspension

- dropping a course and planning to take it when it is offered in a later term, if the student's expected grades in this course are insufficient

- switching from an Honours to a General program with lower GPA requirements; this may be a temporary switch until the student's GPA is sufficient to get back into Honours, or it can be a permanent change, often resulting in the student graduating earlier than expected (since a General degree program entails fewer credits)

- Switching to a different major, adding or removing a minor, or changing degree programs altogether

- Or switching to a college program if most appropriate to the student's needs

Once the student and her/his Coordinator know the plan, they can work together towards appropriate goals and tasks. FITA's emphasis on the academic audit is an intentional tool to engage students in developing and reaching their career and academic goals.

8. The Use of Master's Level Interns

Our Coordinators, who meet 1-on-1 with their assigned students for weekly sessions, are counsellors and psychotherapists, as well as those in training for these professions. The former are paid staff who have obtained a Master's degree in Counselling and are (or will soon be) Canadian Certified Counsellors and/or Registered Psychotherapists, while the latter are Master's level interns in counselling and psychotherapy programs.

More than half of the students in FITA at Carleton are assigned to Coordinators who are interns from the University of Ottawa or St. Paul University. These graduate students are completing the Master's in Counselling Psychology and Master's in Counselling and Spirituality programs respectively, and volunteer with FITA three days a week for two full semesters. Such a placement is required of students in the uOttawa program, and they are free to choose from a compendium of approved internship sites (which must provide the appropriate amount and style of supervision, a minimum number of client contact hours, etc.). Our experience has been that of the number of applicants we receive, we can offer a placement to approximately half; this means we can be selective in our choice of interns. Further, given the array of internship sites (which represent diverse areas of counselling such as addictions, career, child and youth, high schools, sexual assault, and immigration), interns apply to only those which reflect their interests. The result is that we have typically found a good match between intern and placement, in terms of qualifications, interests, and career goals. Not only does this unique system keep FITA low-cost, but it provides an intensive, hands-on educational experience to these Master's students. This internship provides them with the qualifications to become Canadian Certified Counsellors with the Canadian Counselling and Psychotherapy Association (CCPA), or to register as Registered Psychotherapists with the College

of Registered Psychotherapists of Ontario (CRPO). Presently, graduate students across Canada are seeking these internships with qualified supervisors. The FITA model offers other universities the option of expanding current programs and selecting intern Coordinators from within their own graduate student pools.

Our interns are provided with a thoroughly supportive experience. At Carleton University, our FITA interns are supervised by our Registered Psychologist, and our Team Leader who is a Registered Psychotherapist and CCC. Further, they work with staff Coordinators who have followed similar paths and can relate to their experience as graduate counselling students. Interns each receive one hour per week of formal supervision with their supervisors, who are also available for consultations as needed. These experienced and highly qualified staff members are always available for consultations as well, and for any day-to-day questions or issues. Interns are expected to join the staff in mandatory one–hour team workshops each week to discuss various topics, share diverse areas of expertise with each other, engage in case discussions, and consult about clients and FITA policies. These workshops led by the Team Leader form a learning community and provide interns with professional development, additional group supervision, and a chance to practice leadership by facilitating workshops. In addition to these weekly meetings, we hold various professional development sessions led by invited facilitators and speakers (for example, we have had sessions on therapeutic alliance, leadership, and emotional intelligence).

In exchange for the high quality training and experience we provide our interns, we try to get the most out of them, and thus the FITA internship is demanding (see Appendix I). Interns can expect an average of five hours of client contact per day for three days a week, for two semesters. This busy schedule necessitates excellent prioritization and time management skills, as well as plenty of energy. In addition to these regular sessions with their assigned students and the supervision and workshop requirements, interns also provide 90–minute Assessment sessions in which they administer the BASC3 or the Achenbach, the WJ-III-C, and the Nelson Denny. They then score these assessments, fill out a summary template, and perform related administrative tasks. These hands-on experiences in assessment,

counselling, psychotherapy, and learning strategies prepare our interns for their careers, and make them even more attractive candidates for potential jobs after graduation. FITA's use of graduate interns is mutually advantageous. We obtain high quality, low cost student service; they benefit from a practical internship with an abundance of client contact and diverse cases, and have the chance to build their therapeutic skills, try out diverse therapeutic styles and techniques, and develop strong therapeutic alliances over time (as FITA students are required to meet with their Coordinators for at least 12 sessions). Our expectations are high in terms of case load and time commitment, and we believe this prepares our interns well for careers in the mental health and student support professions.

9. What Does a FITA Session Entail?

What a FITA session entails depends on the student's goals—the student is in charge of each session. The Coordinator will ask something open-ended like, "What would you like to use this hour for?" or after welcoming the students it is the student's job to have an idea of how to start the session. Is the focus more on academic improvement, personal counselling/psychotherapy or both? This will determine the activities and conversations that will take place.

Examples of academic-related session activities:

- checking in on grades

- planning study time for the week

- breaking down assignments and making to-do lists

- discussing written assignments

- talking about procrastination and strategies to overcome it

- discussing adding/selecting/dropping courses

- figuring out a study technique for a particular course

- practicing study skills (e.g., the Coordinator may show the student different ways of mapping out her/his ideas on paper, quizzing himself, selecting information from her/his readings)

Examples of counselling session activities:

- talking about personal issues related to mood, relationships, family, financial stress, life worries, etc.

- writing out negative or maladaptive thoughts the student might be having, and countering these thoughts with more adaptive ways of looking at things

- practicing relaxation techniques (e.g., deep breathing, muscle relaxation)

- writing out goals for the week to include healthy amounts of sleep, exercise, diet, socializing, etc.

- discussing what motivates the student, and what may be blocking her/his motivation

Often at the end of a session the student and the Coordinator will write out some goals and/or tasks that the student would like to accomplish by the next time they meet. FITA works for students who put in the work not only in session but outside of it as well.

FITA's Connections

10. FITA Is an Integrated Part of the Larger University Network of Student Service Providers

Our program is embedded in a dynamic institutional network that involves a wide range of university services that provide specialized support for our students. The FITA Manager is directly connected with student service and administrative managers at regular meetings held by the Associate Vice-President of Students and Enrolment and FITA staff work closely with individual offices frequently. This contact allows us to address a range of issues to support our students. Examples of this network are outlined below.

The **Student Academic and Career Development Service** (SACD) provides registration and audit advice which is essential for all FITA students. Without this support students can fail to take departmental and university requirements into account when selecting courses. This can result in misunderstandings on the part of the student that further result in demoralization and may require extra semesters to complete programs. All FITA students are directed to SACD for an audit review upon entering the program and on a continual basis as needed. SACD also offers Learning Support Services and the Writing Tutorial Services (WTS) online and in person out of the university library.

The **Paul Menton Centre for Students with Disabilities** (PMC) can be important as FITA students come through the assessment and intake process. Some FITA students have documentation and/or diagnoses that warrant disability-based accommodations. Other students experience continuing or temporary health problems (e.g., recent concussions) that require accommodations. Still others are identified through the FITA intake process as requiring a full psychoeducational assessment to identify whether learning and other disorders may be affecting their academic performance. Students who are registered with the PMC for accommodations continue to receive FITA support.

Health and Counselling Services (HCS) provides medical and counselling support for students. In some challenging cases we provide week to week support while counsellors, physicians, and psychiatrists at HCS may focus on more acute specialized problems.

We remain in touch with staff at the **International Student Support Office** (ISSO) and on occasion seek their help to obtain information and resources. At times we have received interview translation support from the ISSO when working with foreign students who have very limited English proficiency. The ISSO has also helped us find tutors in the same year and program as FITA students who speak the same first language and can provide academic and social support.

Our work with the **Registrar's Office** (RO) has been invaluable in obtaining grades and the Academic Performance Evaluation data used in our year end program evaluation. Officers processing petitions and appeals have also provided useful consultations that help us support our students when they wish to appeal marks or seek a backdated withdrawal.

For situations that have no obvious or immediate source of redress students are referred to **Ombuds Services** for consultation with the ombudsperson. Sometimes this office is able to provide a perspective or solution that can help to manage infrequently occurring problems, such as legal questions, disputes with professors, etc. The Ombudsperson acts as an independent and confidential advisor who can help students with on- and off-campus problems.

The **Student Experience Office** (SEO) offers effective case management for students who are struggling with behavioural concerns. This office has access to information that can be useful to resolve case management problems.

Campus Safety staff have special training to assess students who are struggling with safety issues including suicidality. They are available at immediate notice to assess students and decide on a course of action that can include taking a student to Health and Counselling Services for further investigation or support, calling paramedics to transport students to the hospital's Emergency department, or contacting the police.

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Lastly, we have contact with administrators in every academic department within the university. We share information with them about the FITA program and ask that they, or faculty, refer students who might benefit from extra support. Other offices within the university are contacted less frequently but all can be important in providing information that can lead to solutions that reduce student stress and increase student's ability to adapt and respond with resilience.

11. Recruitment Strategy

Over the years, we have developed a number of recruitment strategies to increase visibility among the university and pre-university student population.

Direct referrals

- We receive direct referrals from the SACDS, Career and Coop Services, Health and Counselling Services, the PMC, Residence Services and other student services within Carleton University. We therefore ensure that these offices remain aware of our services, and that we maintain positive and regular contact with these partners.

- We send mail-outs to guidance counsellors and teachers in the Ottawa-Carleton District School Board (OCDSB) explaining the program and asking them to refer any students who they feel would benefit from FITA . These high school students may meet with the Manager prior to the start of the academic year to help with their transition into university. Upon the start of the academic year, they are scheduled for an intake Interview. Because they have been referred by our OCDSB partners, they are typically considered to be an automatic "yes," and are admitted to FITA.

Campus-wide marketing

- During the Fall and Winter semesters, a FITA Coordinator gives a brief three-minute presentation on FITA to some of the large classes on campus. Postcard advertisements and FITA business cards are handed out to the students.

- We meet with department administrators to familiarize them with FITA, and explain the referral process. Each department is given FITA postcards and business cards to display in their offices.

- In fall of 2016 we asked 900 professors to show our 1.5 minute *youtube* video in classes. This video has

resulted in significantly increased self referrals. It can be seen at: https://youtu.be/cwWK_-g2Gwc

- FITA advertisements are placed in the student newspaper during Fall and Winter semesters.

- FITA advertisements are included twice weekly in Carleton's electronic newsletter which is emailed to all students. They are also included in the newsletter that is circulated to parents of Carleton students, as well as in the graduate student newsletter.

- We meet with Campus Residence staff to discuss FITA, and these partners post FITA posters on every floor of Carleton's Residence buildings.

- We work with Carleton's Communications office to ensure that FITA advertisements are regularly featured on Carleton's social media pages.

- FITA advertisements are played on flat screens throughout the campus, as well as in classrooms at the beginning of each semester.

- During peak times throughout the semester, a FITA information table is set up in the University Centre atrium, where students may stop and ask the staff member questions or take material to read up on the program.

Off-campus marketing

- We coordinate with the Director of Undergraduate Recruitment to create and send mail-outs advertising FITA to high school guidance counsellors and student support teachers across the province.

- We provide a professional development presentation to high school guidance counsellors, learning strategists, and student support teachers.

- We present at the Make the CUT (College-University Transition) program to secondary school guidance counsellors, learning strategists, and student support teachers. In this presentation we explain FITA, and how to refer students who may be vulnerable to transitional changes as they enter university. The Make the CUT program provides prospective students with an orientation to the postsecondary environment with a focus on specific resources

available for students with Learning Disabilities or
Attention Deficit Hyperactivity Disorder.

Marketing material

- A one-page document addressed to prospective
  FITA students outlines how FITA works, what topics
  can be discussed in sessions, and the steps involved
  in becoming a FITA participant.

- We circulate FITA advertisement and business cards
  throughout campus with information on how to
  contact the Team Leader to book an intake Interview.

- Our user-friendly website provides comprehensive
  information on the program:
  http://www.carleton.ca/fita

- More recently we have developed a short youtube
  video on the FITA program. This video is emailed
  to over 900 Carleton University professors and
  instructors each semester who are asked to play
  it in class or post it on the course e-bulletin board.
  This video was developed by staff (using iphone
  video technology) and can be presented a second
  time following midterm exams. Perhaps as a result,
  referrals in the last year broke all previous records.
  To view this video go to:
  https://youtu.be/cwWK_-g2Gwc

12. Transferability

After years of FITA's success within Carleton University, pilots of the FITA program were implemented at the University of Toronto and Humber College to determine whether similar success could be observed across different campuses. In 2015-2016 and again in the 2016-2017 academic year, students from all three campuses who entered the program had mental health scores that placed them in an "at-risk" category. After completing the FITA program, students across all three campuses showed significant improvements on measures of mental health, with effect sizes that showed a strong program impact. The degree of mental health improvement was consistent across Humber College, Carleton University, and the University of Toronto programs.

These results lend further credence to the robustness of the FITA model, showing that it can make a significant difference in students' lives regardless of whether the program has run for several years or has just completed an inaugural pilot year. The consistency of outcome in these transferability findings sends a strong positive message about the integrity of the FITA model across different institutions, with different staff, student populations, culture, and learning climate.

FITA's unique model combines a professional assessment and supervision framework, with service delivery offered through the efforts of emerging professionals completing required practicum internships. Its marriage of professional service provision and direct counselling support exceeds a peer support model. Importantly, it serves to expand upon mental health treatment capacity in college and university settings where available mental health services are often overburdened. In short, FITA is a cost effective, comprehensive mental health program with a proven track record of improving students' mental health and sustaining academic performance. Its consistent success, feasibility, and transferability

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make it an important addition to Ontario post-secondary institutions.

Transferability

How well a program transfers from one institution to another is of key interest and can aid in predicting prospective impacts in starting a program at a new institution. What works well in one setting might not achieve the same result in another setting due to differences in staff, space, other resources, how well staff understand the key elements of the program, or differences in the participants taking part in the program. Some programs may be successful at one setting due to unique characteristics of that setting or because of a leadership style that works well in one organizational culture but does not easily translate to another.

FITA at Carleton University

Over the last four years a consistent picture has emerged with respect to changes in pre and post differences in measures of GPA and scores reflecting psychological well-being in FITA students at Carleton. Students on Academic Warning consistently showed significant improvements in grades so that they met university GPA requirements for graduation. Students on Academic Warning who obtained normal MHC scores showed either improvements or no change on this measure depending on the cohort. None of these groups declined in terms of mental health.

Psychologically distressed students with adequate GPAs to meet program requirements consistently demonstrated significantly improved Mental Health Composite scores and over the last three years demonstrated improvements in psychological well-being that moved them from the bottom first or second percentile (impaired level) to the 12-14th percentile (low-average range). For this "overwhelmed group" grades remained constant. Students who were both overwhelmed *and* on academic warning demonstrated significant improvement on pre-post changes on *both* grade and mental health measures. Depending on the year and cohort we found that mental health improvement varied in relation to the number of sessions a student attended. In one year changes were not apparent until students had taken part in 10

sessions. In other years students with fewer sessions showed positive change.

FITA Pilots in the GTA

In 2015-2016 and 2016-2017 pilots of the FITA program were implemented at the University of Toronto (St. George) and at Humber College in Toronto. In both places students were recruited on the basis of feeling overwhelmed and the goals of the program were to improve psychological well-being. Both

groups followed the FITA program as outlined in the 2014 Manual with consultation and support from Dr. John Meissner and Larry McCloskey. Both groups

provided weekly supervision to graduate student interns who worked with FITA students. Following testing, psychologists, or trained program staff provided feedback to all FITA students based on learning and social-emotional assessment results in order to identify strengths and areas of development and to help students establish initial goals.

FITA at Humber College

Table 1. Mental Health Changes in a Small Group of Humber College Students 2015-2016.

Average

Low-average

Borderline

Impaired

Medium-large treatment effect: significant*
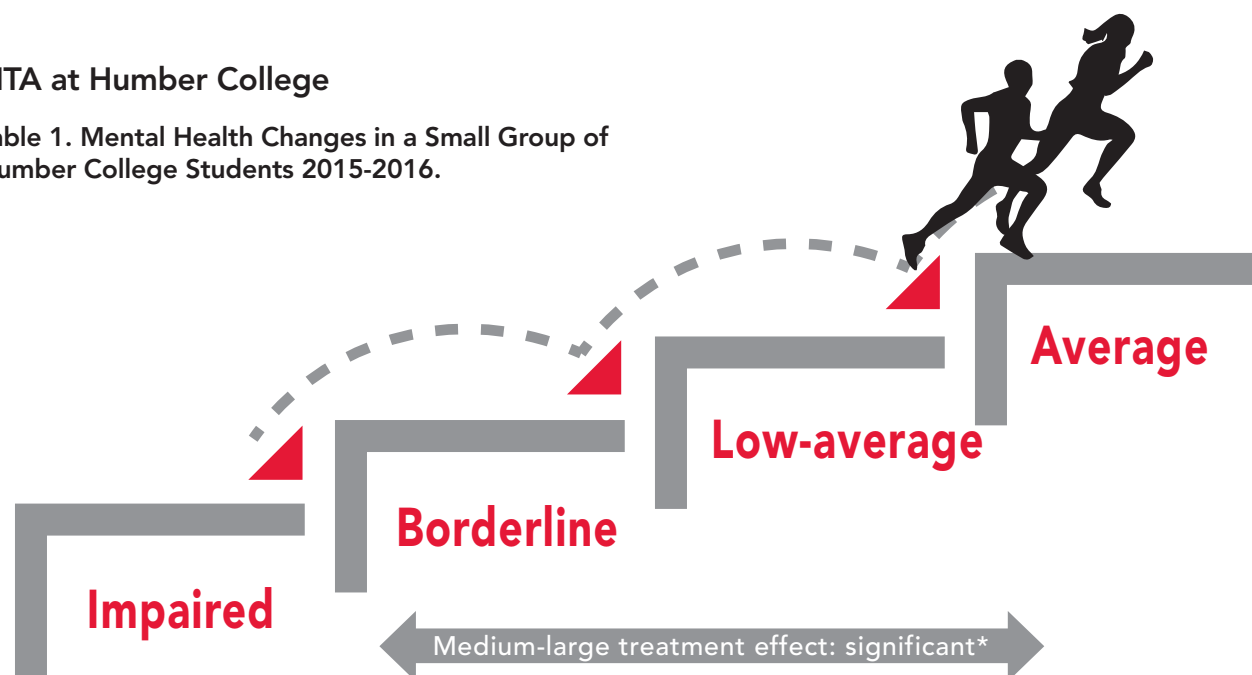
*Based on Mental Health Composite Scores from Short-Form Heath Survey (SF36)

	Mean 1 ± SD	Mean 2 ± SD	Sample (n)	Mean diff.	T-score (t)	Sig. (p)	Effect size (d)
MCS	33.26 ± 13.62	42.26 ± 10.16	11	9.00	2.915	.015	.75 (medium-large)
CGPA	51.65 ± 28.44	49.00 ± 32.34	14	-2.65	-.589	.566 (n.s.)	---

Humber College saw 33 FITA students in their initial pilot study. Grade and mental health data using the Mental Health Composite of the SF-36 were collected on a sample of 11 students. This small sample represents one-third of students seen at Humber during their initial pilot year. While the small numbers warrant some caution, the improvements seen in students' mental health are significant and showed a

medium effect size. The improvement in mental health scores reflects close to one standard deviation moving students toward better mental health. While no changes were seen in grades, it should be noted that students were recruited for support to deal with distress.

As a group the students entering FITA at Humber were at the 5th percentile in terms of mental health.

While not seen as "impaired" they were seen as being "at risk" for further deterioration. At the end of their program they scored within 1 standard deviation of the mean (T = 50) and fell within the low-average range at the 21st percentile rank. In terms of functioning, these students are more likely to demonstrate greater adaptability in their lives and a strengthened ability to cope with stress.

Second Pilot Year: Humber 2016-2017

FITA Humber used a new measurement tool, the Outcome Questionnaire (OQ45.2), replacing the SF36 as its measure of mental wellbeing for students. Below

is a short summary of pre-post analysis for 17 FITA students. FITA Humber had a total of 19 students for the '16-17 academic year, and provided 186 sessions to students (average ~10 sessions/student).

Changes were not observed in pre-post grades. However, these students were recruited to address mental health, not grade issues. As has been demonstrated in the literature (e.g., Eisenburg et al., 2009) students with poor mental health are likely to see their grades diminish and drop out, and being able to maintain grades could be interpreted as reflecting an asset in terms of coping.

Table 2. Mental Health Changes in a Group of Humber College Students 2015-2016

Group	Mean 1 ± SD	Mean 2 ± SD	Sample (n)	Mean diff.	T-score (t)	Sig. (p)	Effect size (d)
Total	71.65 ± 2 4.40	52.88 ±1 8.841	17	-18.765	4.291	.001	.86 (large)
Subscale: Interpersonal	13.71 ± 5.742	10.35 ± 5.442	17	-3.353	2.860	.001	.60 (medium)
Subscale: Social Role	14.18 ± 4.940	11.12 ± 3.314	17	-3.059	3.111	.007	.72 (medium)
Subscale: Symptom Distress	43.76 ± 16.728	31.41 ± 12.495	17	-12.353	4.368	<.0005	.84 (large)

These scores are clinically and statistically significant. For the total score, the official guideline for interpretation of significant change is a difference of 14 points. This was exceeded at FITA Humber, which on average saw a decrease of nearly 19 points in its students. This indicates a significant decrease in distress among them. With respect to norms, the current total score falls within the normal range, whereas the initial scores were in the clinical range. This is the same for the Symptom Distress subscale scores. The initial interpersonal and social role subscale scores were already in the upper part of the normal range, but still decreased significantly. Despite a small sample size, these results are promising, and appear to indicate good clinical outcomes for the FITA program at Humber, similar to last year.

First FITA Pilot Year at the University of Toronto (St. George) 2015-2016

Staff at the University of Toronto were interested in a more fine-grained analysis of the effects of the FITA program in their first year than could be ascertained by a single (SF-36) score. To this end they completed pre-post analyses of the Behavior Assessment System for Children - College Self Report (BASC-III CSR) for ages 18-25 years. In this pilot year they saw 55 students. Thirty two of these students completed sufficient counselling appointments to be included in the data

analysis, leaving a sample that accounted for more than half of the students in the program.

The most global measure of mental health on the BASC-III is a composite score called the Emotional Symptoms Index that combines the following scales (from the BASC-III manual, p 74):

Anxiety: Feelings of nervousness, worry, and fear; the tendency to be overwhelmed by problems

Depression: Feelings of unhappiness, sadness, or dejection; a belief that nothing goes right

Self-esteem (reverse scored): Feelings of self-esteem, self-respect, and self-acceptance

Self-reliance (reverse scored): Confidence in one's ability to solve problems; a belief in one's personal dependability and decisiveness

Sense of inadequacy: Perceptions of being unsuccessful at school, unable to achieve one's goals, and generally inadequate

Social stress: Feelings of stress and tension in personal relationships, a feeling of being excluded from social activities

The BASC-III manual notes that the Emotional Symptoms Index (ESI) "is the [report's] most global indicator of serious emotional disturbance, particularly internalizing disorders. … *Elevated scores on the ESI will almost always signal the presence of serious emotional disturbance* (italics ours) that is broad based in its impact on thoughts and feelings of the individual."

The BASC-III scoring system identifies individuals with T-scores of 50 to 59 as being in the "average" range, students scoring from 60 to 69 are seen as being "at-risk" for disorders, and students with scores of 70 and above are in the "clinical" range and likely suffering from an emotional disturbance.

Table 3. Mental Health Changes in a Group of Humber College Students 2015-2016

Scale	Pre-Scores	Post- Scores	Significance	Effect Size	Effect Category
Alcohol Abuse	49.35	48.00	no	--	--
Hyperactivity	50.74	49.32	no	--	--
Sensation Seeking	46.19	46.23	no	--	--
Somatization	61.42	58.03	no	--	--
Relations with Parents*	47.06	47.48	no	--	--
Inattention/Hyperactivity	54.77	51.52	yes	0.3	small
Interpersonal Relationships*	38.55	42.71	yes	0.36	small
Attention Problems	57.84	53.39	yes	0.38	small
School Maladjustment	57.68	53.71	yes	0.38	small
Atypicality	54.65	50.55	yes	0.41	small
Personal Adjustment*	35.61	41.19	yes	0.5	medium
Locus of Control	59.94	54.03	yes	0.51	medium
Self-Esteem*	34.90	40.90	yes	0.56	medium
Self-Reliance*	34.55	41.58	yes	0.61	medium
Anxiety	64.42	57.97	yes	0.72	medium
Social Stress	63.19	56.16	yes	0.72	medium
Sense of Inadequacy	70.16	60.29	yes	0.73	medium
Internalizing Problems	66.06	57.71	yes	0.74	medium
Depression	68.06	56.97	yes	0.81	large
Emotional Symptoms Index	69.77	60.03	yes	0.87	large

Students entering the FITA program at the University of Toronto were just below the "clinical" range on the Emotional Symptoms Index (ESI) with an average T-score of 69.77, placing them at the 2nd percentile rank when compared with college norms. As a population, they were showing signs that approached serious emotional disturbance. On the Depression scale, students were just below the "clinical" range with an average T-score of 68.06. On the Sense of Inadequacy scale, they were very slightly within the "clinical" range with an average T-score of 70.16. On the other scales that make up the ESI composite (Anxiety, Self-Esteem, Self-Reliance, and Social Stress) students entered with scores in the "at-risk" range. Students also fell in the "at-risk" categories for Somatization (health related complaints), Interpersonal Relationships, and on the Personal Adjustment composite scale. FITA students entering the program scored in the "average" range on scales assessing Attention Problems, Hyperactivity, Sensation Seeking, Alcohol Abuse, School Maladjustment, and Relations with Parents.

The table above shows the BASC-III pre and post-scores in order of increasing effect size. As can be seen, pre-post differences on all of the scales that make up the ESI composite scores *were significantly improved* after participation in the program. A large effect size (d' = .87) was observed on the ESI, showing that the impact of the intervention was highly effective. On the Depression scale a large effect size (d' = .81) was also observed. Positive changes on scales that assessed Anxiety, Social Stress, Sense of Inadequacy, Self-Esteem, Self-Reliance, Locus of Control, Personal Adjustment and Internalizing Problems, all reflected a medium effect size (d' = .51-.74).

In sum, after taking part in the FITA program, students at the University of Toronto scored in the "average" range on all BASC-III College Self Report scales except for the ESI and Sense of Inadequacy where they obtained T-scores of 60, right on the border of the "average"/"at-risk" range.

The U of T recruited students on the basis of both academic and personal overwhelm and noted that while a majority of their students excelled in academic *performance*, i.e. grades, they did so under high levels of stress and often with poor academic *functioning*. Common difficulties in the U of T population included perfectionism, procrastination, and self-management. While U of T did not observe any changes in grades, which might be anticipated given the high level of performance in this population, in both the Humber College and University of Toronto outcomes, psychologically vulnerable students *did not show a decline* in grades that would have been expected based on past research literature (e.g., Eisenburg et al., 2009). Furthermore, students showed a significant improvement in School Maladjustment scores that reflects reduced feelings of stress, pressure, and overwhelm when facing school demands, and greater motivation to attend class and perform academic work.

Second Pilot Year: University of Toronto 2016–2017

The second pilot year of the FITA program at the University of Toronto saw 60 students participating in the program. The FITA team at the University of Toronto elected to use the OQ45.2 as their measures of mental wellness. They continued using the BASC-3 assessment scale and added the Learning and Study Skills Inventory (LASSI) and Behavior Rating Inventory of Executive Function (BRIEF) to their outcome measurement battery to look at factors related to academic success. They conducted their own analyses and provided the following results.

Levels of student distress declined to a level regarded as being below the problematic range (i.e., 63) with final scores falling within the normal range with a large effect size. These results point to the idea that students who are 'at-risk' for serious disorders can be helped and that such disorders can be prevented.

Table 4. Summary of OQ45 Analysis at University of Toronto

	Pre	Post	Sig.	Effect Size	Effect category
OQ45 Total score	67.78	60.35	Yes	0.91	Large

BASC-III

Change scores on the BASC-III in 2016 – 2017 yielded significant improvements on most of the scales that make up the Emotional Symptoms Index (depression, anxiety, social stress, sense of inadequacy, and reverse scored self-esteem). While the effect size (medium) was not as strong as in the preceding year, the effects were significant (at p<.05) and the impact was powerful in demonstrating the results of a psychological intervention on mental health.

Table 5. Summary of BASC-3 Analysis at University of Toronto

	Pre	Post	Sig.	Effect Size	Effect category
Alcohol Abuse	52.74	49.91	no		
Anxiety	*64.35*	*59.17*	*yes*	*0.64*	*medium*
Attention Problems	59	54.96	yes	0.36	small
Atypicality	54.43	51.39	yes	0.4	small
Depression	*67.96*	*60.21*	*yes*	*0.7*	*medium*
Emotional Symptoms Index	*68.13*	*62.35*	*yes*	*0.57*	*medium*
Hyperactivity	51.87	47.7	yes	0.45	medium
Inattention/Hyperactivity	56	51.52	yes	0.46	medium
Internalizing Problems	*66.34*	*60.39*	*yes*	*0.68*	*medium*
Interpersonal Relationships	38.65	40.17	no		
Locus of Control	61.74	56.87	yes	0.49	small
Personal Adjustment	36.26	38.39	no		
Relations with Parents	44.04	42.95	no		
School Maladjustment	61.43	56.43	yes	0.58	medium
Self-Esteem	*34.78*	*40.78*	*yes*	*0.58*	*medium*
Self-Reliance	40	39.87	no		
Sensation Seeking	43.7	44.17	no		
Sense of Inadequacy	*69.82*	*62.78*	*yes*	*0.58*	*medium*
Social Stress	*61.7*	*58.61*	*yes*	*0.32*	*small*

Executive functioning and learning strategies also improved over the school year.

Positive and significant changes also emerged in U of T FITA students' ability to regulate their behaviour, to plan and organize work, and effectively overcome procrastination to complete work. In high ability-high achieving students, the inability to engage often results in chronic anxiety that can lead to depression. Students change over the course of their academic year in ways that allowed them to better understand how they learned (metacognition), better retain sequential information required to problem solve (working memory), and to track goals making shifts in self-organization on the fly as new information requires changes in execution of tasks (executive function). See Table 6 below.

Such changes can result in increasing confidence in one's ability to achieve goals resulting in reduced levels of worry and self-criticism in the face of academic challenge. Cognitive deficits with a particular emphasis on memory and executive function are seen as a principal mediator of psycho-social impairment that impacts performance in school and work settings [McIntyre et al., *DEPRESSION AND ANXIETY 30:515–527 (2013)*].

Table 6. Summary of BRIEF Analysis at University of Toronto

	Pre	Post	Sig.	Effect Size	Effect category
Inhibit	55.46	51.14	yes	0.4	small
Shift	66.96	62.36	yes	0.44	small
Emotional Control	59.25	53.71	yes	0.58	small
Self-Monitor	47.39	45.46	no		
Behavioural Regulation Index	59.11	53.89	yes	0.63	medium
Initiate	66.43	58.71	yes	0.78	medium
Working Memory	64.71	59.68	yes	0.4	small
Plan/Organize	66.61	57.46	yes	0.77	medium
Task Monitor	68.61	61.07	yes	0.58	medium
Organization of Materials	58.46	52.07	yes	0.59	medium
Metacognition Index (MI)	67.07	58.71	yes	0.75	medium
Global Executive Composite	64.86	57.25	yes	0.78	medium

Changes that students experienced with respect to study skills (see Table 7 below) were congruent with the findings indicating less psychological distress and improved executive functioning. Students significantly reduced their sense of academic anxiety (that would co-vary with general anxiety on the BASC scales). Large improvements in test taking strategies are consistent with improvements in metacognition and overall improvements in global executive functioning.

Improved time management scores that emerged on the LASSI are conceptually linked to improved ability to plan and initiate tasks as well as improved overall self-regulation. These findings underscore a "unique virtuous cycle" that shows that mental health support and learning strategies result in more effective life and work strategies. In turn, this promotes greater productivity that reinforces positive mental health and confidence.

Table 8. Summary of Learning and Study Strategy Inventory Analysis at University of Toronto

	Pre	Post	Sig.	Effect Size	Effect category
Anxiety Reverse Scored	15.07	17.93	yes	0.5	medium
Attitude	21.29	22.04			
Concentration	15.07	18.32	yes	0.66	medium
Information Processing	20.61	23.32	yes	0.71	medium
Motivation	19.39	21.46	yes	0.4	small
Selecting Main Ideas	19.07	22.21	yes	0.68	medium
Self Testing	14.75	17.61	yes	0.7	medium
Test Taking	17.75	21.79	yes	0.94	large
Time Management	13.07	16.17	yes	0.6	medium
Using Academic Resources	15.68	18.04	yes	0.45	small

Comparing outcomes between the established FITA program at Carleton University and the new pilot programs in Toronto yield similarities in outcomes. In the 1st year data were collected using the SF-36 Mental Health Composite at Humber College and Carleton University. The emotional symptoms index on the BASC-III was used as a measure of mental health. When these measures are evaluated from a T-score framework similarities can be seen in pre-post mental health scores in the direction of psychological health and well-being as well as the effect size of changes over the 2015-2016 academic year.

2015 – 2016 Academic Year

	U Toronto	Humber College	Carleton
Mental Health Change (T-score)[1]	+ 9.74	+ 9.00	+ 9.60
Significance (p)	< .0005	< .010	< .0005
Effect Size (d)	.87 (large)	.75 (med.-large)	.92 (large)

2016 – 2017 Academic Year

We used the Outcome Questionnaire 45 (OQ.45) measure and were able to *obtain significant improvements in reducing psychological distress with a large effect size* on all 3 campuses.

More detailed analyses on the BASC-III on the two university campuses revealed significant improvements on scales that assessed depression, anxiety, and emotional symptoms with medium to large effect sizes. Depression and anxiety are the most prevalent mental health disorders in post-secondary students, with increases in prevalence in the 2016 NCHA-II Canadian Reference Group predicting declining grades and lower retention/graduation.

Being able to sustain adequate grades while coping with these disorders and progressing through a program towards a degree makes a strong contribution to student mental health.

The above results demonstrate that the FITA program works to support the *prevention* of disorders affecting mental health: students who are at a vulnerable crossroad can move towards greater well-being.

These findings also speak to the robustness of the FITA model that combines a professional assessment and supervision framework with service delivery offered through the efforts of emerging professionals completing required practicum internships. This model reflects a marriage between professional service provision and direct counselling support that exceeds a peer support model while drawing a number of advantages of that model (FITA interns and student clients are both students, in some cases in a similar age range, and therefore more likely to share both social and educational experiences. As students, FITA interns also benefit from the practicum experience and from engaging in content related to learning and personal development. The practicum supports them both professionally and academically.

The data collected across three FITA programs show a consistent level of positive change across the University of Toronto, Humber College, and Carleton University.

These results demonstrate that the FITA model is robust and can make a significant difference in students' lives regardless of whether the program has run for several years or just an initial pilot year. The consistency of these transferability results sends a strong positive message about the integrity of the FITA model across different institutions, with different staff, student populations, and learning climate.

We had hoped to dramatically increase the numbers of students taking part in the two pilot programs to further assess scalability. While numbers did increase somewhat on both pilot campuses, it was not to the extent that we had hoped. Strong staff and student participant support for the FITA program would ensure a sufficient number of students to increase the scale of the program. Lack of funding for psychological services and personnel issues (psychological staff leaving) were barriers to increasing the scale on pilot campuses.

[1]T-scores are standardized to have a mean of 50 and standard deviations of 10. Each of these scores represent nearly one standard deviation of change towards the normal range.

In replicating the successes at Carleton University that went from a small cohort (30s) to 100+ to almost 300 students, we hope that other campuses will be able to serve greater numbers of distressed students using this model.

Future Research Goals

The FITA program will continue on the Carleton University, University of Toronto, and Humber College campuses into the 2017-2018 academic year. Brock University has started a FITA program in the summer of 2017 and will add to the group of collaborators.

We appreciate the role played by the culture of and organizational complexity in the campuses taking up the FITA program. The holistic service orientation of the program offers a degree of flexibility in that FITA can work as a networked standalone within a college or university, or work collaboratively being embedded in existing units and campus partners. The blend of academic and personal support makes flexible adaption and collaboration relatively seamless. The focus on collecting outcome data maintains a degree of accountability that helps inform planning and future program decisions. The values of service with a holistic and humane orientation has generated a high level of appreciation on the part of students for the support and respect they receive.

13. Practical Issues in Starting a FITA Pilot Program.

Key practical aspects of the program revolve around:

- staffing: costs, planning
- research ethics board approval
- establishing the pilot year
- space and location of offices
- student selection
- record keeping, data management
- intern training
- supervision and caseload management

There are a number of important factors in establishing a FITA pilot program so as to create a foundation for future years. The observations in this chapter are based on six years' experience at Carleton University with FITA. This chapter incorporates recommendations from Meghan Litteljohn at the University of Toronto (St. George) and Andrew Garnet at Humber College on the experiences starting a new FITA pilot. In discussing the challenges across all three institutions we hope to illuminate practical issues of starting up a FITA program and how each program can vary in relation to institutional culture and organization.

Staffing

The FITA model provides a staffing framework that is structured to increase the effectiveness of the work of interns with overwhelmed students. The basic staff model is built on a triad of a full or part-time psychologist, a full-time team leader, and an administrative staff member. Work-study students supported in the overall institution budget can also be utilized as reception/clerical staff.

Here the psychologist plays a central role in providing assessment feedback to all FITA students. This provides an opportunity to meet with each student early in the process, make appropriate referrals, and play a clinical back-up role occasionally meeting with students when extra support is required. The psychologist also

shares intern supervision responsibilities with other qualified staff or the team leader, if that person has the credentials to do so.

The Team Leader plays a critical role in organizing intake interviews, collecting assessment information, organizing practicum interns, running weekly group meetings with interns, and dealing with issues as they arise. The team leader may also carry a reduced counselling caseload and is supported by an administrative support person.

The Psychologist should be registered in colleges and/or associations seen as necessary functional credentials as required by the interns' masters level university program as well as being skilled in counselling. This needs to be determined in consultation with each graduate program seeking practicum placements for their students. Other staff credentials can make the practicum more appealing to graduate students. Such persons may seek to meet the requirements of the College of Registered Psychotherapists of Ontario (CRPO), the Canadian Counselling and Psychotherapy Association (CCPA), the Ontario Association of Counsellors, Consultants, Psychometrists' and Psychotherapists (OACCPP), or as a Registered Social Worker (RSW) with the Ontario College of Social Worker's and Social Service Workers (OCSWSSW). Supervisors with registration in the College of Registered Psychotherapists of Ontario can certify client hours for interns wishing to make an application for initial standing in CRPO after completing their internship. The C.Psych or C.Psych. Associate membership in the College of Psychologists of Ontario (CPO) is an important credential and necessary for the supervision of Ph.D. interns in psychology.

The more clinical depth that staff bring to FITA and the greater time they have for consultation with interns, the less stressful the management of a pilot start-up will be. It is also recommended that the psychologist be available as needed to address contingencies while carrying out scheduled interview, assessment, feedback, and counselling sessions.

Institutions starting a FITA program might anticipate offering services during the fall and winter terms but may defer offering a program during the summer. In such a case a 9-month contract (August 1st to May

1st) would be seen as cost-effective. Sharing program resources with a disability service or other office with full-time staff could add to the flexibility in staffing a FITA pilot.

Examples of staffing options depend on the number of interns seeing students:

Intermediate:	4 interns	Psychologist 2 days a week (+/- .5 day)
		Full-time team leader
		Half-time admin support
Established:	7-8+ Interns	Psychologist full-time
		Full-time team leader
		Full-time admin support

In addition, established programs can augment the core FITA staff with contract staff that run from the first to last day of classes (7.5 months) as students tend to be reluctant to meet with coordinators during exam periods when they cocoon to study. These staff have master's degrees in counselling-related fields and experience that allows them to see the more challenging FITA students, especially in the first semester when practicum counsellors are finding their feet.

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Recruiting graduate students for internships: lead time is essential.

Having an extensive lead time allows for the soliciting of resumes, selecting, and interviewing of practicum students. We start this process in January at Carleton with interviews and selection occurring in the February prior to start-up the following September. Institutions may vary recruitment schedules if they have close relationships with directors of graduate programs within their own institution.

Recruiting students who are strong program matches is an important element to the overall success of the program. We receive approximately 4 resumes for each internship spot and have consistently had seven interns for two-term placements over the last 5 years. An early call for candidates allows us to interview 14 students for 7 placements and make an offer to half of this group. As graduate students are looking at multiple placements it is helpful to have a wait-list of qualified candidates.

Sometimes an offer will be accepted and then declined later and backup candidates are selected.

As the FITA program becomes better known over time and more desirable as a result, graduate students who wish to work at a college or university come to understand and appreciate aspects of the program making it easier to recruit. They are informed by the experiences of classmates and have fairly accurate expectations of the program requirements. These same requirements are also telegraphed in the FITA Manual that is given to each intern at the start of staff training.

Research Ethics Board (REB): Obtaining Approval from your Institution

FITA is an evidence based program that has developed as a result of research and has expanded as a result of information sharing at conferences and in publications. Approval from an institution's research ethics board is essential for collecting mental health information. Visiting and getting to know REB staff early on in the process is recommended to reduce future problems.

The REB seeks to ensure the program maintains privacy of records, accurately provides informed consent, and allows any student who wishes to **not** have their information used, be given this option at any time. Students are informed of the following: a) that all information will be kept confidential, b) the research measures used, c) the potential risk and discomfort involved, d) the lack of compensation for participation, and e) that their withdrawal from research will not impact their counselling support if they so choose.

In describing potential risk and possible discomfort we tell students the following: "Feedback from assessments and recommendations for future action may contradict expectations and previously held beliefs. As a result, some students may experience distress and discomfort during the intervention component of this program. We encourage you to express any negative feelings you may have as a result of your participation in the intervention to a member of the research team. We will make every effort to ensure your participation is a positive experience."

Data Management and Record Keeping

This aspect of FITA will vary depending on the institution. PHIPPA standards for encryption and contract terms must be met. The University of Toronto maintains a web-based paperless system (and shreds soft notes after input) while Carleton University makes use of a paper based system with files locked in cabinets in a locked file room. Checking with the institutions privacy officer is recommended to help to ensure that standards are met.

Establishing the Pilot Year of a FITA program: Be Flexible and Budget More Time

The first year of establishing a FITA program involves a learning curve that requires flexibility and care to limit the number of interns under supervision based on the amount of time available to provide supervision and support. While the supervision contract requires one hour of face-to-face supervision of graduate student interns on a weekly basis, more time is frequently needed to answer questions, discuss issues, and defuse worries. It is important to keep in mind that most interns' counselling experience is limited upon entering their practicum. From this context, one hour a week of supervision meets a contractual requirement but may not be otherwise sufficient to support the developing counsellor or social worker.

After the pilot year, the stress of new intern counsellors meeting with returning FITA students in the fall is mitigated in 2 ways. Less distressed students are assigned to interns while FITA counselling staff are given more challenging cases. (In a funding proposal we suggested that in addition to a ministry funded psychologist, team leader, and admin person each institution would provide in-kind a master's level counselling staff person.) In the fall FITA students from the previous year are assigned to interns and know what to expect having already taken part in the program making it easier for student and coordinator to develop a relationship. We also try to match Myers-Briggs Type Indicator profiles between student and counsellor in hopes of facilitating an easier connection.

The demands of working with students struggling with high levels of stress, anxiety, and depression can also place a burden on staff who have to make decisions regarding intake and assignments. The current FITA team leader at Carleton is a registered psychotherapist who supervises interns and intake interviews. The project leader is a Registered Psychologist who meets with every FITA student, supervises interns, and is available for consultation at a moment's notice. If consultation is required for more difficult decisions and such resources are not immediately available, work can become more stressful for other staff.

The experience of FITA pilots is that more time is needed to develop the basics of securing and modifying adequate space, obtaining and structuring assessment materials and scoring software, developing advertising and recruitment materials, making referral connections between myriad college and university offices, training staff, setting up data management systems, completing applications to research ethics boards, developing networks to recruit interns, and to meet and develop team consensus on service delivery. We at Carleton University try to help with this by sharing logos, videos (e.g., https://youtu.be/cwWK_-g2Gwc)) as well as other materials we have developed and have consulted to assist new start-ups.

Space and Location of Offices

The college and university system has shown large increases in enrollment over the last 15 years that has put pressure on available physical space. The FITA program has had to manage these limitations such that in the past we made do with geographically disconnected offices.

Given the nature of the program it is important:

- to have offices in close proximity for supervision and support
- to manage crisis situations
- to ensure privacy
- to ensure file and personal security
- to have offices that are accessible to all students

Addressing issues regarding space should be evaluated on an institution by institution basis. By being embedded in larger departments FITA can share resources. At Humber FITA is embedded in the College's Student Wellness and Accessibility Centre. At

the University of Toronto FITA is part of the Academic Success Centre. At Carleton FITA, now free standing, was part of the Paul Menton Centre (disability service office) and prior to its current development was shared between advising, careers, and disability services.

Currently FITA has permanent offices in the heart of Carleton University at the MacOdrum library. This was accomplished following an expansion of the library that yielded offices and through a best practice utilization of work-study rooms managed by the library. These offices belong to FITA on weekdays from 8:30 a.m. to 4:30 p.m. Interns bring in carts with fabric curtains, a computer, a VOIP phone, and lockable file safe (built into the cart). Each morning privacy curtains are affixed to metal window frames by magnets to provide privacy and these are taken down at the end of each day. After 4:30, on weekends, and during exam and reading week times students in the library have free use of these offices. This highly efficient sharing of offices has been managed well over 2 years. While maintaining separate reception functions (using university funded work-study students) FITA shares a reception and waiting area with our Learning Support Services program.

Student Intake, Selection, and Assessment

Ultimately FITA students are self-referred because of our emphasis on personal commitment, though they are helped in this through referring physicians, academic advisors, and through word of mouth via social networks. Intake interviews vary between 60-90 minutes between current institutions offering the program.

An emphasis is placed on on-line assessment measures to efficiently facilitate this process with face to face time required to administer achievement measures such as the Nelson-Denny. Students receive copies of basic assessment data (unless validity measures indicate the need for caution in interpreting results).

Students are selected on the basis of their ability to commit to the program and degree of distress (emotional and academic). Institutional goals will play a role in determining the FITA target population. Depending on the school some students applying to FITA may be seen as having needs that require more help than the program can offer and are referred to

another resource. Another institution may use FITA as a bridge that supports students and provides continuity while they await or receive more specialized services. All FITA program staff agree that FITA cannot be a peer mentoring or social support program for isolated students. Students not seen as good candidates for the program are referred to the best resource on campus based on intake interview information and this is provided in a letter.

Program Evaluation

We continue to look at changes in mental health and academic outcomes. This academic year we will begin using the OQ.45 (Outcome Questionnaire) that will give us more data over time so that we can more closely look at changes in mental health. We have also looked at academic functioning and academic skills as well as therapeutic alliance in contributing to student well- being. Longitudinal analyses of graduation rates with high risk (Academic Warning) students show that involvement in the FITA program reduces the risk of failure or drop-out. The percentage of AW students after taking part in the FITA program have graduation rates that cannot be differentiated from overall university graduation rates. We anticipate varied outcome research that will build on the core work conducted to evaluate global mental health and academic performance. In the future we may expand the spectrum on the academic side and look at other variables such as withdrawals, course-load level, and D/Fs.

Intern Caseload

Once interns have completed the training and learning that occurs in the first six weeks, they can manage 12-15 students at a given time with a maximum of 5 students per day. These interns also need to be organized so as to complete administrative work and scheduled supervision/group supervision.

If a given practicum student is struggling with stressors in his/her private life (e.g., parental illness or major stressful life events), the supervisor and intern can work together to reduce caseload or the severity of problems seen. Not infrequently interns will come down with the flu in winter term and worry that they will not have sufficient hours to meet the program requirement

to complete their graduate program. These worries have never born fruit. In the past six years at Carleton internship hours have exceeded M.A. program requirements despite illnesses of a week or more. It is also possible to give interns who want more time extended testing hours if their counselling caseload is not filled to the maximum.

Intern Training

The scheduling and amount of time spent on intern training varies on different campuses offering the FITA program. At Carleton we start off with a training day and provide an overview of the program that includes a copy of the FITA manual. Training continues beyond this day during the first 1st six weeks of classes and beyond in weekly group supervision on a range of topics. Our initial topics include:

- an overview of the FITA process from intake to exit interview
- our referral process with a focus on careful explanation of consents students are asked to sign
- a perspective of the process provided by a new staff member who was an intern during the previous year
- campus resources that we refer to and receive referrals from that include: advising, health and counselling, disability service office, international student support office, the student experience office, our university case manager, equity services, our GLBT resource centre, and registrar's office
- a walking tour to all of these offices to help orient those interns who have not been on our campus before
- suicide issues and crisis/safety measures policies and resources are explained.
- training using our computerized scheduling system
- a workshop on file and note-taking requirements
- prior to the first day all interns and work-study staff have begun the process of police record checks and are asked to sign a workplace privacy agreement
- training on the computer processes for administering and scoring on-line tests, face-to-face achievement tests, and the format for integrating scores onto a single page in preparation for a feedback session

As was noted above, the timing, range of topics and frequency of intern training for the FITA program vary from campus to campus.

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Appendices

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DOCUMENTS FOR
RECRUITING INTERNS

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INTERNSHIP
JOB DESCRIPTION

What is the time commitment?

- 2 consecutive semesters

- 3 full days/week

How will your time be used?

- You may expect an average of *5-6 hours of client contact per day*. This busy schedule necessitates excellent prioritization and time management skills, as well as an abundance of energy. Because we schedule clients back-to-back, it is important that interns stick to 50-minute hours so that you can complete case notes during the 10 minutes prior to the next client. All of your client contact hours count towards your internship requirements for your degree and for the CCPA. When counting your direct client contact (DCC) hours or the purposes of CRPO, you will need to keep track of which hours entailed psychotherapy and which did not (i.e. learning strategies, academic focus). Time with a client that is mainly focused on learning strategies will not count as DCC for CRPO purposes.

- You will be scheduled for *1 hour of formal supervision each week*; we are also available for consultations on an as-needed basis. These supervision sessions will count as individual/clinical supervision hours for CRPO registration and CCPA certification.

- We have mandatory *1-hour team workshops each week* for the staff and interns to discuss various topics, share our diverse areas of expertise with each other, consult about clients and FITA policies, etc. These workshops form a learning community and provide interns with a source of professional development as well as a chance to show leadership by facilitating workshops. Some of these meetings will count as extra "group supervision" towards hours for CRPO registration and CCPA certification.

- Throughout the term, we hold various *professional development sessions*, usually scheduled for a full morning. If a session is held on a day which is not one of your regular internship days, you are still expected to attend if at all possible.

What type of counselling do FITA interns do?

- Regular weekly sessions (usually 1 hour, sometimes 30 min.)
  - o FITA combines personal *counselling and learning strategies* (LS), depending on the individual student's needs on a given day. In addition to personal counselling (in which you are fairly free to explore your own styles, techniques and orientations), with some students we do LS activities such as assignment tracking, study skills, scheduling, note-taking strategies, anti-procrastination, etc.
  - o Because FITA entails a holistic focus on all elements of a student's lifestyle, we coach students in areas such as *sleeping habits, nutrition and exercise*.

   o   FITA students are required to attend *12 consecutive weekly 1-hour sessions* with their coordinator (you). After these 12 sessions, a student may drop down to half-hour sessions, 1-hour sessions every 2 weeks, or exit the program.

- Testing sessions (90 min.)
  - Each FITA student undergoes a battery of assessments including the MBTI, LASSI, Strong, Woodcock-Johnson, Nelson Denny, and BASC-2. *You will likely administer some of these 90-minute sessions* (sometimes with a student of your own, sometimes with another coordinator's student). In previous years, our interns have performed approximately 1-3 of these testing sessions each, per term. The testing sessions count towards DCC hours. After the testing session you are responsible for scoring the tests, filling out a summary template, and performing some administrative work.

With a view towards careers in a post-secondary setting...

Because of FITA's inclusion of learning strategies, some of your client hours will not count as DCC hours towards CRPO registration. However, for those of you interested in careers in post-secondary settings, an internship at FITA situates you very well. So far, *every year, one or more of our FITA interns have been offered employment at FITA or elsewhere at Carleton University*. In fact, almost all of our staff at FITA were once FITA interns. Our past interns currently occupy jobs in counselling and student advising at FITA and several other student service departments at Carleton and uOttawa. Our internship qualifies students for these careers by offering them hands-on training and experience in a wide range of activities involved in student service jobs, as well as exposure and networking opportunities with our partners across campus.

Our philosophy on interns

It's win-win! We benefit from your high quality, low cost student service; you benefit from a very hands-on internship with lots of client contact and diverse cases. You will see a range of students and develop strong therapeutic alliances over time, as they are required to meet with you for at least 12 sessions. Some of the common issues you'll face with clients:

- Diagnoses such as depression and anxiety
- Severe levels of stress and feelings of being overwhelmed
- Chronic procrastination
- Low self-esteem
- Relationship issues
- Lack of meaning, unsure future, confusion regarding education/career path
- Academic Warning and the threat of suspension if grades aren't increased
- Difficulty managing time and achieving healthy life balance
- Difficulty with academic reading, essay writing, test preparation, etc.
- Parental pressure
- Culture shock and adjustment to university life

We treat our interns with respect because you work very hard. We are open, relaxed and friendly, and are always eager to address your concerns and help you to succeed. Our expectations are high in terms of case load and time commitment, and we believe this will prepare you well for careers in the field. We ask that you remain diligent in adhering to administrative procedures and replying to emails etc., and in return we will have your back and support you. This is a very positive atmosphere

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RESOURCES FOR INTERNS

Appendix II

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INTERNS AND COORDINATORS

YOUR FIRST MEETING WITH A STUDENT

Paperwork

- Confidentiality form (go through verbally and sign together)

- FITA Contract (go through verbally and sign together)

- Book testing
  - o If it can't be scheduled within 2 weeks, do the BASC/Achenbach with the student within the first couple of sessions. Show John the scored test in order to determine whether she/he would like to do a mini feedback in the meantime while the student is waiting for her/his full testing session

  - o Book the test session in SARS where you see that **Genna or Diana** has an "OPEN90TEST" slot (don't add one – only use slots that are already there) ▶ Under **comments**, write "FITA testing." Under Reason Code, choose FITA

  - o Give the student the "FITA Testing: What to expect" handout

  - o Send a **confirmation email to the student and the tester** (Genna/Diana)

  - o Give student **Online Testing Instructions** to do the Strong and LASSI; remind them they **have to be done before the testing session**

- Have student sign Consent for Research form

- Have student complete Academic Functioning Questionnaire (AFQ) ▶ Have student sign Consent for Research form

- Have student complete Academic Functioning Questionnaire (AFQ) ▶ this can wait until next session if you don't have time

- Input student info in SARS
  - o The Grid ▶ hard click on any empty grey cell, then right click ▶ Additional Info ▶ search by student # or name
  - o Make sure your name is under Coordinator, and the student's file # is correct and they are "Active"; **input Testing date and Tester**

- o **Grade Tracker**: either complete it with the student, or ask her/him to fill it in at home and bring it next time (depending on the student's issues and the focus of your work, i.e. does she/he need help with academic tracking?)

For some students, you may do some more time management in the first session, such as:
- o Monthly calendars (a good starting point)
- o Assignment Tracker
- o Weekly timetable

It's a good idea to collaboratively decide on at least one homework task for the student to do before your next meeting. Make sure you both have it in writing. Let the student know you will be checking next week to make sure it's done. This helps to instill a sense of moving forward actively.

Recap and plan

- Set up a weekly meeting time. Book it into your SARS and make sure you always write "FITA meeting" under "**comments**"
  - o Book hour-long meetings as "OPEN FITA" and half-hour meetings as "OPEN30FITA"
  - o Always use the "FITA" **Reason Code**
- Check in: ask the student how she/he is feeling upon leaving

Notes

Mark the student's **attendance on SAR**S, as well as input your extremely **brief session notes into MyGrid** (see SARS Help sheet) ▶ remember these are viewable by other Carleton staff

Complete your own, more in-depth session notes using **SOAP session notes template**

- Print and add to student's file

- Save on computer under **your own drive**, i.e.:
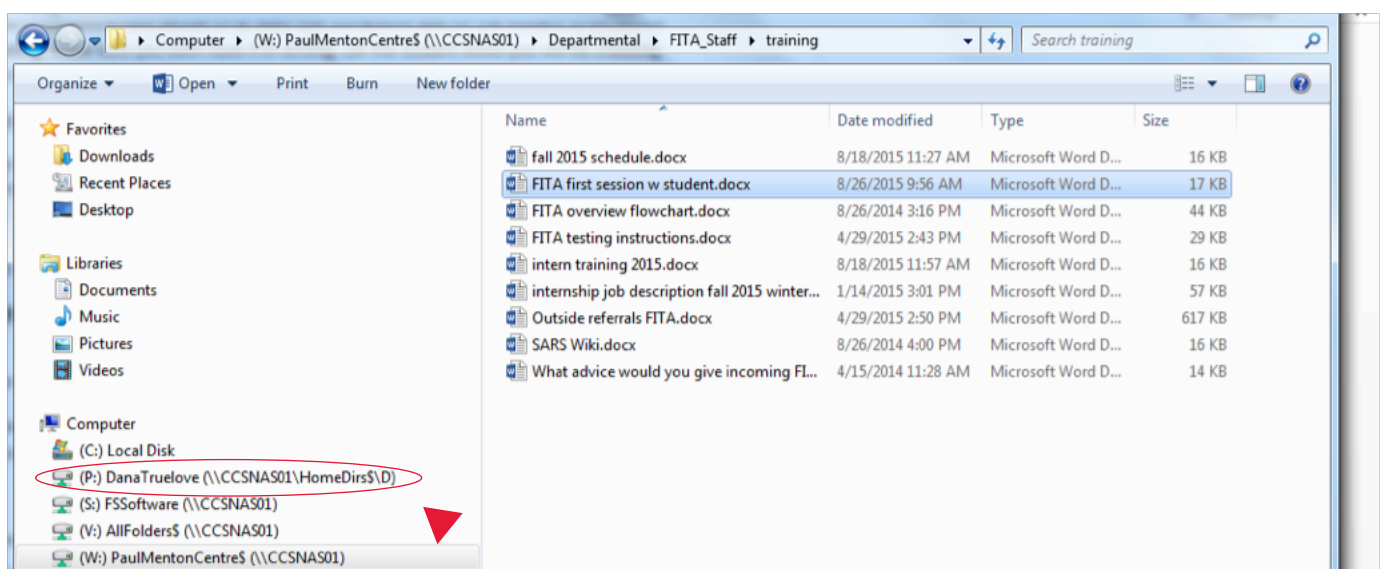
Checklist overview

	Confidentiality form
	FITA Student Contract (roles)
	Research Consent form
	AFQ
	Grade Tracker
	Testing booked ☐ in SARS ☐ email sent ☐ "Testing: What to Expect" ☐ Online Testing Instructions ☐ BASC/Achenbach if necessary
	Student info in "Additional Info" in SARS
	Regular session time established
	Attendance marked in SARS
	Extremely brief session notes in SARS (MyGrid)
	Session notes in my own drive (SOAP session notes template) ☐ and in student's file

Appendix III

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PREPARING FOR A TESTING SESSION

1. Go online and print off 2 copies each of the Strong and LASSI (see scoring instructions below)
   a. If they aren't done, forcefully remind the student that she/he will need to complete them immediately after your testing session (so that you can score everything)

Scoring the LASSI

www.hhpubco.com/lassi/admin

school number:

Admin key:

Find the student by last name

Open student profile > view

Print 2 copies

Scoring the Strong

http://FIT.Action.careerid.com/admin

username:

password:

Generating an incorrect report can cost $30. Make sure you are generating the right thing and that you do not click on it twice!

Click "users" > "find users" > name of the user

Generate **"SII Profile Report, Standard Edition"**

Print 2 copies

2. Start an Assessment Results Summary sheet for your student in the W Drive.
   Create a folder of your student in the "Testing" folder
   b. "SAVE AS" so that the template stays a blank template, and you are filling in a new document with the same title as "assessment Results Summary Template" except replace the word "Template" with your student's initials, i.e. "Assessment Results Summary SD"
   c. You will input all the results onto this summary sheet and then print off on **blue** paper and put in Dr. John's envelope

3. How to find out the student's file number: SARS >The Grid > hard click on any empty grey cell > right click > Additional Info > search by student ID or name

4. Gather your materials:
    a. Pencil, stopwatch, eraser, clipboard
    b. WJ easel
    c. ND question booklet
    d. The testing materials **from the student's file**:
        i. 2 empty envelopes, WJ scoring booklet, WJ answer booklet, ND answer sheet, BASC3 (if student is over 25, use the Achenbach instead > get it from Dana/John)
        ii. Write "Dr. Meissner" on 1 envelope and the student's name on the other:

Student's test package (**keep inside the student's file**) includes:
1. Envelope for feedback session with psychologist
    a. Blue Assessment Results Summary sheet (FILLED OUT)
    b. Both WJ-III booklets
    c. Nelson Denny answer booklet
    d. Original BASC3
    e. BASC3 results print-out
    f. LASSI results print-out
    g. Strong "SII Profile Report, Standard Edition" print-out
2. Envelope for student
    a. Page 2 (only) of BASC3 results print-out
    b. LASSI results print-out
    c. Strong "SII Profile Report, Standard Edition" print-out
    d. MBTI Learning Styles sheet with student's MBTI type highlighted

BASC3 (approx. 20 minutes)

Hand the student the BASC3 and explain that they should answer every question. Just sit back and wait for them to finish.

Scoring the BASC3 (using computer program)

Right click on the icon, and choose "Run as administrator"

LOGIN: admin

PASSWORD: safety

Click "add new client," enter info and save

Enter school name and grade ("other") and save

Enter the scores twice to verify and save

Click on Report

Select "standard"

Print one full copy for feedback

Print another copy of JUST PAGE 2 for the student

Enter percentiles on blue Assessment Summary Template sheet

Scoring the Achenbach

Only if this was done instead of the BASC3

See John or Dana for hand-scoring sheet

Fill in Achenbach results summary template (find this template in FITA2012_OW > OW Testing Results)

Attach to Blue template and put it in John's envelope, with the original Achenbach and the score sheet

Nelson Denny (max. 32 minutes)

You are only administering the comprehension test; the vocabulary test is not completed!

1. Write student's info on the answer sheet
2. Cross out the vocabulary section on the Answer sheet—we don't do it
3. Read the directions to the student
4. **Comprehension test**

   Start the stop watch; allow the student to work for 20 minutes

   After 20 minutes put a line on the Answer Sheet to indicate how far they have gone

   If student is not finished give them an additional 12 minutes

Scoring the Nelson Denny

Take edge off the sheet and open at form G (not H)

Look at the 20 minute mark. If it is close to the end (36-37) just use this score and do not calculate extended time. If there is a significant difference between 20 and 32 minute mark, calculate both

Count the number of correct answers and multiply it by 2 to get the Raw Score (RS)

Look up the Raw Score for the 20 minute mark in the center of the page. Then using the comprehension column on the right hand side, find Scale Score (SS)

Find the comprehension SS score and note the percentile rank

Repeat the same steps for the 32 minute mark **but this time look at the sheet for the extended time** (pg 24) to convert RS to SS

Woodcock Johnson III (max. 120 minutes)

Fill out the info on Test Record; make sure to include your name as the Examiner

Grade is determined by adding up every year the student spent in school

— Example: 12 years (elementary and high school) + 2 years college + 2 years in university completed= Grade 16

— Add .1 for each month following their year, i.e. if they are in January of 2nd year, they are Grade 13.4 (First yr completed, plus 4 months)

Baseline level

For most of the tests, baseline level has to be established, which is the FIRST 6 correct answers **in a row**. If they make a mistake in the first 6 you must go back until they answer 6 IN A ROW correct.

After establishing the baseline, do not repeat any item but jump ahead to the next question which they have not answered.

Ceiling
When 6 answers in a row are incorrect, stop the test

We will only do Test 6 (and Test 5 if student is in science/math-based program or arts with Stats)

Test 1: Letter-Word Recognition
— Turn to page pg 33 item 58 and read the instructions
— If they sound out the word ask them to do that silently, but only once.
— Evaluate each item before moving ahead and mark it in the Test Record

Test 2: Applied Problems
— Ask the student if their program is Math based. Do this test only if it is. This test is not timed but usually takes AT LEAST 15 minutes.
— Turn to page pg 63 item 39 and read instructions
— Read slowly and evaluate each item before moving ahead and mark it in the Test Record

Test 3: Spelling
— Hand over Subject Response Sheet and pencil and open at pg 3
— Ask if they are a good speller
    — If good start on pg 89 item 38 and read instructions
    — If not on pg 87 item 30 and read instructions

Test 4: Passage Comprehension
— Take away Subject Response Sheet
— Do sample item on page 123 together
— Start at on page 137 item 32 or if they did very well so far than start on page 139 item 36

Test 5: Calculation
— **Hand over Subject Response Sheet and pencil and open at pg 4**
— **Turn to page 151 in the Test Book for instructions**
— **Start at item 9 in the Subject Response Sheet**

Test 6: Writing Samples
— **Continue working in Subject Response Sheet and turn to pg 10**
— **Turn to page 171 in the Test Book for instructions**
— **We do items 19–30**

Test 7: Reading Fluency TIME: 3 minutes
— Continue working in Subject Response Sheet and turn to pg 13
— Turn to page 179 in the Test Book for instructions and set up your stop watch
— Average score is AROUND 89

Test 8: Math Fluency TIME: 3 minutes
— Continue working in Subject Response Sheet and turn to pg 16
— Turn to page 187 in the Test Book for instructions and set up your stop watch, read instructions and start the test with the first item.
— Average score is AROUND 91

Test 9: Writing Fluency TIME: 7 minutes

— Continue working in Subject Response Sheet and turn to pg 18

— Turn to page 193 in the Test Book for instructions and set up your stop watch

— Tell the student: We will begin by doing the sample items together. Please write a short sentence about the picture using these words.

— Average score is 28

Scoring the WJ-III (using computer program)

Open database

Create a new file by clicking "new" on the left hand side

Fill in student's info and your name > save

Right click on screen and open W-J Form C (Brief Battery)

Put in info

Save (left top) and go back (left top green button)

Go to Record > "Score Report" > hit next for all

— Change from "Age" to "4–yr college/university" (When you do this for the first time go to report > options > and change SS to percentiles > OK)

— Go to preview and print 2 copies

Return to subject information (bottom right corner)

Go to records > "Age and Grade Profile"

— Change from "Age" to "4–yr college/university"

— Then hit next for all

— Go to preview and print 2 copies

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Scheduling feedback sessions

1. At the end of your testing session, **while the student is in your office**, book her/his feedback session.

Go into SARS and book the student for a 1-hr feedback session with Dr. John

— **Under "comments" write FITA Feedback**

Send the student an email confirmation, and C.C. Dr. John

2. **Make sure you score the tests and put the 2 completed test envelopes in the student's file before the feedback is to take place!**

Please try to complete the scoring within the same day of the testing. Then put the file back in the cabinet (**please do not keep it in your office**).

If you can't complete the scoring that day, make yourself a note that you need to finish that scoring before *date of feedback* and put the file back in the cabinet.

Put the student's **whole file** (complete with the 2 testing envelopes) into Dr. John's box before the feedback is to take place so that she/he can review it beforehand

Update "Additional Info" in SARS:

SARS > The Grid > hard click on any grey empty cell > right click > Additional Info > Search by student ID or name > input Testing Date, Feedback Date, Tester (you), and MBTI

Thank You!

Appendix IV

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ASSESSMENT RESULTS
SUMMARY TEMPLATE

Initials _____ File number _____ Student Number _____ Date of Birth _____

Date of Testing _____ Gender _____ Grade _____ Tester _____

Nelson Denny Reading Comprehension	Raw Score (correct x2)	Scale Score	Percentile
20 min.			
32 min. extended time			

WJ III—Tests of Achievement	Percentile
Letter—Word Identification	
7. Reading Fluency	
4. Passage Comprehension	
Broad Reading Composite	
Applied Problems	
5. Calculation	
8. Math Fluency	
Math Composite	
3. Spelling	
6. Writing Samples/Editing	
9. Writing Fluency	
Written Composite	

BASC3 College Form: percentile ranks					
Atypicality		Attention problems		Sensation seeking	
Locus of control		Hyperactivity		Alcohol abuse	
Social stress		Inattention/hyperactivity		School maladjustment	
Anxiety		**Emotional Symptoms Index**		Relation with parents	
Depression				Interpersonal relations	
Sense of inadequacy				Self-esteem	
Somatization problems				Self-reliance	
Internalizing Problems				**Personal Adjustment Compos**	

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F	Response pattern	*Consistency*	L	V
Raw Score:				

Myers Briggs Type Indicator: Strength of preference							
Introversion/ Extroversion		Sensing/ Intuition		Thinking/ Feeling		Judging/ Perceiving	

LASSI: percentile ranks					
Anxiety		Information processing		Selecting main ideas	
Attitude		Motivation		Study aids	
Concentration		Self-testing		Time management	
				Testing strategies	

Strong Interest Inventory:

General occupational themes		
1.	2.	3.

Top occupations		
1.	2.	3.
4.	5.	6.
7.	8.	9.
10.		

Personal style scales preferences	
Work Style:	
Learning Environment:	
Leadership:	
Risk Taking:	
Team Orientation:	

Key interview observations/impressions:

Appendix V

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THIRD PARTY
RELEASE FORM

I _____ (student name and Carleton ID #)
authorize the staff of FIT: Action (FITA) to disclose information from my academic records and/or other information
pertaining to my academic performance including but not limited to information that I may have disclosed in a
previous FITA appointment to the following person(s):

_____

_____

_____

The term of such release of information will be (check one):

☐ One time only

☐ Ongoing until such written notice is given to terminate

☐ From the date of signing below until _____ (specify date)

_____
Student Signature

_____
Date

_____

At FIT: Action (FITA), we recognize and respect the importance of students' privacy. The Personal Information we collect is kept
confidential. The information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the *Freedom of
Information and Protection of Privacy Act* (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for
any purpose other than those stated upon this form unless the applicant provides express written consent. Should you have any
questions concerning your personal information please contact FITA. Carleton University is fully compliant with the *FIPPA* and
endeavors at all times to treat students' personal information in accordance with this law.

Appendix VI

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OUTSIDE REFERRALS

For all of the following scenarios, provide detailed documentation in your SARS notes outlining the steps you have taken and communication that has occurred.

Health and Counselling Services

- Because stress is often manifested physically (and often causes physical illness), it can be a good idea to refer the student to get a physical exam (instead of directing to counselling). Physical health is an important element in the student's life, and therefore part of FITA's holistic approach. Further, a referral for a check-up may feel less intense to students, and will provide an opportunity for them to speak to a doctor about their symptoms. The door is then open for the doctor to suggest medication or make a counselling referral.

- If it's for counselling: Fax a copy to H & C so that they will contact the student (fax 613.520.4059).

- *If it's just for a physical check-up*, give the student the sheet to bring when they have their appt, but tell them just to call H&C to set it up—don't have them just show up there with the sheet. Calling instead will save time.

Campus Safety

- ASK about suicide. Use direct language, i.e. "Are you thinking about suicide?"
  - o   Has the student thought about how she/he would kill herself?
  - o   Is it potentially lethal?
  - o   Does she/he have access to this method?
  - o   Is the student currently considering killing herself (as opposed to something like, "I used to think about it, but just picturing it, not like actually wanting to act on it")
  - o   How much pain is the student in right now?
    - –   Consider using a pain scale i.e. "On a scale of 1 to 10, where 1 is no pain and 10 is the worst pain imaginable, where are you right now?"
  - o   Go on the safe side—you could be liable

- Keep the student in your office
  - o   If she/he won't stay, tell her/him you will have to call the police (and do so, if she/he leaves)
  - o   Explain that you are legally required to call Campus Safety, and that you care about her/him and you're taking her/him seriously
  - o   Tell her/him what to expect when Campus Safety arrives
    - –   "They might ask me to leave, because they don't know much you want me to know"
      "They will ask you a bunch of questions… they might not be that friendly, or it might feel a bit intense, but that's their job…"

"They might walk you over the Health and Counselling," or if it's after 3 pm "They might want you to go to the hospital. If that's the case, ask them about options for getting there"

- Debrief with the student now, because you may not get a chance once the officers arrive

- Dial ext. 4444 to speak to Campus Safety
  o "I've got a student in my office and we've been talking about suicide, we'd like someone to come and talk."
  o Campus Safety will send someone over

- *Do not walk the student to Health & Counselling yourself*
  o If the student is not admitted, and leaves, we are **liable**

Petitions & Appeals (Registrar's Office)

petition—the initial request for an accommodation with respect to a regulation or deadline (can take 2–8 weeks but often faster)

appeal—the process by which you may challenge, in writing, the decision of a petition

Types of Petitions

- Denied Deferred Exam/Assignment Request

- Missed Deferred Final Exam/Assignment

- Degree Requirements
  o Request to waive University regulations (i.e. residency, number of 1000–level courses) or program regulations (i.e. majors/minors, concentrations)

- Undergraduate Academic Petitions, i.e. Retroactive Withdrawal
  o If a student wishes to retroactively withdraw from a course because a situation was impeding her/his performance at the time, it will almost always be the case that she/he will have to withdraw from **all** the courses that she/he was taking at the time. It is extremely rare for the committee to grant "selective" withdrawal.

- Registration
  o To register after the deadline
  o To exceed normal course load
  o To withdraw after the deadline

- Denied Request to Study Elsewhere (i.e. exchange, LOP)

- What are grounds for a petition?
  - o "Circumstances such as illness, family difficulties, bereavement, or other unexpected serious events"
  - o Normally, a student will only be granted a petition once. Why? The student is expected to make changes and access supports after an issue occurs, to prevent it interfering with school again.

What type of supporting documentation will your student need?

- medical or non-medical proof of circumstances

- originals (no photocopies)

- sometimes it may be helpful for the student (and sometimes the FITA psychologist) to write a letter to the committee

- each type of petition requires specific documentation

What do we do if we have a student interested in making a petition?

1. Have a discussion with the student regarding the reason behind wanting to make a petition. Take note of these details and ask if the student would like you to advocate on her/him behalf by calling Susan McConnell (see details below)*.

2. If the student would like you to call, obtain verbal consent to share (with Susan) his name, student number and any pertinent details that can be used to assess whether the situation would warrant a petition or appeal.
   a. If the student would prefer to contact Susan McConnell himself, she/he can do so.

3. Call Susan and discuss. If she/he agrees, move to step 4.

4. Fill out a Carleton Student Referral Form and write in the notes section "Have spoken to Susan McConnell and she/he has agreed to meet with this student." Also write "Student supports referral" and have student initial. Make 2 copies; give one to the student to take to the Undergraduate Appeals Secretariat. Keep the other copy in the student's file. You may also fax it to Susan (fax 613-520-7878).

*Susan McConnell is an Evaluation Officer at the Undergraduate Appeals Secretariat (300 Tory Building) and can be contacted at ext. 2718 or e-mailed at: susan_mcconnell@carleton.ca

Children's Aid Society

Ottawa: (613) 747-7800
Toronto: (416) 924-4646

When to call

- If your student discloses that she/he knows/suspects a child **under** 16 (CAS does not deal with cases where the child is age 16) is being abused. What counts as abuse? Apart from the physical harm or sexual abuse, this can also entail cases such as:
  - o   the *threat* of violence
  - o   children witnessing/hearing/seeing violence in the house
  - o   verbal abuse either directed to the child or to someone else in the house (which the child hears)

How to call

- Best option: You make the call with the student in your office, and have the phone on "speaker."

- 2nd best option: You obtain the student's consent to call, but you do so when the student isn't there. The student gives you all the details in advance.

- Final option: You call without the student's consent, but advise the student that you are going to do so.

What will the call entail?

1. The person who answers the phone may ask you for some information in order to transfer you to the correct intake (i.e. they may ask for the postal code and religion of the household in question. This is only because there are separate branches such as "Catholic Children's Aid Society of Toronto").

2. Once you're speaking to an intake worker, you can explain that you are only calling for a "**consultation**", not to make a report yet.
   a. Give the details: type of abuse, how you and your student know/suspect it, whether your student lives at home, the ages of the child/children involved
   b. You will have to provide your name and occupation
   c. CAS can let you know
      i.   whether this is something they would like to investigate
      ii. whether you are legally required to make an official report
      iii. possible steps they may take (i.e. Will they do a home visit? Will they interview the child/children at school? What are the steps that would be involved before the last resort of having the child/children removed from the home?)

3. Call to make the "**report**". The following information may be helpful:
   a. Student's name and birthdate
   b. The address of the house in question
   c. Family members' names
   d. Details about the suspected abuse
   e. Your student's phone number (because CAS will likely ask to contact her/him)

Appendix VII

fitA

from intention to Action

THE MBTI AND
LEARNING STYLES

Scale 1

Extraversion (E) ⟷ Introversion (I)	
outer world	inner world
people	ideas
action	reflection
breadth	depth

This scale asks, "Do you turn your attention to the outer world or the inner world? From which world do you derive energy?"

This is the scale in which you experience your dominant function. If you are an Extravert, you express your dominant function outwardly, in the world of people and things. If you are an Introvert, you express your dominant function inwardly, in the world of ideas and thoughts.

Your dominant function is your strongest mental process. It will either be on the Perception Scale or the Judging Scale, depending on your type. If it is on the Perception Scale, it will either be Sensing or Intuiting. If it is on the Judging Scale, it will either be Thinking or Feeling.

Scale 2: Perception

Sensing (S) ⟷ Intuition (N)	
facts	symbols
details	pattern
experience	theory
present	future

This scale asks, "How do you perceive information?"

Scale 3: Judging

Thinking (T) ⟷ Feeling (F)	
impersonal	personal
truth	value
cool	warm
tough-minded	tender-hearted

This scale asks, "How do you make decisions?"

Scale 4

Judging (J)	Perceiving (P)
structured	flexible
decided	open
organized	adaptable
scheduled	spontaneous

This scale asks, "When do you extravert? What are the behaviours that others tend to see in you?"

If your dominant function is…	…then the key to your motivation is
Sensing	Practical, here-and-now experiences
Intuiting	Experiences that have fascinating possibilities; information that is engaging
Thinking	Logical orderliness in life; concepts need to make sense
Feeling	Harmonious relationships in life

Preferences by Scale

Extraversion (E)	Introversion (I)
o learn by talking and interacting o act first, reflect later o need external reasons to study (beyond learning for its own sake) o study best when avoiding distractions o prefer studying with a friend o learn best by preparing to teach someone else the material	o quiet reflection; listening to and observing others o prefer studying alone o prefer to have ample time to polish their work before sharing it o link material to personal interests o look for ways to fit new information into continuous internal dialogue

* tips: Extraverts should find a study partner, and minimize distractions when alone.
      Introverts should study alone.

Sensing (S)	Intuition (N)
o memorize facts o observant of specifics o learn best by connecting material to practical, present realities o prefer to learn from all 6 senses and firsthand experience o move slowly through material in logical, step-by-step manner	o often caught up in inspiration o move quickly through material, focusing on general meanings instead of details o prefer to learn new skills rather than polish existing ones o prefer opportunities for creativity o value relationship and contracts with teacher

*tips: Sensors should work on developing the skill of skimming material.
      On multiple choice exams, Sensors should try to answer after reading the question only once.
      On exams, Intuitors should take the most literal, obvious meaning of the question and answer accordingly
      (without overly questioning the meaning of the question).

Thinking (T)	Feeling (F)
o make impersonal judgments and critiques o prefer to find objective truths and logic o learn best when lessons are logically structured o benefit from specific, objective feedback	o personalize concepts, considering people's feelings and values o prefer topics with a human angle to them o learn by helping others o prefer harmonious small-group work o value relationships with teachers

*tips: Feelers should find ways to make the material personally relevant.

Judging (J)	Perceiving (P)
o work towards pre-planned goals, aiming for completion rather than exploration o study best in organized, predictable manner o prefer to know specific criteria and expectations in advance o persistent on tasks; see school work as serious business	o work with a sense of open exploration o follow inspiration o focus on the 'big picture' before details o prefer to learn new skills rather than polish existing ones o prefer to work creatively and find own way through the material

*tips: Perceivers should set intermediate deadlines for themselves (breaking the task into portions with
distinct deadlines).
Judgers should intermittently check their work for quality instead of just plowing ahead towards completion.

Learning Styles of the 16 Types

(larger letters represent the dominant function)

ENTJ
- prefer to study material presented in logical order
- learn best when engaging actively and verbally
- learn by thinking out loud
- prefer to focus first on broad meanings, before details and specifics
- like to explore new ideas, especially when allowed to analyze objectively free from emotional concerns
- learn by constantly questioning
- prefer to work in pre-planned manner, working methodically towards completion

ESTJ
- think and learn best when material is in logical order
- learn best when engaging actively and verbally
- work best when there are clear purposes and goals to the learning
- prefer information to be practically relevant and useful tin the here-and-now
- learn best when information is presented in a flow from concrete examples and specifics, to abstract concepts (as opposed to vice versa)

INTP
- focus on general meanings and ideas more than practical and detailed facts
- learn well from reading
- prefer to study material presented in logical order; consider concepts and problems logically as opposed to in relation to feelings and values
- prefer studying to be spontaneous as opposed to preplanned
- value inventive problem solving and creating own ways of completing a task; prefer to have some choice in how to complete assignments

ISTP
- learn from active engagement of all 6 senses
- prefer to study material presented in logical order; consider concepts and problems logically as opposed to in relation to feelings and values
- learn best when information is presented in a flow from concrete examples and specifics, to abstract concepts (as opposed to vice versa)
- prefer to study and learn at own pace, often slowly
- memorize facts
- prefer studying to be spontaneous as opposed to preplanned

ENFJ
- learn best by interacting with people and talking
- work best when there are clear purposes and goals to the learning
- self-critical, hard-working and self-disciplined
- prefer an orderly classroom, with structured rewards for task completion
- learn by teaching the material to others
- expect to be held accountable by teachers
- focus on 'big picture' and often overlook details, especially when not personally meaningful

ESFJ
- learn by interacting with people and talking
- learn from active engagement of all 6 senses
- work best when there are clear purposes and goals to the learning
- learn best when information is presented in a flow from concrete examples and specifics, to abstract concepts (as opposed to vice versa)
- use personal experiences and feelings to absorb material, making it personally relevant

INFP
- prefer individual learning and studying
- learn from reading
- benefit from individual, positive coaching relationship with teacher
- focus on 'big picture' and often overlook details, especially when not personally meaningful
- learn best when information flows from abstract to concrete
- like to find own way through the material instead of following preplanned linear tasks
- prefer studying to be spontaneous as opposed to preplanned
- value organized instruction but in a style that allows for individual, not-too-structured study

ISFP
- learn from active engagement of all 6 senses
- prefer independent study
- benefit from individual, positive coaching relationship with teacher
- engage in spontaneous, intense study when interested in the material
- prefer to work and learn at a slower pace
- learn best when information has present, concrete usefulness
- don't like to learn in an environment of overly preplanned structure

ESTP
- learn from videos, activities, hands-on experiences
- learn from active engagement of all 6 senses
- learn from thinking out loud
- prefer group study and discussions
- knack for memorizing
- prefer to use an organized, slow process to study
- work best on assignments that relate to their practical lives
- capable of self-disciplined study when interested in the topic
- work best when it feels like play

ESFP
- learn from videos, activities, experiences
- learn from active engagement of all 6 senses
- think out loud
- learn best from social interaction
- solve problems by focusing on the values involved, as opposed to logic
- knack for memorizing
- use an organized, slow process to study
- motivated by the present, not by distant future goals
- study style does not fit well with set schedules
- self-disciplined
- work best on assignments that relate to their practical lives
- like to invent their own ways to work on problems
- difficult to learn if they do not respect or like the teacher

ISTJ
- prefer to see an example of what will be learned before the lesson begins
- benefit from audiovisual presentations, labs, and concrete experience
- learn best when the concrete is presented before the abstract
- read best when material has a clear beginning-middle-end format
- study best alone, not in groups
- study best when goals and schedules are pre-planned, with milestones/markers to acknowledge completion of segments
- dislike feeling rushed
- observant of details, often overlook 'big picture' meanings
- benefit from illustrations, graphs, summaries, etc.
- knack for memorizing, especially facts

ISFJ
- prefer to see an example of what will be learned before the lesson begins
- benefit from audiovisual presentations, labs, and concrete experience
- often uncomfortable asking the teacher for help
- prefer to study alone or with a close friend
- appreciate individual, private coaching
- study best when goals and schedules are pre-planned, with milestones/markers to acknowledge completion of segments
- dislike feeling rushed
- observant of details, often overlook 'big picture' meanings
- benefit from illustrations, graphs, summaries, etc.
- knack for memorizing, especially facts
- solve problems by considering values and feelings involved, instead of logic
- learn best when information flows from concrete to abstract

ENTP
- quick at grasping general concepts and 'big picture' meanings
- rely on insight rather than detailed observation
- prefer to avoid memorizing facts
- learn by thinking out loud; benefit from group discussions, oral presentations, group study, etc.
- enjoy being inventive and original
- learn best when lesson addresses context and meanings before facts and specifics
- prefer to progress through material independently as opposed to following linear, pre-planned process; not well suited to schedules
- often shift focus between many different interests at a time
- prefer to have choice in how to carry out assignments; otherwise, may get bored or distracted and have difficulty following through
- excel at tasks that involve exploration and low structure
- work best when it feels like play

ENFP
- learn best through social interaction and thinking out loud
- quickly grasp general meanings; may overlook specifics and practicalities
- rely on insight rather than careful observation
- best at remembering facts if personally meaningful
- learn best when lesson addresses broad meanings before facts and specifics
- prefer to progress through material independently as opposed to following linear, preplanned process
- excel at language, metaphors and mind-mapping
- work best when given opportunity for creativity
- not well suited to schedules; often prone to procrastination and distraction
- enjoy brainstorming and inventing solutions to problems
- prefer to have choice in how to carry out assignments; otherwise, may get bored or distracted and have difficulty following through
- benefit from individual relationships with teachers whom they like and respect

INTJ
- prefer to teach selves and study independently
- self-critical, hard-working and self-disciplined
- often their best ideas come unconsciously after ideas have been 'cooking on the back burner'
- grasp general meanings; may overlook details and practicalities
- consider concepts analytically and logically, with skepticism and emotional detachment
- study best when goals and schedules are pre-planned, with milestones/markers to acknowledge completion of segments
- do not absorb information well when presented in detailed, step-by-step manner

INFJ
- prefer to teach selves and study independently
- value relationship with teachers and benefit from feedback; however, may lose motivation when teacher does not live up to ideals
- self-critical, hard-working and self-disciplined
- often their best ideas come unconsciously after ideas have been 'cooking on the back burner'
- grasp general meanings; may overlook details and practicalities
- solve problems by considering values and feelings
- goal-oriented; work best when goals are defined
- do not absorb information well when presented in detailed, step-by-step manner
- set very high standards for selves and for their teachers

Lawrence, G. D. (2007). *Looking at type and learning styles*. Gainesville, FL: Centre for Applications of Psychological Type, Inc.
Martin, C. R. (2007). *Looking at type: The fundamentals*. Gainesville, FL: Centre for Applications of Psychological Type, Inc.

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FITA GRADE GOAL SETTING: FOR USE WITH SACDS REFERRALS

Current research shows that being aware of one's current grade status and establishing specific goals for each course leads to improved GPA standing. If you:

• Are currently on Academic Warning or worry that you will not meet overall or major study program Cumulative Grade Point Average (CGPA) requirements at the end of term, now is the time to take stock and make plans.

• Have sufficient grades to meet degree requirements but not yet strong enough to gain entry into a future graduate or professional program, now is the time to establish goals to improve on your academic successes.

Go to "My Audit" on Carleton Central to run an audit and determine your current Overall Cumulative Grade Point Average and the Major CGPA required for your degree. **Also visit a SACDS advisor (Tory building, 3rd floor) to determine the answers to these questions.**

Option 1: If you are on Academic Warning…

1. What is the Overall CGPA required for your degree?

And what is your CGPA now?

2. What is the Major CGPA required for your degree?

And what is your CGPA now?

3. Going forward, what average marks will you need to meet these requirements?

Option 2: If you are not on Warning but interested in grad/professional training…

1. What is one of your top choices of program (i.e. what is the program's name, and at which school is it?)

2. What is the admission average required for the program you noted above? (for example, some programs require a certain average over your last 10 credits… others require a certain average over your best 10 credits… others just look at your overall CGPA…etc.)

3. So far, what is your average according to these criteria?

4. Going forward, what average marks will you need to meet these requirements?

Share a copy of this report with your FITA Coordinator. You may wish to brainstorm with your Coordinator various strategies for improving grades. For example you might choose to study with friends taking the same course, reduce the number of shifts you are working at a part-time job, or reduce your course load (i.e. if you are taking a very difficult course or have to dedicate many hours for labs).

You might decide that the 4-year degree requirements are not realistic and you want to explore 3-year options. You might wish to drop below a full-time course load, to give yourself more time to improve your marks and postpone the Academic Performance Evaluation (which occurs every Spring). This requires careful consideration as it can affect funding from OSAP and, depending on the availability of courses, your timeline for completing classes. Here again you would be advised to consult with staff at the SASC for their expertise.

Appendix IX

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from intention to Action

ACADEMIC FUNCTIONING QUESTIONNAIRE (AFQ-R)

File number _____ Student number _____ Initials _____					
Please indicate your agreement with each of the following statements below by circling the appropriate number on the scale.	Strongly Disagree	Neither Agree nor Disagree			Strongly Agree
1. On average, how many hours per week do you devote to studying?					
2. I regularly review my lecture notes after each class	1	2	3	4	5
3. I do not usually talk to my professors outside of class time	1	2	3	4	5
4. It is very important to me to graduate with a degree	1	2	3	4	5
5. I have the ability to complete my chosen degree program	1	2	3	4	5
6. I have found my course work to be a lot more challenging than I thought it would be	1	2	3	4	5
7. In general I like the courses I am taking	1	2	3	4	5
8. I often meet with other students to study or discuss course material/ assignments	1	2	3	4	5
9. I feel comfortable using the library to access books and articles	1	2	3	4	5
10. I email my instructors regularly to ask questions or discuss course material	1	2	3	4	5
11. I am often overwhelmed by my coursework	1	2	3	4	5
12. So far university is a lot like I expected it to be	1	2	3	4	5
13. I am not sure if I want the kind of career my courses/major are leading me to	1	2	3	4	5
14. I participate in online course discussions when available	1	2	3	4	5
15. I often find myself "cramming" right before an important test or exam	1	2	3	4	5
16. I know where to go on campus if I need help with a personal or emotional problem	1	2	3	4	5
17. I feel the that the courses I am taking will lead to a career I want	1	2	3	4	5
18. My instructors put more demands on their students than I thought they would	1	2	3	4	5
19. I do not know many of the other students I take courses with	1	2	3	4	5
20. My grades would be better if I studied more	1	2	3	4	5
21. My courses/major are well suited to my interests and abilities	1	2	3	4	5
22. I was prepared for the amount of work that is required by my courses	1	2	3	4	5
23. I have not made use of many university services	1	2	3	4	5
24. Even though my course work is hard at times, I know I will meet the challenges it presents	1	2	3	4	5

File number _____ Student number _____ Initials _____					
Please indicate your agreement with each of the following statements below by circling the appropriate number on the scale.	Strongly Disagree	Neither Agree nor Disagree		Strongly Agree	
25. Being in university right now is more beneficial to me than working	1	2	3	4	5
26. I feel comfortable talking to my course instructors in-person after class or during office hours	1	2	3	4	5
27. I generally keep up with the required readings and assignments for my courses	1	2	3	4	5
28. When I am having problems with my coursework I face them head-on	1	2	3	4	5
29. I don't think I have what it takes to complete my degree requirements	1	2	3	4	5

Developed by Andy Thompson (2011) and Revised by Cynthia Bilodeau (2016)

Appendix X

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from intention to Action

ACADEMIC FUNCTIONING QUESTIONNAIRE (AFQ) SCORING GUIDE

File number _____ Student number _____ Initials _____

Please indicate your agreement with each of the following statements below by circling the appropriate number on the scale.	Strongly Disagree	Neither Agree nor Disagree		Strongly Agree	Subscale
1. On average, how many hours per week do you devote to studying?					
2. I regularly review my lecture notes after each class	1	2	3	4	5	SH
3. I do not usually talk to my professors outside of class time	1	2	3	4	5	IN(-)
4. It is very important to me to graduate with a degree	1	2	3	4	5	AS
5. I have the ability to complete my chosen degree program	1	2	3	4	5	AS
6. I have found my course work to be a lot more challenging than I thought it would be	1	2	3	4	5	AS(-)
7. In general I like the courses I am taking	1	2	3	4	5	GF
8. I often meet with other students to study or discuss course material/assignments	1	2	3	4	5	IN
9. I feel comfortable using the library to access books and articles	1	2	3	4	5	IN
10. I email my instructors regularly to ask questions or discuss course material	1	2	3	4	5	IN
11. I am often overwhelmed by my coursework	1	2	3	4	5	AS(-)
12. So far university is a lot like I expected it to be	1	2	3	4	5	AS
13. I am not sure if I want the kind of career my courses/major are leading me to	1	2	3	4	5	GF(-)
14. I participate in online course discussions when available	1	2	3	4	5	IN
15. I often find myself "cramming" right before an important test or exam	1	2	3	4	5	SH(-)
16. I know where to go on campus if I need help with a personal or emotional problem	1	2	3	4	5	IN
17. I feel the that the courses I am taking will lead to a career I want	1	2	3	4	5	GF
18. My instructors put more demands on their students than I thought they would	1	2	3	4	5	AS(-)
19. I do not know many of the other students I take courses with	1	2	3	4	5	IN(-)
SH: Study Habits IN: Integration AS: Academic self-esteem GF: Goodness of Fit					

File number _____ Student number _____ Initials _____						
Please indicate your agreement with each of the following statements below by circling the appropriate number on the scale.	Strongly Disagree	Neither Agree nor Disagree			Strongly Agree	Subscale
20. My grades would be better if I studied more	1	2	3	4	5	SH(-)
21. My courses/major are well suited to my interests and abilities	1	2	3	4	5	GF
22. I was prepared for the amount of work that is required by my courses	1	2	3	4	5	AS
23. I have not made use of many university services	1	2	3	4	5	IN(-)
24. Even though my course work is hard at times, I know I will meet the challenges it presents	1	2	3	4	5	AS
25. Being in university right now is more beneficial to me than working	1	2	3	4	5	AS
26. I feel comfortable talking to my course instructors in-person after class or during office hours	1	2	3	4	5	IN
27. I generally keep up with the required readings and assignments for my courses	1	2	3	4	5	SH
28. When I am having problems with my coursework I face them head-on	1	2	3	4	5	IN
29. I don't think I have what it takes to complete my degree requirements	1	2	3	4	5	AS(-)
SH: Study Habits IN: Integration AS: Academic self-esteem GF: Goodness of Fit						

Scoring:

The AFQ is scored by finding the average of the summed scores for each subscale (listed below), and then by averaging the total score for all items.

	Positive Scored Items	Negative Scored Items
Study Habits	2; 27	15; 20
Integration	8; 9; 10; 14; 16; 26; 28	3; 19; 23
Academic Self Esteem	4; 5; 12; 22; 24; 25	6; 11; 18; 29
Goodness of Fit	7; 17; 21	13;

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INTAKE RESOURCES

Appendix XI

fitA
from intention to Action

INTERVIEW QUESTIONS FOR PROSPECTIVE FITA STUDENTS

INTERVIEWER'S DECISION: Yes ☐   Not now ☐ Interviewer: _____ Date: _____

Name: _____ Student Number: 100_____

How did you **hear** about FIT: Action?	
When you looked over the website, what were a couple of **specific components of FITA** that made you think it might be a good idea for you? Assess whether student followed email instructions to read website prior to interview.	
What **program** are you in? Do you feel it's right for you, or are you thinking of switching? If you are, what changes do you need to make in order to switch (i.e. raise GPA)? Do you know what career you'd like this degree to lead to?	
Degree: _____Year: _____ Current GPA: _____ AW? yes ☐ no ☐	
What's your living situation (with whom; how is the atmosphere; how long does it take to get to campus)?	
# of courses currently enrolled in: _____	
On top of school do you have a job? yes ☐ no ☐ Average # of hours per week: _____	
Other time commitments:	
Any issues with **alcohol or drugs**?	
Are you registered with the **PMC**? ____ If yes > disability:_____ Coordinator _____	

How's your **social support**? Do you have people you talk to when you're stressed? Assess for isolation.	
Any issues with **depression, anxiety, or your mood**? How do you know you're stressed, for example what symptoms arise in your thoughts, behaviours, or feelings? Ask about sleep and diet.	
On a scale of "1, no stress" to "10, thinking about suicide," where are you lately? _____ What's the worst it gets? _____ Do suicide assessment if applicable. Call Campus Security (x 4444) if student is at risk.	
Have you ever seen a **counsellor before**? Note details. If student is currently seeing counsellor, discuss how s/he sees this working with FITA.	
FITA is a mental health support program, which means you'd be meeting with a counsellor / counsellor-in-training every week for 12 weeks in a row, to discuss personal issues, including academic elements such as tracking grades and assignments, and discussing course load. Given this, what do you see yourself discussing or working on with your coordinator? Do you feel like there is enough to fill 12 weeks of mandatory counselling sessions?	
Discuss FITA – **go through Contract in detail**. Explain the testing/feedback component. Describe the coordinators' credentials. Gauge how serious the student is about putting in the work and taking responsibility.	
FITA is unlike other programs on campus which allow you to book and cancel appointments as needed – our sessions are mandatory. On a scale of 1 to 5 (1 = not interested, 5 = fully committed) how sure are you that this is the program for you? _____	
Do you have any questions for me?	

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FLOW CHART

O1 Student calls/emails Team Leader to inquire about FITA
- Team Leader books an intake interview (w Team Leader, Suzanne, or Sarah)

O2 Interviews (Team Leader, Suzanne, Sarah)
- Grab a red intake file
- Confidentiality form is the first thing to do when we sit down with the student
- Interview questions
- If good candidate
  o MBTI
  o Give student Application and SF36. Otherwise refer elsewhere using "No feedback letter"

O3 Student submits application to reception, MBTI is scored and package goes to Team Leader

O4 Team Leadermeets with psychologist who assigns student a coordinator; Team Leader emails student and coordinator, and updates database, creates file for student
- Coordinator calls student ASAP to set up 1st appointment

O5 Session # 1   Meantime
- Informed Consent (research)
- Consent form for counselling
- FITA Contract
- AFQ
- Book testing*
- Give student Online Testing instructions for Strong and LASSI
- Input "Additional info" into SARS
- *See handout on "FITA 1st session"*

Testing Session (not necessarily the student's coordinator)

After testing, whoever administered and scored the tests books the student for feedback session with psychologist (and inputs Feedback date into SARS "Additional Info")

Feedback session

O6 Session # 2–12
- Weekly 1–hour sessions

O7 Beyond session # 12
- Termination or phase into weekly half–hr sessions

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from intention to Action

STUDENT APPLICATION

Thank you for your interest in FIT:Action. Following your intake interview, you have been provided with this form because we feel you may be a good fit for this program. Should your application be approved, you will be contacted by email to set you up with your coordinator.

Name	Student ID
Phone	Email
Ottawa address	
Please describe why you feel you will benefit from this program.	
Please describe any changes you have already begun to make in an effort to improve your experience as a student.	
Overall, what do you believe is the key to success as a student?	
FIT: Action only works for students who put in the time and effort, and prioritize their schooling. Are you willing to commit to this?	
FIT: Action students commit to attending hour-long sessions every week for 12 weeks. Our coordinators get fully booked, so please provide **several** times that you would be available for weekly meetings. When are you free? (we are open 9 am – 4 pm Monday through Friday)	

Thank you! Please submit this application to:

Appendix XIV

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from intention to Action

PARENT/GUARDIAN CONSENT FORM

I, _____ hereby consent for my son/daughter
(name of parent/guardian)

_____
(name of student)

to participate in the From Intention to Action (FITA) program at Carleton University.

I have read and understand the invitation letter as well as the document entitled "FIT: Action coordinator sessions: What do they actually involve?"

I am aware that my daughter/son will be committing to attend a minimum of 12 consecutive weekly appointments with a coordinator, during which they may discuss and practice learning strategies and stress management.

I am also aware that another component of FITA is that my daughter/son attends one "testing" session in which she/he will complete a general assessment in the areas of academic skills, adjustment to university life, study strategies, career interests and personality preferences. This will be followed by a 1-hour feedback session with Dr. John Meissner (Registered Psychologist and FITA Manager).

I understand that I may direct any questions or comments to Dr. John Meissner at 613-520-2600 (ext. 8065) or john_meissner@carleton.ca

Parent/guardian's signature	
Date	

Appendix XV

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STUDENT CONTRACT

Welcome! We are looking forward to helping you to manage life as a student. This program requires that commit to all arranged appointments. The beginning of the program is a Probationary Period. If you do not demonstrate the expected level of commitment (e.g. **if you miss your testing session, your feedback session, or any of your first 3 weekly meetings), your spot in FITA may be given to another student**.

Your Role

- Maintain open and honest communication with your Coordinator
- **Attend 12 one-hour consecutive weekly appointments, testing and feedback appointments** (on time). *If you miss 2 appointments, even with good reason and adequate notice, your spot in FIT: Action may be given to another student*
- **Call or email 1 business day in advance** if you have to reschedule an appointment (acceptable reasons include emergencies, illness, and other *unexpected* events)
- Proactively follow through on tasks/activities decided upon between you and your Coordinator
- Come to sessions knowing what you would like to focus on and take responsibility for the session
- Update your Coordinator of any changes to your courses, program, grades, etc.
- Use campus resources as needed
- Complete all intake/exit questionnaires as requested by your Coordinator (e.g. SF36, AFQ, etc.)

Our Role

- Provide you with a general assessment (90-minute testing session), and a 1-on-1 feedback session with our Registered Psychologist
- *Assist you* to develop strategies to manage stress, motivate yourself, balance life, keep track of grades and assignments, plan your educational path, and study effectively
- Provide individualized support that respects your goals, values and strengths
- Call or email 1 business day in advance if we have to reschedule an appointment
- Keep your information confidential, as per the FITA Confidentiality Agreement
- Provide referrals to other resources on and off campus as needed
- Help you to keep contact with academic advisors at the Student Academic Success Centre

Student Signature:	
Coordinator Signature:	
Date:	

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STUDENT RESOURCES

Appendix XVI

fitA
from intention to Action

TESTING:
WHAT TO EXPECT

What is the purpose of the testing?

- We are looking for your **strengths and challenges**, so that our psychologist can talk with you about any possible difficulties you may be having, and how you might capitalize on your strengths.

- We are *not* diagnosing you.

- This is not for marks and will not go on your school records.

- The testing is a jumping off point for **discussion**, and will help to guide your work in FITA.

What will I be asked to do?

- BASC3 (or Achenbach) self-report on adjustment to university life
    - o It will ask questions about your feelings and stress levels.
- Nelson Denny Reading Test
    - o You will read some passages and answer multiple choice questions about the content.
- Woodcock Johnson assessment of academic areas
    - o This test is partly verbal and partly written. It contains questions on math, writing, etc. The way this test is designed, it requires that we continue with a set of questions until the student has gotten a certain number wrong. *So if you find that it's difficult, remember it's not because of you!*

What if I get sick or overwhelmed during the testing session?

- Typically, the testing needs to get completed in the 1.5 hour session. Usually it will not take the whole 1.5 hours, but we schedule it that way to be safe.

- If you are really uncomfortable for any reason, please talk to the person administering your test. *Ask for a water break. Pause and relax. That's more than ok!*

- If you still can't finish the tests in the session, talk to your test administrator and they can schedule a second session to finish up.

What is the Feedback session?

- This is a casual, friendly meeting with our psychologist and FITA project lead. She/he will chat with you about your results and ask you for your thoughts.

- She/he will give you a summary of key elements of the assessment that stood out, and suggestions for areas to work on with your coordinator (i.e. time management, coping skills, etc.). He may also give you advice, but will never suggest that you "have to" do anything in particular.

- You will be given copies of your assessment results, for your own interest.

Appendix XVII

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from intention to Action

GRADE TRACKER

Student_____ Goal CPGA _____ Goal Major GPA _____

Course: _____ credits: _____

Assignment/Exam	Due	Worth %	Grade		
			%	Letter	Grade Point

Course: _____ credits: _____

Assignment/Exam	Due	Worth %	Grade		
			%	Letter	Grade Point

Course: _____ credits: _____

Assignment/Exam	Due	Worth %	Grade		
			%	Letter	Grade Point

Student_____ Goal CPGA _____ Goal Major GPA _____

Course: _____ credits: _____

Assignment/Exam	Due	Worth %	Grade		
			%	Letter	Grade Point

Course: _____ credits: _____

Assignment/Exam	Due	Worth %	Grade		
			%	Letter	Grade Point

Course: _____ credits: _____

Assignment/Exam	Due	Worth %	Grade		
			%	Letter	Grade Point

Appendix XVIII

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from intention to Action

ASSIGNMENT TRACKER

Course:		Assignment:	
Length:		Due Date:	

✓	Stages		Date

Hand in:

Appendix XIX

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WEEKLY GOAL SETTING

Dates: _____

Course Name	Weekly Goal

Personal	Weekly Goal

Created by FIT: Action Program (2012)

Appendix XX

FEEDBACK SHEET

Canada's Capital University

fitA
from intention to Action

501 University Centre
1125 Colonel By Drive
Ottawa, ON K1S 5B6 Canada
Tel: 613.520.2600, ext. 3606
Fax: 613.520.3995
fitaction@carleton.ca
carleton.ca/fita

Dear _____,   _____

In our meeting we reviewed the results of your scores on measures of basic academic skills (the Nelson Denny Reading Test, and the Woodcock Johnson III writing samples), personality preferences (the Myer's Briggs Type Indicator: MBTI), vocational interests (the Strong Interest Inventory), study skills (The Learning and Study Strategies Inventory), and your general well- being (the BASC2: College Form ages 18–25 or Achenbach checklist). At our feedback meeting you have received a written summary of your results on all of these measures.

Your scores on the Learning and Study Strategies Inventory were reviewed in conjunction with the above measures and indicate areas where you require further skill development. At the end of our discussion of your assessment results we established the following initial goals:

- _____

- _____

- _____

- _____

- _____

- _____

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Over time as you explore issues further with your coordinator these goals may change or relevant issues may change. Your primary FIT:Action coordinator is:

Thank you again for taking part in our FIT: Action (From Intention To Action) program. In addition to ongoing support with your coordinator, I will be available as needed to assist if requested and can be scheduled for meetings (at the front desk). We are pleased to have you in our program.

Sincerely,

Dr. John A. Meissner, C.Psych
Registered Psychologist & FIT: Action Manager

Appendix XXI

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EXIT INTERVIEW COVER SHEET

End of Term Paperwork   File # _____

Fall 2015- Winter 2016

Hello,

We are conducting our end of term surveys to evaluate your observations about the FIT: Action program, your academic functioning, and the role health plays in your day to day studies. The information that is collected is confidential. If you do not wish to have your anonymous data used in research, please contact me. Thank you for helping us to better understand our students and improve the service we provide. When you have completed this form please put in into the sealed envelope that is provided. Individual information will not be shared with FITA coordinators.

Sincerely,

Dr. John A. Meissner, C.Psych.
john.meissner@carleton.ca
FIT: Action Project Leader

Today's date:_____
Date of Birth: (month/day/year)   _____/_____/_____/
Have you received support from the following resources this term?
- Paul Menton Centre   ☐ yes ☐ no
- Physician at Health and Counselling Services   ☐ yes ☐ no
- Counsellor at Health and Counselling Services   ☐ yes ☐ no
- Learning Support Services   ☐ yes ☐ no
- Student Academic Success Centre   ☐ yes ☐ no
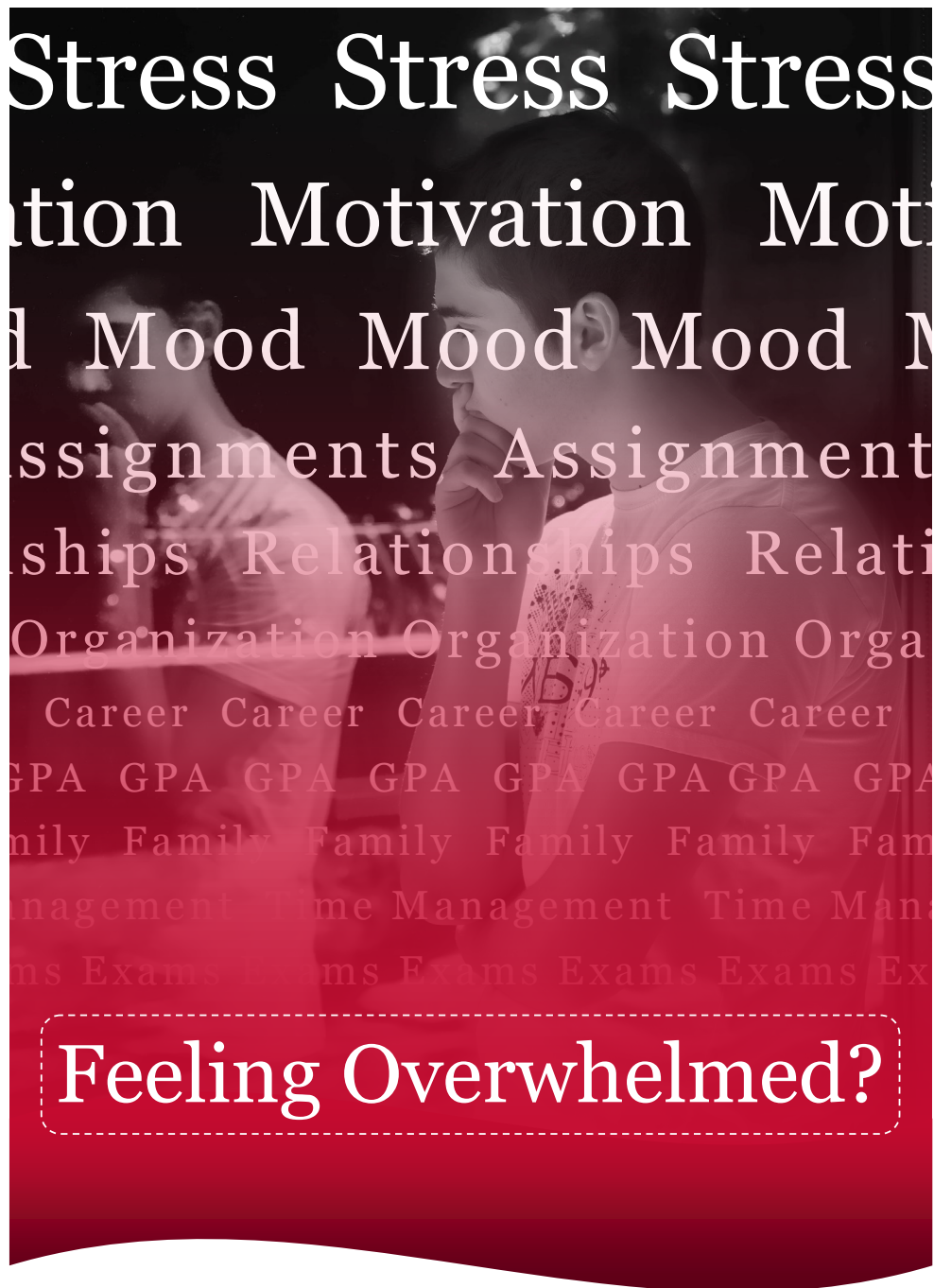
Is English your 1st language?   ☐ yes ☐ no

Are you an International student?   ☐ yes ☐ no
   If yes, have you received support from the International Student Support Office? ☐ yes ☐ no

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Stress Stress Stress

Motivation Moti

Mood Mood Mood

Assignments Assignment

ships Relationships Relati

Organization Organization Orga

Career Career Career Career Career

GPA GPA GPA GPA GPA GPA GPA GPA

Family Family Family Family Family Fam

Management Time Management Time Mana

Exams Exams Exams Exams Exams Exams Ex

Feeling Overwhelmed?

Carleton UNIVERSITY

fitA
from Intention to Action

From Intention to Action (FIT Action) is a program to help students who feel overwhelmed with the many pressures of being a university student.

Students in FIT Action meet confidentially for one-on-one meetings with our coordinators over 12 weeks to determine an individualized plan of action. Let's connect. We can help.

613.520.2600 x1028

fitaction@carleton.ca

www.carleton.ca/fita

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from intention to Action

RESOURCES FOR HIGH SCHOOL GUIDANCE COUNSELLORS

Appendix XXIII

GUIDANCE COUNSELLOR LETTER

Carleton UNIVERSITY

Canada's Capital University

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501 University Centre
1125 Colonel By Drive
Ottawa, ON K1S 5B6 Canada
Tel: 613.520.2600, ext. 3606
Fax: 613.520.3995
fitaction@carleton.ca
carleton.ca/fita

To: Guidance Counsellors, Student Success Teachers and Learning Support Teachers,

Carleton University's Office of the Vice-President (Students and Enrolment) is continuing to offer support for graduating Grade 12 students admitted to Carleton who would particularly benefit from extra support in making this transition. We are seeking students who will have accepted their offer of admission for the Fall term and who you believe would benefit from the additional level of support provided by the From Intention to Action (FITA) program. The students we are seeking may be supported on an IEP but without documented diagnoses of LD, ADHD or other disorders that would allow them to access disability services through the Paul Menton Centre. We are seeking referrals of students who you feel might be vulnerable to transitional difficulties as they enter university and who would be responsive to personalized help starting in September. We are offering this high level of support through our FITA program.

FITA is for students willing to make a commitment to:

- 12 consecutive 1-hour weekly sessions with a coordinator/counsellor, focusing on learning strategies (i.e. time management, grade tracking, anti-procrastination techniques, study skills, etc.) and personal supportive counselling and stress management

- An assessment process (1.5 hours of face-to-face and some online testing)

- Feedback sessions with a psychologist to discuss the student's standardized data on vocational interests (Strong Interest Inventory), personality preferences (MBTI), study skills (LASSI), personal adjustment profile (BASC-2), and levels of academic achievement (Nelson Denny, WJ-IIIC)

For students under the age of 18, we obtain parental consent to facilitate involvement.

Over the last four years we have worked with students facing academic difficulties who, with our support, have been able to make significant improvements in major and cumulative grade point averages. These students have received higher levels of academic standing and significantly reduced suspensions. Significant improvements in mental health (quality of life) were seen in students who initially had below average scores, but improved after 10 FITA sessions.

To refer students, email FitAction@carleton.ca identifying the source of referral request (your name and school) with the student's name, email address and phone number. He or she will be contacted to establish an intake meeting to develop an individual support program.

More information on our program is available on our website at: www.carleton.ca/fita.

Thank you,

Dr. John A. Meissner, C. Psych
Registered Psychologist and FITA Manager

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HANDOUT FOR HIGH SCHOOL TEACHERS AND GUIDANCE COUNSELLORS

Carleton UNIVERSITY

Canada's Capital University

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From Intention to Action (Fit: Action)
A 12-week support program to help
overwhelmed students cope with stress,
study effectively and maintain a healthy life balance

501 University Centre
1125 Colonel By Drive
Ottawa, ON K1S 5B6 Canada
Tel: 613.520.2600, ext. 3606
Fax: 613.520.3995
fitaction@carleton.ca
carleton.ca/fita

FIT: Action students commit to:

01 Initial 1 hr interview to determine suitability and commitment level

02 1.5 hr general assessment to identify strengths and challenges (academic achievement, personal adjustments, career interests, personality and study habits)

03 1 hr feedback session with a Registered Psychologies who will review the results of the assessment and collaborate with the student to develop a recommended plan of action

04 12 weekly one-on-one, 1 hr meetings with a Coordinator trained in learning strategies and counselling

Coordinator sessions may focus on

Study techniques

Time management

Stress management

Relationship/family issues

Goal setting

Anxiety reduction

Anti-procrastination techniques

Educational planning

Common reasons for joining FIT: Action

Feeling overwhelmed

Desire to raise grades

Anxiety

Relationship/family difficulties

Feeling lost and uncertain in university

Procrastination

IEP but no diagnosis of LD, ADHD, etc.

Medical issues i.e. concussion, IBS

2 ways to refer a student to book an interview:

1 Email FitAction@Carleton.ca or call 613.520.2600 x1028 and cite the sources of referral, your student's name and contact information, and your name and school

2 Give your student the above contact information and encourage her/him to contact us

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Appendix XXV

STUDENT TESTIMONIALS

</div>

Anonymous

I was with the FIT Action program for over a year and I gained a lot from my experience. My coordinator helped me with time management and organization for my final years at Carleton. I wish I had known about the service sooner, I would have accessed them because they are so amazing. **The one on one sessions truly helped with anxieties and worries I had coping with life** away from home. Although there are services in campus, sometimes the wait is really long due to lack of resources. My consistent scheduled appointments kept me accountable to my goals and was a **great space to open up** about my concerns. Be able to have such a space developed the skills that will be necessary as **I move on to finding a career** in my field. The program also helped me see my learning style and **how best to study, and there was always somewhere I could go if I felt overwhelmed**. All in all, I would recommend other students coming to Carleton to check out FIT Action.

Katherine's FITA Story

As I sit here writing this today, I almost cannot believe that I have made it; one final exam before I officially finish my undergraduate degree! Five years ago after hating the initial program I started in and being generally uninterested in school my grades severely suffered. **I didn't feel like a student, I didn't feel confident and I didn't feel like I belonged**. As the bad grades rolled in these feelings were perpetuated and even further deeply rooted in my mind. As a result, second year began in a program which I had greater interest in, but I was still not successful: I was now convinced there was something wrong with me.

Second year began and in my mind I had all these plans about how this year would be better, but without the confidence I was always second guessing myself and inadvertently proving my own fears to be true – **I just couldn't do it**. My anxieties and fears were completely immobilizing, I was at a point where I wasn't doing any work because I just knew I would do badly. It was an extremely dark place. Just as I was about to give up I was referred to the FITA program. After receiving all of my initial testing, I really came to see how the effects of my **anxiety, fear and stress were beginning to take a toll on my physical and mental health**. Feeling a little embarrassed and very much defeated I decided to commit to the program. It felt like my last shot.

Initially the meetings felt awkward and forced, I hadn't really told anyone how much I was struggling with school. It soon turned into a **liberating experience** which really allowed me to see the factors which were holding me back. On top of this I quickly took a liking to my counsellor and actually looked forward to going to meetings. **It felt amazing** to get all of my insecurities off of my chest and actually address them: it was reassuring and made them manageable. I ended up having an amazing semester and later an amazing year, **I would have never imagined that I was capable of receiving A's** when just the a few months prior I was getting nowhere near that. It was a huge confidence boost and made me finally feel like a real student and that I was in fact capable enough.

hour, every 2 weeks. I took this time to really fine tune my study skills and really turned into the student I had always wanted to be. **Today, as I am so close to the end, I am so glad that I took the leap** and sought out that extra help that I needed. In the end I didn't need the help because I was incapable of doing the work but because I was incapable of seeing my potential – and this is exactly what FITA did for me.

Katherine

_____

Desiree's FITA Story

During the summer after my second year at Carleton, I received a letter from the university notifying me I had been placed on Academic Warning. Needless to say, my parents were furious. Moreover, I was furious with myself. During the first half of my university career, my priorities were skewed and my school work suffered; it had only been near the end of second year that I had decided to pull up my socks and give it the old college try (pun absolutely intended). It wasn't enough to save me from Winter semester 2012's final grades.

I spent the summer reflecting on what I would do to change myself and the way I would approach school from then on. Come September 2012, I attempted to raise my grades on my own but **found myself falling into old habits**. Finally, in late November, I went to the Student Academic Success Centre, desperate for help and they pointed me to From Intention to Action (FITA). I was wary of taking help from the program for fear of looking and feeling stupid when I realized it would be stupid *not* to participate. The only person who would be disadvantaged would be myself.

After helping me target my problem areas (time management skills, procrastination, motivation levels, etc.), I worked with several advisors on a weekly basis to raise my grades. I will admit there were times when I didn't want to attend the meetings, and did not believe in myself. **There were times when I thought I was broken, or stupid and no amount of weekly counselling could help me**. However, with encouragement from my family, friends and advisors, I put pressure on myself to stick with it and have faith in the program, as it had worked for so many before me.

I am a fourth year Law student and have now been participating in FITA for about a year and a half, and **my grades are significantly higher. What's more is how I feel about myself** and my abilities, when I couldn't realize my own potential before. I can now manage attending Carleton full time, having a part time [job] and participating in other activities **without feeling like I am drowning**; I take actual steps toward what I want in life instead of just dreaming about it and I no longer shield myself from accepting help I know I need.

No one is stupid. Sometimes a little help is needed to keep on track and that's exactly what FITA is here for: to help you realize what you're capable of.

Desiree

Jordan's FITA Story

My name is Jordan, and this is my FITA story.

In January I was unsure of my academic future. I had previously spent 2 years working towards an Economics Degree from Carleton. I had decided to take some time off, as my grades were poor and I was uninterested in the field I was studying. I knew I needed to make some changes and I had an idea of the direction I wanted to go. I wanted to do something in Computer Science, or in a tightely related field.

I emailed and called several people at the university to request some help evaluating programs and requirements. Finally, after talking to a half-dozen people I was directed towards a new program, FITA. The program was designed specifically for students who are **dealing uncertainty and having a hard time adjusting to University**.

 I was brought in to meet the coordinators and discuss my options. We did some assessments on my aptitudes, personality, and learning strengths. This information, along with the guidance helped me choose the right degree for me. After setting that first large goal, I was extremely excited to start learning.

We started weekly meetings after that, and I can't explain how important these were to me. **They gave me someone who would guide me** through administrative challenges. These meetings also taught me to set obtainable goals. Setting concrete weekly goals allowed me to **focus on the present without getting overwhelmed** by my larger goals. The focus on setting good short-term and long-term goals was paramount to whatever success I've had.

When I first entered the FITA program, I had poor grades and no real direction. With the support that I received, **I have had straight A's for the past two and a half years**, with one exception. I am currently on the Dean's List. I have received multiple academic scholarships. I have also just received an offer for a great job starting this summer. This program has not only helped me through my schooling, but it has instilled habits, that will make me **a more successful person in general**.

If you ever have the opportunity to be a part of this program, I strongly recommend that you do. If you're uncertain about your path, I suggest you seek them out. If you are motivated to get the most out of your education, then you will want to be a part of FITA.

Sincerely,

Jordan

Letter from a FIT: Action Student to the University Senate Committee

To the Senate Committee,

My name is A.K., an undergraduate student in the Bachelor of Arts program, majoring in Law and minors in both political science and film studies.

Early on in my studies I have faced many trials but none as life altering as the one I faced when **my older brother passed away**. This period of grief for my family and I was made bearable by fully immersing myself in my schoolwork but at the time I was not prepared nor equipped with the proper focus or roadmap to succeed. As we all know, a University student faces all kind of challenges to ultimately meet the standards put forth by our teachers and our alumni's. The **financial burden and sacrifice made by our parents** is one of the many pressures we shoulder every day, add the death of a close sibling and it may seem insurmountable. Fortunately for me I encountered a dedicated staff willing to help me create a **blueprint that enabled me to not only improve my grades in the short term but reach my end goal of graduating**. My academic advisors in Margaret Higgins and Jessie Gunnell played a vital role by establishing a cooperative **relationship that demanded accountability** in me. They have spent countless hours on a weekly basis guiding me through my specific scholarly needs while assuming the role of **counsellor to my emotional state**. My story is one of many that have benefited from the FIT action program and hopefully future students that are facing their own difficulties will have the same opportunity as I have had. The success of this program is in its ability to identify the students that are struggling and creating a support system that addresses their specific needs. I am very grateful to have been part of an institution that offers its students a world class education but more importantly, creating future productive citizens by providing them with the necessary tools and encouragement.

I would like to take this opportunity to thank every university staff that has played a role over the years in helping me achieve my goals. I am confident this program will continue to promote the same level of excellence held as the Carleton standard.

With the kindest regards,

A.K.

_____

"If you had contacted me two years ago I would have ignored you. I think some students have to hit rock bottom before they want help. I was motivated out of necessity. After a personal situation, I needed this more than ever. Sometimes you need to surrender and have someone help you build a plan."

- FIT: Action student

_____

"Compared to last term I'm doing about the same work and overall I'm getting more done this year. There has been a complete change, it's gotten better. My work is more efficient and I have better results."

- FIT: Action student

_____

 "The program was excellent, it helped me so much. I would've been totally lost without it. My anxiety levels went way down."

- FIT: Action student

Appendix XXVI

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from intention to Action

"NO" FEEDBACK LETTER

Dear _____,   Date: _____

Thank you for your interest in From Intention to Action (FITA). Following our discussion of your circumstances, the various elements impacting your life as a student, and the type of support that may benefit you, we do not see our program as the best fit for you at this time. Factors that come into this decision include a student's level of distress, the time commitment required by FITA, and the abilities of other specialized service providers to address the issues raised in our discussion.

Other offices that provide these specialized services include:

- The Paul Menton Centre for Students with Disabilities
- Student Academic Success Centre (academic advising)
- Registrar's Office (Petitions and Appeals)
- Office of the Ombudsperson (independent advice regarding complex issues)
- Vicki Bowman at the Student Experience Office (challenging situations)
- International Student Support Office
- Learning Support Services (1-on-1 Study Skills Sessions)
- Writing Tutorial Services
- Various community resources

Based on our discussion, we suggest that you make an appointment with the following resource to follow up on the issues raised:

_____

_____

If your situation changes you may decide to reapply to FITA in the future. We hope that this analysis has been useful in providing direction.

Sincerely,

Dana Truelove
FITA Team Leader

Appendix XXVII

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from intention to Action

ONLINE TESTING INSTRUCTIONS FOR STUDENTS

Dear Student,

Before your testing session, you will need to fill out 2 online questionnaires. Together these will take you approximately 30 minutes to complete. Please select a time when you will not be disturbed and ensure that you respond to every question.

Test 1: **Strong Interest Inventory**

- Go to http://www.FITA.careerid.com
  - o User name: please use your first and last name without a space. For example, Jane Doe would be: janedoe
  - o Password: you can choose this as you please
  - o Please complete the Strong Interest Inventory (save before exiting)

Test 2: **Learning and Study Skills Inventory (LASSI)**

- Go to www.hhpubco.com/lassi
  - o School number:
  - o User Name:
  - o User password:

If you have any questions, please contact Dana at the coordinates below.

Thank you,

Dana Truelove, MEd, CCC
FIT: Action Team Leader
Carleton University
t 613-520-2600 ext 1028
f 613-520-3995
407C MacOdrum Library
www.carleton.ca/fita

fitA
from intention to Action

LETTER OF INFORMED CONSENT

The purpose of an informed consent form is to ensure that you understand the purpose of a study and the nature of your involvement. The informed consent must provide sufficient information for you to determine whether or not you wish to participate in the study.

Title of Investigation: From Intention to Action: An Evaluation of an Intervention Program on Academic Development and Student Mental Health

Principal Investigator: John A. Meissner, 613.520.62600 ext. 8065, john.meissner@carleton.ca

Co-Investigators: Larry McCloskey, 613.520.6608, larry.mcloskey@carleton.ca
Suzanne Blanchard, 613.520.2874, suzanne.blanchard@carleton.ca

Other Research Staff: Genna Pearce, 613.520.2600 ext. 1028, genna.pearce@carleton.ca
Robert Konecki, 613.520.2600 ext.1028 robert.konecki@carleton.ca
Dana Truelove, 613.520.2600 ext. 1028, dana.truelove@carleton.ca

This project (#10591 12-0476) has been approved by the Carleton University Research Ethics Board and cleared until the renewal date (August 31, 2015). Should you have any questions or concerns about this research, please contact the Principal Investigator. Should you have any ethical concerns about this study, please contact Professor Antonio Gualtieri, Chair, Carleton University Research Ethics Board,
613-520-2517, ethics@carleton.ca.

Purpose and Task Requirement

The purpose of this research study is to evaluate the Student Retention Program in which you are enrolled. We want to know what works well and what needs to be improved for future program participants.

As a research participant you will be asked to complete the OQ-45.2 Questionnaire at intake and on a monthly basis thereafter. You will also be asked to complete the Academic Functioning Questionnaire at the beginning and end of the semester(s), as well as the Working Alliance Inventory throughout your time in FIT: Action. You may also be asked to complete some other questionnaires. Your responses will be used to provide us with information about the program and its efficacy.

We are also requesting your permission to use the information you provide during the program (e.g., the assessment measures), **as well as your official cumulative and major GPA records** for research purposes. This is so that we can explore how certain factors, such as academic interests and abilities, relate to future GPA and enrolment status.

Lastly, we would also like to use the results of this research for the purpose of educating others, through journal publications and/or conference presentations. **At all times your name and any other identifying information will be kept confidential**.

Potential Risk and Discomfort: Feedback from assessments and recommendations for future action may contradict expectations and previously held beliefs. As a result, some students may experience distress and discomfort during the intervention component of this program. We encourage you to express any negative feelings you may have as a result of your participation in the intervention to a member of the research team. We will make every effort to ensure your participation is a positive experience.

Remuneration: There is no remuneration for participating in the intervention or research and evaluation components of this program.

Confidentiality: The data collected in this study will be kept confidential. Only the researchers involved in this project will view your responses. For measures that are only for research or evaluation purposes, only a research assistant not involved in program service delivery will know you are a research participant, or view your responses. You will be provided with an envelope in which you can place and seal any research questionnaires.

Right to Withdrawal: Your participation is this research is entirely voluntary. If you do not want your information used for research and evaluation purposes you may opt out by contacting the program evaluator, Dr. John Meissner (john.meissner@carleton.ca, 613-520-2600 ext. 8065). At any point, you may withdraw from the study or refuse to complete all or part of a questionnaire at no consequence.

I have read the above description of the study concerning small group discussions. The data collected will be used in research publications and/or for teaching purposes. My endorsement indicates that I have read and understand the information in this letter. I understand that if I do not wish to have my information used for research and evaluation purposes I must contact the program evaluator to make my intentions known.

Name _____

Signature _____

Date _____

Thank you!

EXECUTIVE SUMMARY 2013–2014

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FROM INTENTION TO ACTION (FIT: Action)
September 2013 to April 2014
Executive Summary

The FIT: Action (FITA) program was created and implemented by the Paul Menton Centre for Students with Disabilities (PMC), with the support of the Carleton University Office of the Associate Vice-President (Students and Enrollment) and is sponsored by the Ministry of Training Colleges and Universities (MTCU) Mental Health Innovation Fund. FITA seeks to support psychologically vulnerable and overwhelmed students with the aim of improving their sense of stability, mental wellbeing and academic standing, which is associated with improvements in mental health. Students commit to 12 consecutive weekly meetings with their assigned FITA coordinators to address both academic and personal issues. They are provided with an assessment battery consisting of psychological and learning-based tests with face-to-face and written feedback to follow. FITA makes use of graduate level interns who have completed the first year of their counselling program and seek practical counselling experience under supervision from FITA's project leader.

Previous years' (2011–2012 and 2012-2013) research results show that:

- FITA students facing possible suspension made significant improvements in major and overall grade point averages while a comparison group on Academic Warning did not.

- Students demonstrated significant improvements in study skills.

- Students returning to FITA for a second year continued to make improvements in overall grade point average on top of the significant grade improvements made the previous year.

- FITA students who scored below the average range on a Mental Health Composite measure (SF-36 MHC) demonstrated significant improvements in psychological well-being after attending 10 or more meetings with their coordinator.

Current (2013–2014 research):

FITA sought to recruit the *most vulnerable students* applying to our program. Students entering the program this year reported significantly weaker SF-36 (MHC) scores, a measure that correlated with lengthier measures of depression. As a group they scored below the normal range compared to the general population. On the BASC-2 College Self report, incoming FITA students showed significantly more symptoms of depression, anxiety, social stress, internalizing problems, somatization, emotional symptoms, inattention-hyperactivity,

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school maladjustment and lower self-esteem that the FITA cohort of the previous year. In 2013-2014 more than 250 students met with their coordinators with a median of 12 sessions for a total of over 3000 sessions. As FITA is a flow-through program, these students came into and left the program at various points throughout the year. *Despite working with a more distressed group of students during a challenging year, the FITA program replicated the successes of the previous two years:*

- Pre-Post comparisons showed significant improvements in Mental Health Composite (SF36 − MHC) scores despite this year's cohort being more severely symptomatic than previous FITA cohorts. The most severely distressed students made the greatest improvements.

- Qualitative ratings of the program were high with 97.5 % of students saying that the program met their needs, 100% saying that they would refer FITA to a friend, and write-in comments indicating broad acceptance of FITA and appreciation for its ongoing support.

- All FITA students showed significant improvements in study skills, increased the time spent in studies by 4+ hours per week, and demonstrated more skills associated with graduation.

Subgroups of FITA students:

- Different groups within FITA had different results with grades and Mental Health Composite scores that indicate that FITA met students' needs *in relation to each individual's situation.*

- Students on Academic Warning (AW), as in previous years of the FITA program, had significantly improved major and overall GPAs. This same group, which had a higher proportion of males, was in the average range on the SF36 MHC and showed less distress than students who had self- referred as being 'overwhelmed.' For the AW students, change came in the form of improved grades, while mental health scores did not vary but remained in the average range.

- Students returning to the FITA program from the previous year showed significant improvements in overall GPA in addition to having shown improvements the previous year. This record of grade improvements was also seen with our previous years' cohorts.

- An outreach to high school guidance counsellors, resource and student success teachers yielded a referral of 24 students directly from Grade 12 into University. This group completed the year with average grades that met program requirements.

- Students who self-referred because they felt overwhelmed, tended to be female and had better grades than the AW group, and were the most distressed subgroup. This group made significant (P=.002) improvements in psychological well-being as measured by the SF-36 MHC that accounted for difference in pre-post changes for the entire group. These students did not show significant improvements in grades nor were they at risk of not meeting requirements because of their grades.

Positive changes take place with effort over time: The ongoing effects of a therapeutic alliance

- As was described in last year's report, students demonstrated significant improvements in psychological well-being after attending 10 or more meetings with a coordinator. Students with fewer meetings showed movement toward improvements, but at a level that was not yet statistically significant. The greatest positive changes emerged with students from the 'Overwhelmed' group --who were predominately female, entered the program with the lowest mental health scores, and were in the most need of psychological support.

- In 2013-2014, FITA students attended a median number of 12 sessions; students flowed into and out of FITA with ongoing intakes and exits throughout the year. Students who attend 12 sessions, as is outlined in their contracts, achieve the benefits of a therapeutic alliance with their coordinator that builds over time.

Conclusion: Research results present a reliable profile of outcomes over three years in terms of (a) improved psychological well-being for the most distressed students, (b) improved major and overall GPAs for students on Academic Warning, (c) improved study skills overall and (d) high ratings of students' trust and acceptance of FITA.

Current initiatives: Pilot Projects of the FITA program will start this fall at the University of Toronto (St. George) and Humber College to assess transferability, build a supportive consortium, and develop further resources for Ontario Colleges and Universities.

Dr. John A. Meissner, C.Psych,

FITA Project Leader

Appendix XXX

EXECUTIVE SUMMARY 2014–2015

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FROM INTENTION TO ACTION (FIT: Action)
September 2014 to April 2015
Executive Summary

From Intention To Action (FIT: Action; FITA) is an intensive counselling program that was developed for students at Carleton University *who are at risk for academic failure that is often related to poor mental health.* The FITA program is currently on track to enter its fifth year of student support programming excellence after being successfully developed through Carleton's Paul Menton Centre for Students with Disabilities (PMC) and supported by the Carleton University Office of the Vice-President (Students and Enrollment). In addition to these supports, a two-year grant from the Ministry of Training Colleges and Universities (MTCU) Mental Health Innovation Fund has helped FITA to consistently demonstrate the effectiveness of the program model and expand this model to other colleges and universities.

FITA seeks to provide support for psychologically and academically overwhelmed students by improving their sense of stability, mental wellbeing and academic standing. Students are asked to commit to 12 consecutive weekly meetings with their assigned FITA coordinator, during which both academic and personal issues are addressed. Students are provided with an assessment battery consisting of psychological and learning-based tests that incorporate face-to-face and written feedback from a registered psychologist. FITA engages graduate level interns who have completed the first year of their counselling program and are seeking practical counselling experience. Interns benefit from the guidance and wisdom of supervisors drawn from FITA's project and team leaders. This year we saw 225 students who averaged just over 11 meetings each for a total of 2,525 sessions, and ranged from first year to graduate level with a 1:3 male to female ratio.

In the 2014–2015 academic year the FITA program effectively supported different student needs.

Significant overall improvements were seen in pre-post Mental Health Composite scores that **predicted significantly improved grades in a regression analysis**. *The differential subgroups of FITA student were: (1) at* **academic risk** *with average mental health scores, (2) at* **academic risk** *with* **below average mental health scores**, *and (3) with* **below average mental health** *scores and not at risk of suspension.* **Groups within FITA had different results with achievement and Mental Health Composite scores that indicate that FITA met students' needs** *in relation to the specific needs of each of the 3 above groups.*

(1) Students with a good level of psychological well-being who were on Academic Warning (AW) or in the "No Decision" category (with grades that would trigger an academic warning) demonstrated significantly improved grades in a pre-post evaluation. When matched with a similar (AW) group of students by grade, program, year in university, and gender, the FITA students did not show statistically significant improvements over the comparison group. It is important to note, however, the FITA AW group obtained grades above 5.0 (on Carlton University's 12 point scale) that would allow them to continue in a 4 year program for most majors. The matched comparison group (i.e., non FITA) did not clear this hurdle and would have been required, for all majors, to drop down to a 3 year general program or be suspended.

2) Students who scored below the normal range on the SF-36 Mental Health Composite and who were also in academic jeopardy significantly (p<.00) improved grades (to meet 3 year B.A. requirements) when their earlier performance would not meet university degree standards) *and improved mental health scores* with a large effect size demonstrated. This double-jeopardy group made significant gains in all areas. (3) Students who scored below the average range on measures of mental health (but had otherwise adequate grades) showed significant improvements in well-being (+ 1 s.d.) to the extent that a moderate effect size resulted. This group of psychologically vulnerable students *did not show a decline in grades that would have been expected based on past research literature e.g., Eisenburg et al., (2009),* Hysenbegasi, et al., (2005).

Transitions from High School to University

We engaged in an outreach with high school guidance counsellors, resource and student success teachers in an effort to encourage referrals of students to FITA who may otherwise be vulnerable during the transition into post-secondary education. This outreach resulted in the admission of 24 first-year students into the FITA program. As with our 2013-2014 school year, all students completed the academic year with grades that met program requirements and none were on academic warning at the end of the year.

Evaluation results demonstrate the robustness of the FITA model over 4 academic years.

This program model has been offered with different supervisors and interns to different students across 3 separate departments in Carleton University since 2011. Over these years students have demonstrated:

- Significant improvements in major and overall grade point averages

- Improved study skills and increase in time spent on studies

- Improved mental health in students with below average mental health (SF-36) scores. The most severely distressed students assessed over the last 3 years made the greatest improvements.

- Successful support for incoming first year students seen as being vulnerable by their guidance counselors over the last 2 years as seen in all of these students meeting GPA requirements for 'good standing' at the end of their 1st year.

FITA Initiatives:

- Pilots of the FITA program will begin this fall at the University of Toronto (St. George) and Humber College. We are developing a shared information and support consortium.

- We completed the development of a manual entitled FITA Manual: Translating Institutional Mental Health Intention into Program Action and have distributed this manual both upon request and through the publication portals of the Canadian Association of Colleges and Universities Student Services (CACUSS) and the (Ontario) Centre for Innovation in Campus Mental Health

- Interest in developing FITA pilots has been demonstrated in colleges and universities within and outside of Ontario.

- We hope to make contributions to the academic literature with wider dissemination of FITA program findings. We are working in conjunction with Dr. Cynthia Bilodeau at St. Paul University to achieve this.

- Working Alliance Inventory scores were analysed and showed that (WAI-SF) 'bond' scores between coordinators and students predicted improved mental health while "task" agreement predicted grades.

Submitted June 30, 2015   Dr. John A. Meissner, C.Psych.

from the full report:

Conclusions

If the metaphor of the mental health crisis is similar to a battle, we know much about the soldiers and casualties, the ammunition, and the cost. Little has been said about the location for the first stage enactment of these struggles for emerging adults. We know the well-publicized research showing that 75% of disorders start between the ages of 16 to 24. We know that if we can intervene effectively at this time of heightened vulnerability, it is possible for people developing a disorder to successfully manage and improve with care and self-care. In Canada, the majority of these late adolescents and young adults attend college and university. This provides the possibility for post-secondary service providers to have a far-reaching impact over and above enhancing the learning and job prospects of our students.

The findings of this and previous FITA reports present the picture of a robust program that has replicated 4 years of grade improvements and mental health improvements (that we have measured in just the past 3 years). We feel confident about the scalability of the FITA program. We started with a pre-pilot to develop FITA with 30 students, moved to more than 100 students the following year, and over 200 students in each of the last two academic years. We will further investigate the scalability and transferability of this program with our sister institutions after the 2015-2016 academic year.

The demands of addressing issues regarding mental health on campus affects every college and university in North America. The FITA model demonstrates that we can begin to increase service capacity with a structure that is supported by professional supervision and can be run by paraprofessionals and emerging professionals. Discussion regarding the taxpayer born costs of physicians, registered psychologists, and psychiatrists must be broadened to support a group of paraprofessional and emerging professionals who can intervene to improve the lives of our students in a cost-effective manner.

References

Eisenberg, D., Golberstein, E., & Hunt, J.B. (2009) Mental health and academic success in college. The B.E. Journal of Economic Analysis & Policy, 9(1), Article 40.

Hysenbegasi, A., Hass, S.L., & Rowland, C.R. (2005) The Impact of Depression on the Academic Productivity of University Students. The Journal of Mental Health Policy and Economics, 8, 145-151

EXECUTIVE SUMMARY 2015–2016

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FROM INTENTION TO ACTION (FIT: Action)
September 2015 to April 2016
Executive Summary

John Meissner, Ph.D. C. Psych
Robert Konecki, M.Ed, CCC, RP

From Intention To Action (FIT: Action; FITA) is an intensive counselling program that was developed for students at Carleton University *who are at risk for academic failure and with distressed students who self-identify as overwhelmed*. FITA is currently on track to enter its sixth year of student support programming excellence after being successfully developed through Carleton's Paul Menton Centre for Students with Disabilities (PMC) and supported by the Carleton University Office of the Vice-President (Students and Enrollment). In addition to these supports, a two-year grant from the Ministry of Training Colleges and Universities (MTCU)[1] and a research extension from Mental Health Innovation Fund has helped us to assess the transferability and scalability of the FITA program model and expand this model to other colleges and universities.

FITA seeks to provide support for psychologically and academically overwhelmed students by improving their sense of stability, mental wellbeing and academic standing. Students are asked to commit to 12 consecutive weekly meetings with their assigned FITA coordinator, during which both academic and personal issues are addressed. Students are provided with an assessment battery consisting of psychological and learning-based tests that incorporate face-to-face and written feedback from a registered psychologist. FITA engages graduate level interns who have completed the first year of their program and are seeking practical counselling experience. Interns benefit from the guidance and wisdom of supervisors drawn from FITA's project and team leaders. This year we saw 219 students who averaged 11 meetings each for a total of 2795 hours of service; FITA students ranged from first year to graduate level with a 1:3 male to female ratio.

In the 2015–2016 academic year the FITA program effectively supported different student needs.

Significant overall improvements were seen in pre-post *mental health scores that predicted significantly improved grades* in a regression analysis. *The differential subgroups of FITA student were: (1) at* **academic risk** *with average mental health scores, (2) at* **academic risk** *with* **below average mental health** *scores, and (3) with* **below average mental health** *scores and not at risk of suspension*. Groups within FITA had a differential impact on achievement and Mental Health Composite scores that indicate that FITA met students' needs in relation to the specific needs of each of the 3 above groups.

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[1] Now the Ministry for Advanced Education and Skills Training

(1) Students with a good level of psychological well-being who were on Academic Warning (AW) or in the "No Decision" category (with grades that would trigger an academic warning) demonstrated significantly improved grades in a pre-post evaluation.

2) Students who scored below the normal range on the SF-36 Mental Health Composite and who were *also in academic jeopardy* significantly ($p < .0005$) improved grades (at a level allowing them to meet 3 year B.A. requirements when their earlier performance would not meet university degree standards) *and* **improved mental health** scores with a large effect size demonstrated. This double-jeopardy group made significant gains in all areas.

(3) Students who scored below the average range on measures of mental health (but had otherwise adequate grades) showed **significant** ($p < .0005$) **improvements in well-being** (+ 1 s.d.) to the extent that a moderate effect size resulted. This group of psychologically vulnerable students *did not show a decline* in grades that would have been expected based on past research literature e.g., Eisenburg et al., (2009)[2].

Pre-Post Health comparison (SF36) Mental Health Composite Scores were collected and paired t-test results showed strong, significant increases in MCS from pre-program to post-program ($t(88)=7.813$, $p < .0005$). At the post-program time-point, the average score increased by 9.60 points to 37.53, a score that falls in the low-average range of mental wellness. This change is supported by a large treatment effect size ($d = .92$).

How does this compare to non-FITA students?

This year, we recruited a comparison group using convenience sampling methods. Our team set up a table in the University Centre of Carleton University during the Fall exam period and solicited the participation of students in the area to completed the SF36 and provide their information for GPA and academic standing data collection from the Registrar's office. These students were offered a $5 campus card to complete the first administration of the SF36, and were offered a $10 campus card during the Winter exam period to return to complete the follow up administration. As expected, this comparison group fell on average within the "average" MCS range, and did not change in their scores over time ($t(51) =.539$, $p =.592$,). Comparing the two groups (Comparison vs FITA) using a mixed-ANOVA, there was a significant interaction over time between MCS scores and the grouping, indicating significant differences in variance between these two groups ($F(1,140) = 22.13$, $p > .0005$).

	Pre	Post
50		
45		
40		
30		
25		
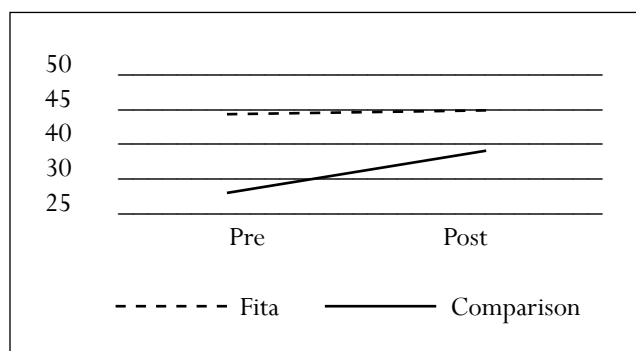
- - - - - Fita   ——— Comparison

FITA STUDENTS MENTAL HEALTH

IMPROVED SIGNIFICANTLY IN CONTRAST*

TO THE COMPARISON, WHO STAYED

IN THE AVERAGE RANGE WITH

NO SIGNIFICANT CHANGES** OVER TIME.

*$F(1,140) = 22.13$, p > .0005
** $t(51) =.539$, p =.592, d = .037

FITA and 7 year Retention-Graduation Rates:

In 2011-2012 the FITA program supported 115 students who were on academic warning. A review of 7 year graduation rates in 2012 showed that 45% of students who were admitted on warning and 55% of students on AW were able to graduate within a 7 year time frame. (i.e., almost half did not graduate). These graduation rates for all AW students had not changed in 2015. As of June 2016, the graduation rate for the 2011-2012 FITA cohort was at 68.69 percent, within a fraction of a point of

[2] Eisenberg, D., Golberstein, E., & Hunt, J. B. (2009). Mental health and academic success in college. The B.E. Journal of Economic Analysis & Policy, 9, Article 40, doi:10.2202/1935- 1682.2191

Carleton's overall 7 year graduation rate. One member of this cohort will graduate upon successful completion of a summer class. If this occurs the rate would creep up to 69.56 percent. Eight students in this cohort remain enrolled and are continuing to work to complete a degree. These results confirm that FITA students improve their odds of completing graduation reducing their 'at-risk' status with rates that place them in the university mainstream.

Evaluation results demonstrate the robustness of the FITA model over 5 academic years.

This program model has been offered with different supervisors and interns to different students across three separate departments in Carleton University since 2011. Over these years students have demonstrated:

- Significant improvements in GPA

- Improved study skills

- Improved mental health in students with below average mental health (SF-36) scores. The most severely distressed students assessed over the last 4 years made the greatest improvements

- Continuing success in supporting vulnerable incoming first year students referred by their guidance counselors over the last 3 years. All met GPA requirements for 'good standing' at the end of their 1st year.

FITA Initiatives:

- Pilots of the FITA program were initiated last fall at the University of Toronto (St. George) and Humber College and in 2016-17 will continue into their second year of offering FITA.

- Data from 1st year pilot programs at these schools indicate significant pre-post improvements in student mental health.

- We are developing a province wide information and support consortium for schools taking up the FITA model with community of practice meetings to take place annually.

- We are updating and expanding our manual entitled FITA Manual: Translating Institutional Mental Health Intention into Program Action and will distribute this manual upon request and through (Ontario) Centre for Innovation in Campus Mental Health.

- In the 2016-2017 academic year Brock University will begin a FITA pilot as we actively continue to seek partners for the 2017-2018 academic year.

- We have published an article on the FITA program over 2013-2015.

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Submitted July 25, 2016
Dr. John A. Meissner, C.Psych

Appendix XXXII

EXECUTIVE SUMMARY 2016–2017

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FROM INTENTION TO ACTION (FIT: Action)
2016–2017
Executive Summary

John Meissner, Ph.D. C. Psych
Robert Konecki, M.Ed, CCC, RP

This report details the program evaluation findings of Carleton's From Intention To Action (FIT: Action; FITA) program for the 2016-2017 academic year. FITA is an intensive counselling program that was developed for students at Carleton University *who are at risk for academic failure and with distressed students who self-identify as overwhelmed*. FITA is currently on track to enter its seventh year of student support programming excellence after being successfully developed through Carleton's Paul Menton Centre for Students with Disabilities (PMC) and supported by the Carleton University Office of the Vice-President (Students and Enrollment). In addition to these supports, a two-year grant from the Ontario Ministry of Advanced Education and Skills Development and a research extension from Mental Health Innovation Fund has helped us to assess the transferability of the FITA program model and expand this model to other colleges and universities.

FITA seeks to provide support for psychologically and academically overwhelmed students by improving their sense of stability, mental wellbeing and academic standing. Students are asked to commit to 12 consecutive weekly meetings with their assigned FITA coordinator, during which both academic and personal issues are addressed. Students are provided with an assessment battery consisting of psychological and learning-based tests that incorporate face-to-face and written feedback from a registered psychologist. FITA engages graduate level interns who have completed the first year of their program and are seeking practical counselling experience. Interns benefit from the guidance and wisdom of supervisors drawn from FITA's project and team leaders. Program results for mental health, academic functioning, and grade improvement closely follow a multi-year outcome pattern of success.

Over the 2016 − 2017 academic year the FITA program saw 284 students for an average of 10 sessions each and offered 3594 sessions that included intake, testing, and one-off sessions as well as regularly scheduled sessions. This level of service was significantly higher than in previous years.

Mental Health Findings:

Students self-identified as "overwhelmed" who scored within the clinical range on the OQ45.2 upon intake to the FITA program were compared with students whose scores fell within the normal range on this measure of psychological functioning. The results of this analysis showed that the scores of both groups decreased in a statistically significant way over time, although only the Distressed group had a clinically significant change. The

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changes of the Distressed group had a large effect size although these clients were still not within the normal range by the end of the academic year.

Group	Mean 1 ± SD	Mean 2 ± SD	Sample (n)	Mean diff.	T-score (t)	Sig. (p)	Effect size (d)
Distressed (≥64) (large)	89.52 ± 17.505	72.69 ± 24.166	172	-16.831	-10.615	<.0005	.80
Normal (<64) (small)	51.67 ± 9.924	47.09 ± 15.794	55	-4.582	-2.364	.022	.35

A smaller sample (n = 27) of distressed students completed pre-post measures on the BASC-III. Significant improvements were seen on the *Emotional Symptoms Index* and *Internalizing Index* with a large effect size indicating that students experiencing problems associated with depression and anxiety responded well to the FITA intervention.

Academic Functioning:

FITA interventions resulted in improved learning and study skills with significant (P<.000) improvements in study habits, a greater sense of integration, more academic confidence and a better match between student and program of study.

Academic Performance: Grades Changes for FITA Students:

STUDENTS ON ACADEMIC WARNING ACHIEVED REQUIREMENTS TO REMAIN IN 4 YEAR PROGRAMS (CGPA 5.0); OVERWHELMED AW STUDENTS SIGNIFICANTLY IMPROVED GRADES AND MET GENERAL (3 YEAR) PROGRAM REQUIREMENTS

As done previously, official grade data and Academic Performance Evaluation (APE) results were collected for FITA students at pre- and post-time points in the academic year. Specifically, we were concerned with the Cumulative GPA (CGPA), which falls upon a 12-point scale. Overall, FITA students made significant gains in their CGPAs). To better investigate these effects, our analysis was split into three subgroups:

- AR – Academic Risk (not meeting program requirements with average mental health)

- OW – Overwhelmed (meeting program requirements with poor mental health)

- AO – Academic risk and Overwhelmed (struggling with program requirements and mental health)

Paired samples t-tests indicated significant changes in both the AR and AO groups (of which required an improvement in grades to meet program requirements), but not within the OW group (which already met academic requirements). This is consistent with expectations. Results for CGPA are summarized in the following tables. (Improvements in Major GPA exceeded CGPA improvements).

CGPA	Pre	Post	Sig.	Effect Size	Effect category
ALL	6.05	6.30	yes	0.12	n.s.
AR	4.68	5.35	yes	0.49	Small-medium
OW	7.90	7.69	no		
AO	4.10	4.74	Yes	0.51	Medium

Though the grade improvements accomplished by students in the AR group showed a small to medium effect size, their improvements in CGPA put them in a category (5.0+) that allowed them to remain in their program at the honours (i.e., 4 year) level. If they had not done this they would have been asked to leave the program or possibly switch to a general, 3 year, level program.

Transferability: FITA pilots were also conducted at the University of Toronto (St. George) and Humber College in the 2016-2017 academic year in addition to Carleton University. We used the Outcome Questionnaire 45 (OQ.45) measure and were able to *obtain significant improvements in reducing psychological distress with a large effect size* on all 3 campuses. These results were similar to improvements seen in the previous year.

Evaluation results demonstrate the robustness of the FITA model over 6 academic years.

This program model has been offered with different supervisors and interns to different students across three separate departments in Carleton University since 2011. Groups have ranged in size from 33 to 115 to 280+ students at Carleton University demonstrating good scalability. Pilot studies over two years at the University of Toronto (St. George) and Humber college have replicated findings that show significant improvements in student mental health and learning and study skills. A review of Carleton FITA students on academic warning in 2011-2012 demonstrates significantly improved graduation rates (up 23%) compared with non-FITA students on academic warning.

These findings speak to the robustness of the FITA model that combines a professional assessment and supervision framework with service delivery offered through the efforts of emerging professionals completing required practicum internships. This model reflects a marriage between professional service provision and direct counselling support that exceeds a peer support model while providing a high quality yet cost-effective service.

FITA Initiatives:

- The FITA program continues at the University of Toronto (St. George) and Humber College and has started up this summer at Brock University.

- We are developing a province wide information and support consortium for schools taking up the FITA model to develop a community of practice.

- We have updated and expanded our manual entitled *FITA Manual: Translating Institutional Mental Health Intention into Program Action* which is available upon request and have published research on the FITA program.[1]

- We welcome inquiries from staff at any institution that wishes to pilot the FITA program

Submitted June 30, 2017

Dr. John A. Meissner, C.Psych
(john.meissner@carleton.ca)

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[1] Bilodeau, C. & Meissner, J. (2016). The effects of a combined academic and personal counselling initiative for post-secondary student retention. Canadian Journal of School Psychology. doi: 10.1177/0829573516644554

fitA
from intention to Action

The Effects of a Combined Academic and Personal Counselling Initiative for Post-Secondary Student Retention

Cynthia Bilodeau[1] and John Meissner[2]

Abstract

This study investigated the effectiveness of a combined academic and personal counselling initiative on student performance and emotional well-being outcomes of 289 at-risk students at a Canadian University. Criterion for risk included academic struggles, mental health distress, or both. The program was developed to be tailored to individual needs, and students participated in weekly counselling sessions over the course of 1 academic year. Results showed significant overall increases in student grade point average (GPA), academic functioning, and mental health well-being, demonstrating the program's effectiveness in addressing the differential needs of students. Implications of the results are discussed.

Keywords
academic counselling, student mental health, retention, academic functioning

Persistently, high drop-out rates in North American universities have kept student retention efforts at the forefront of stakeholder priorities for decades (Bettinger, Boatman, & Long, 2013; DeBerard, Spielmans, & Julka, 2004; Gerdes & Mallinckrodt, 1994; Lau, 2003; Porter, 1990). In Canada, estimates of post-secondary student drop-out rates are at 21% (Shaienks, Gluszynski, & Bayard, 2008). These high rates have important implications for individuals, universities, and for society as a whole. Research indicates that college graduates contribute more financially and consume

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fewer public services than non-college graduates (Mortenson, 1997; Tinto, 2004). Furthermore, researchers have highlighted the high cost of attending college as well as the high cost of recruitment and potential financial losses for institutions, making successful completion of post-secondary education an important preoccupation for students, parents, educators, administrators, and legislators alike (Araque, Roldán, & Salguero, 2009; DeBerard et al., 2004; Dobele, Gangemi, Kopanidis, & Thomas, 2013; Lau, 2003).

Despite all of these consequences, however, high drop-out rates continue to persist (Bettinger et al., 2013; Kirby & Sharpe, 2001; Porter, 1990), and researchers are calling for further research into developing strategies for retaining students once they have enrolled in post-secondary institutions (Clark & Halpern, 1993; DeBerard et al., 2004).

Factors Related to Student Retention

Theoretical models in the field of student retention have identified the importance of individual factors, coupled with social and academic integration as key ingredients to student performance and retention (Astin, 1993; Bean & Eaton, 2000; Parker, Summerfeldt, Hogan, & Majeski, 2004; Tinto, 1993). It is the complex interplay of both pre-entry characteristics and post-entry experiences that are thought to influence student successful completion of post-secondary education (Finnie, Childs, & Qui, 2010).

Individual factors related to pre-entry characteristics such as age, gender, socioeconomic status, and high school grade point average (GPA) have been found to be associated to student post-secondary retention. Indeed, students who are younger (Araque et al., 2009; Glynn, Sauer, & Miller, 2005), who are female (Glynn et al., 2005; Mills, Heyworth, Rosenwax, Carr, & Rosenberg, 2009), who enter with higher high school GPAs (DeBerard et al., 2004), and whose parents have higher socioeconomic status and education (Araque et al., 2009; Glynn et al., 2005) have been found to be more likely to persist in their post-secondary education. Conversely, students who come from single parent households with poorer family functioning have been found at greater risk of dropping out (Pidcock, Fischer, & Munsch, 2001).

Individual factors related to emotional and social competencies have also been linked to post-secondary persistence after the first year of university. In a study of students transitioning from high school into university, Parker, Hogan, Estabrook, Oke, and Wood (2006) found that students with higher scores on adaptability, stress management, and interpersonal abilities were more likely to persist through their first year of university. These findings align with previous research reporting significantly higher scores of emotional intelligence and social competence for academically successful versus unsuccessful students after their first year of university (Parker, Austin, Hogan, Wood, & Bond, 2005; Parker et al., 2004).

Furthermore, research on individual coping styles and resourcefulness found that individuals who coped with university stress in an active and social way were more likely to stay enrolled (Shields, 2001), while students who felt overwhelmed (Glogowska, Young, & Lockyer, 2007) or had poor coping strategies (Shields, 2001) were at greater risk of dropping out.

There is also growing body of evidence linking student mental health to academic performance and retention (American College Health Association, 2008; Araque et al., 2009; Beiter et al., 2015; Eisenberg, Golberstein, & Hunt, 2009; Stewart, Moffat, Travers, & Cummins, 2015; Turner & Berry, 2000). Indeed, there is a well-documented and significant increase in the number of university and college students suffering from psychological problems (Beiter et al., 2015; Stewart et al., 2015). More specifically, research suggests that more than a third of university and college students are psychologically distressed, with less than a third of this group receiving any form of counselling (American College Health Association, 2008; Eisenberg, Gollust, Golberstein, & Hefner, 2007; Harrar, Affsprung, & Long, 2010). Anxiety and depression are among the most prevalent afflictions plaguing university students (Beiter et al., 2015; Eisenberg, Hunt, & Speer, 2012), and several studies have linked these directly to academic performance and student attrition (Beiter et al., 2015; DeBerard et al., 2004; Eisenberg et al., 2009; Gerdes & Mallinckrodt, 1994; Kumaraswamy, 2013). Although difficulties with mental health can presumably stem from or are augmented by the localized stress of academic pressure to succeed and/or lack of appropriate emotional or coping mechanisms (Kumaraswamy, 2013; Misra & McKean, 2000), it has also been noted that the late onset nature of these disorders coincides with the typical age of entry (late adolescence or early adulthood) into college and university (Eisenberg et al., 2009; Kessler et al., 2005), suggesting this may be a variable worth attending to in programs aimed at student retention.

Individual factors are thought to affect student goal commitment and achievement motivation (Tinto, 1993), which have in turn been linked to post-entry academic and social integration and success rates (Araque et al., 2009; Simon, Aulls, Dedic, Hubbard, & Hall, 2015). Specifically, academic integration markers such as low GPAs and weak academic strategies have been linked to risk of dropping out (Araque et al., 2009; Glynn et al., 2005). Similarly, academic strategies related to executive functioning skills such as time management and organization have been linked to academic success in student self-reports (Stelnicki, Nordstokke, & Saklofske, 2015). Furthermore, research has established clear evidence of a positive relationship between academic performance and retention (DeBerard et al., 2004; Kirby & Sharpe, 2001; McGrath & Braunstein, 1997; Ryland, Riordan, & Brack, 1994). Empirical research into social integration factors has also provided evidence for the importance of social integration for student retention. Specifically, research has linked support from faculty members and fellow students to academic persistence (Baker & Robnett, 2012; Christie, Munro, & Fisher, 2004; Glogowska et al., 2007; Shelton, 2003) and has also linked student use of campus support services to higher rates of academic persistence from first year to second year of post-secondary studies (Mills et al., 2009).

The literature on factors influencing post-secondary retention highlights a multitude of variables that seemingly influence student decisions to persist in their post-secondary studies. Although some research focuses on student ability to integrate academically, others focus on the importance of social support or individual attributes. Out of this body of research on student retention has grown a surge of initiatives aimed at increasing student retention and subsequent graduation. These have mostly taken

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specific focuses such as mentoring, academic advising, academic support initiatives, and orientation programs (Dobele et al., 2013; Gaughf, Foster, & Williams, 2014; McEvoy, 2012; Saltiel, 2011). Although these initiatives have been found to be somewhat effective in retaining students, their narrow focuses have allowed for only small proportions of outcome variance to be accounted for.

The complex interplay of social, individual, and academic variables leading to student retention highlights the need for colleges and universities to be innovative in their attempts to develop programs that will meet the various needs of students. The literature suggests that there is a wide range of factors that may influence student retention. This suggests that it may be worthwhile for intervention programs to aim a wide spectrum of intervention variables to meet the differential needs of their students. In response to this, the program *From Intention to Action* (FITA) was developed and piloted at a Canadian university. It aims to help a broad spectrum of vulnerable students bring more stability to their lives as they grapple with life issues and with issues related to integrating into college and university. Although some students succeed in spite of these challenges, many of them require extra support to successfully navigate their experiences in post-secondary studies.

FITA: A Two-Pronged Approach to Increasing Student Retention

The FITA program is a comprehensive and cost-effective approach utilizing graduate students who have completed a year of post-graduate study in counselling to provide a combination of personal and academic counselling to students. The program, which is available at no charge, services vulnerable students who can self-refer and shortly thereafter receive an intake appointment following an email or telephone request.

FITA uses an integrative, eclectic intervention model that, when necessary, combines a more directive advising role within a traditional collaborative counselling model. Along with personal counselling, participants can also be provided with support in implementing learning strategies, coping skills, and healthy lifestyle habits. FITA uses a 12-session model designed as an "intrusive intervention," which has been found particularly effective in increasing retention and academic performance of at-risk students (Abelman & Molina, 2002; Schwebel, Walburn, Jacobsen, Jerrolds, & Klyce, 2008). Intrusive interventions involve individualized attention and personalized accommodation grounded in a preventive approach and relying on regular one-on-one collaborative sessions. Emphasis is placed on student engagement over time and on accountability. Counselling plans are developed for each student based on individual assessments of student strengths and challenges (Abelman & Molina, 2002; Desjardins & Jie, 2002; Heisserer & Parette, 2002).

FITA has its roots in an academic support program for students with disabilities (Learning Opportunities Task Force Program [LOTF], Ontario, Ministry of Training, Colleges, and Universities), which evidenced its effectiveness by significantly lower failure and drop-out rates compared with the national average (Harrison, Areepattamannil,

& Freeman, 2012). This demonstrated that the latent academic potential of students with learning disabilities could be manifested with a relatively small investment (McCloskey, 2011). Key elements from the LOTF program were incorporated into the development of the FITA program. These included (a) an emphasis on the central role of a coordinator providing a therapeutic alliance that gave students confidence in receiving support from a "go to" person, (b) commitment on the students' part to engage in the intervention process, (c) an assessment component at intake to identify students' strengths, weaknesses, and goals, creating greater student self-awareness and direction, and (d) careful course and program advising support to ensure that students had a road map to graduation. The success of the LOTF program in boosting achievement and graduation rates at relatively low cost with historically vulnerable students raised the question of whether a similar model might be developed for students facing challenges who did not qualify for services from a disability service office.

The FITA Process

FITA participants are self-referred students who are either at *Academic Risk* (AR) in that they fall generally below or within 1 point above the GPA requirement of 5.0 for a 4-year degree but are not significantly distressed; identify as being *overwhelmed* (OW), that is, not at academic risk but experiencing significant distress that is self-reported or based on below-average range scores on the Short-Form Health Survey–36 (SF-36) Mental Health Composite; or both at risk and overwhelmed (AO). Prior to being admitted to FITA, potential students are invited to take part in a 1-hr intake interview with the FITA team leader, where they are screened for eligibility and commitment. To be deemed eligible, students must express commitment to attending FITA sessions and are screened to see whether another resource is more appropriate. For example, students can be referred to Health and Counselling Services or to the Centre for Students With Disabilities. If deemed eligible for FITA, students can then apply to the program and are invited to complete a more comprehensive assessment session composed of screening and academic performance instruments as well as a personality measure and socio-demographic questionnaires. Students are assigned a counsellor at intake and begin their minimum 12-session counselling program. All students attend a 1-hr feedback session with FITA's registered psychologist to review their assessments and participate in developing related initial goals for their counselling. Student goals include academic-related goals (e.g., increasing grades, study skills habits, time management, course management) and/or personal well-being goals (e.g., issues related to mood, relationships, family, motivation, and personal goal clarification). The counsellors who work with the majority of FITA students are unpaid graduate-level counselling interns taking part in a two-term practicum placement to meet their graduate program requirements. The involvement of interns contributes to the cost-effectiveness of the FITA program and provides essential supervised clinical experiences required to earn a graduate degree in counselling.

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Research Objectives

The primary objective of this study was to examine the overall effects of the FITA program on student retention in a broad spectrum of at-risk students through the effects of academic performance and mental health well-being. Academic performance and mental health well-being have both been linked to student retention and were therefore used as primary outcome measures. Given that the nature and severity of problems could influence outcomes, we examined differences between the three types of students who made up the FITA sample: OW, AR, and AO. As the objective of the FITA program is to service a wide spectrum of at-risk students, we hypothesized that the following results would demonstrate positive intervention effects:

1. The OW group would show a significant increase in mental health well-being.
2. The AR group would show a significant increase in academic performance and academic habits.
3. The AO group would show significantly increase in academic performance, academic habits, and mental health well-being.

Method

Study Design

This study is designed as a single-group pre–post intervention with data collected at baseline and at post intervention over the course of 2 academic years (Year 1: 2013-2014; Year 2: 2014-2015).

Participants

All participants were university students (with the very large majority enrolled as undergraduates) who were either in the AR, OW, or AO categories. All participants underwent a pre-entry screening interview (described above) prior to being admitted to the program and a comprehensive assessment. Participants came from a variety of different programs in the sciences, social sciences, arts, and law. In the 2 years covering this study, 76.1% of students who were interviewed were admitted to FITA and 17.5% of the students admitted chose not to participate. The remaining 23.9% were referred elsewhere.

Counsellors. The 20 counsellors (18 women and 2 men) were mostly master's level counselling interns completing their internships at the FITA program. Five of the 20 counsellors were recent graduates who had completed their internships at FITA but were now staff. The counsellors ranged in age from 23 to 55 years with a mean age of 28.8 years. Interns took part in FITA over two consecutive semesters working 3 days a week.

Data Sources and Measures

Demographic data. Baseline demographic information was obtained during the intake interview. Data concerning age, sex, and international student status were gathered.

Academic performance. Overall, GPA data were gathered with the cooperation of the university's Registrar's Office. Data have been gathered from two time periods for each academic year: September 2013 and 2014 (pre-program) and June 2014 and 2015 (post program). The grading system at the university is framed on a 12-point scale. To graduate, students must meet major GPA requirements that vary by department and a minimal overall GPA of 5.0 for a 4-year degree.

Academic habits. The Academic Functioning Questionnaire–Revised (AFQ-R; Bilodeau, 2015) is a revised measure of the AFQ measure developed by Thompson (2011) and designed to examine the factors associated with the likelihood of remaining enrolled in a post-secondary institution. The AFQ originally included 32 questions measuring seven factors related to academic retention: study habits, academic resource use, social supports, motivation, self-efficacy beliefs, expectations, and goodness of fit. The seven identified factors were developed following a systematic literature review on factors related to post-secondary retentions. The seven factors formed the table of specifications for item development. These factors were later revised and grouped into four factors: study habits, integration (use of social and academic resources), academic self-esteem (motivation and self-efficacy), and fit (how well students felt they fit in at school). Items were reviewed by content experts following this regrouping, and four items were dropped. The latest version of the AFQ was named the revised version (AFQ-R) and is made up of 28 Likert-type scale questions on a scale of 1 to 5 with 1 representing *strongly disagree* and 5 representing *strongly agree*. Our data using the questionnaire suggest a high level of internal consistency, with alpha coefficients ranging from .79 to .84 for overall measure and a good to acceptable level of internal consistency for the individual scales ranging from .60 to .85.

Mental health well-being. Mental health was assessed via the 18-item SF-36, which is a composite score of the 36-item SF-36. It is broken down into the Mental Health Composite Summary (MCS) scale and the Physical Health Composite Summary (PCS) scale (J. E. Ware, Snow, Kosinski, & Gandek, 2000). The SF-36 assesses general subjective dimensions of physical and mental-health-related quality of life. The MCS scale assesses general mood, dysphoria, mood-related physical dysfunction, and social function. For criterion-based interpretation of scores, average scores of 50 with *SD* of 10 can be considered falling in the normal range with higher scores indicating increased quality of life. Research has supported the use of the SF-36 MCS as an effective screening tool for identifying depressive symptoms in youth (Kristjánsdóttir, Olsson, Sundelin, & Naessen, 2011). High internal consistency reliability for the MCS has been reported at .84 (E. W. Ware & Gandek, 1994). Evidence of construct validity has also been established through significant correlations with psychiatric and chronic disease samples (E. W. Ware & Gandek, 1994).

Procedure

The study was evaluated and approved by the university's Research Ethics Board, and informed consent procedures were used for all participants in this study. Participating students completed the following measures prior to or during their first session: (a) consent to participate in counselling, (b) consent to participate in research, (c) SF-36, and (d) AFQ-R. The SF-36 and AFQ-R, as well as the exit interview, were conducted within a week following each student's last session. Other instruments were also administered during the assessment, but have little scientific overlap with the constructs investigated in this study. All counsellor interns participated in various orientation, training, and development sessions throughout the first several weeks of the semester, with an emphasis on the importance of a strong working alliance. The training also aimed the development of skills related to goal setting, assessment, and access to a range of intervention resources.

Analysis

Data were analyzed with SPSS Version 23. Only the participants for whom we had pre and post data were included in each of the analyses. Preliminary independent samples *t* test analyses were conducted to investigate differences between pre and post GPA, academic functioning, and mental health scores for each of the pilot years. Initial *t* test analyses demonstrated similar outcomes for both years in the study, and the data were therefore pooled. The primary objective of the study was to examine the effects of FITA on the outcome variables and to determine associations between risk group and outcome measures.

To address this, a series of repeated-measures ANOVAs with between-participants factors were conducted. The independent variable was time (pre–post FITA participation), and the dependent variables were the outcome measures (GPA, AFQ-R, SF-36). Pre and post measures of the outcome variables were therefore included as repeated factors, and significant effects of time were interpreted as intervention effects. The Group variable was included as a between-participants factor. As our sample demonstrated a high percentage of women participants and given the research implicating sex in retention, we also included sex as a between-participants factor in the model. Both Time × Group interaction and Time × Sex interaction were evaluated. Effect sizes (eta squared; η^2) were calculated to examine the magnitude of intervention effects and group interactions. The assumptions of repeated-measures ANOVA were evaluated, and the pooled data revealed that pre and post scores for SF-36 as well as for AFQ study habits and AFQ fit were skewed, and analysis was performed on both untransformed and logarithmically transformed data. As the analysis revealed comparable findings, untransformed results are reported herein. Significant interactions for groups resulted in three subsequent *t* test analyses to determine individual group effects. To correct for multiple comparisons, we used Bonferroni-corrected alpha equal to 0.05/3. Accordingly, to be interpreted as statistically significant, $p \leq .016$ was required. In addition, effect sizes (Cohen's *d*) were calculated to determine the magnitude of the difference.

Results

Sample Characteristics

Participants were 289 (203 females and 86 males) university students who met the inclusion criteria had an average age of 21.18 (SD = 3.5) years and participated in a mean of 11.7 (SD = 5.4) sessions. A total of 12 (5.8%) students identified as international students.

Main Effects

Pre and post mean and SDs for GPA, Academic functioning, and mental health well-being can be found in Table 1, and detailed results of ANOVAs can be found in Table 2.

Academic performance. Repeated-measures ANOVA determined that mean overall GPA scores differed statistically between pre and post measures $F(1, 200)$ = 39.18, p < .001, η^2 = .14. Analysis of the means showed that these results were characterized by increases in overall GPA between pre and post-test. The analysis also revealed a significant Time × Group interaction, $F(2, 200)$ = 17.90, p < .001, η^2 = .13. Subsequent paired samples t test analyses revealed significant increases in mean GPA for the AR group, $t(50)$ = 6.19, p < .001, d = 0.87, and for the AO group $t(64)$ = 4.77, p < .001, d = 0.59, but not for the OW group, $t(87)$ = 0.94, p = .35, d = 0.09. More specifically, 13 students in the AR group and 15 students from the AO group went from below the minimum 5.0 GPA for a 4-year degree to above 5.0. This represents a percentage rate of 24 for the AR group and 22 for the AO group.

Academic habits. Repeated-measures ANOVA determined that mean scores for AFQ-R total, $F(1, 172)$ = 53.66, p < .001, η^2 = .24; AFQ-R self-esteem, $F(1, 181)$ = 11.22, p = .001, η^2 = .06; AFQ-R integration, $F(1, 180)$ = 91.00, p < .001, η^2 = .33; and AFQ-R study habits, $F(1, 179)$ = 62.24, p < .001, η^2 = .25, differed statistically between pre and post measures. Analysis of the means showed that these results were characterized by increases in all of these subscales between pre and post-test. Furthermore, a significant Time × Group interaction, $F(2, 179)$ = 3.76, p < .003, η^2 = .03, was found for the AFQ-R Study scale. Subsequent paired samples t test analyses revealed significant increases in mean GPA for the AFQ-R study habits on all three groups AR, $t(37)$ = 4.51, p < .001, d = 0.75; OW, $t(97)$ = 4.36, p < .001, d = 0.44; and OA, $t(49)$ = 5.82, p < .001, d = 0.83. No significant results were found for the AFQ-R Fit subscale.

Mental health well-being. Repeated-measures ANOVA determined that mean SF-36 MCS scores differed statistically between pre and post measures, $F(1, 203)$ = 17.32, p < .001, η^2 = .07. Analysis of the means revealed that these results were characterized by increases in mental health scores pre and post FITA. The analysis also revealed a significant Time × Group interaction, $F(2, 203)$ = 14.71, p < .001, η^2 = .12. Subsequent paired samples t test analyses revealed significant increases in SF-26 MCS scores for

Table 1. Mean (±*SD*) Scores for GPA, Academic Functioning, and Mental Health Pre and Post Intervention.

	N	Pre (*SD*)	Post (*SD*)
GPA			
AR	51	4.14 (1.37)	4.95 (1.44)
OW	88	7.92 (1.41)	7.83 (1.34)
AO	65	3.82 (1.55)	4.38 (1.54)
AFQ-R Total			
AR	35	3.25 (0.39)	3.50 (0.47)
OW	96	3.13 (0.41)	3.40 (0.43)
AO	45	2.89 (0.35)	3.16 (0.44)
AFQ-R Study habits			
AR	37	2.16 (0.70)	2.75 (0.78)
OW	97	2.07 (0.74)	2.37 (0.78)
AO	49	1.80 (0.72)	2.39 (0.77)
AFQ-R Self-Esteem			
AR	37	3.63 (0.45)	3.70 (0.45)
OW	99	3.49 (0.51)	3.72 (0.50)
AO	49	3.34 (0.42)	3.46 (0.50)
AFQ-R Integration			
AR	37	2.87 (0.63)	3.36 (0.67)
OW	99	2.85 (0.57)	3.24 (0.60)
AO	48	2.41 (0.59)	2.99 (0.63)
AFQ-R Fit			
AR	35	4.08 (0.76)	4.10 (0.59)
OW	98	3.85 (0.82)	4.00 (0.70)
AO	49	3.78 (0.90)	3.81 (0.97)
SF-36 (MCS)			
AR	41	50.07 (5.81)	49.55 (8.41)
OW	106	30.72 (12.65)	36.55 (11.40)
AO	60	28.17 (7.66)	36.32 (10.11)

Note. GPA = grade point average; AR = academic risk; OW = overwhelmed; AO = academic risk and overwhlemed; AFQ-R = Academic Functioning Questionnaire–Revised; SF-36 = Short-Form Health Survey–36; MCS = Mental Health Composite Summary.

the OW, $t(105) = 5.41$, $p < .001$, $d = 0.53$; and the OA group, $t(59) = 5.91$, $p < .001$, $d = 0.76$; but increases for the AR group were not significant after adjusting for Bonferroni correction, $t(40) = 2.09$, $p = .04$, $d = 0.33$.

Discussion

Strategies for increasing student retention are among the most pressing needs facing universities. We predicted changes based on the differential needs of the student

Table 2. Within-Participants Contrasts of Repeated-Measures ANOVAs.

	Df	F value	p value	η²
Within-participants				
GPA	1	39.18	<.001	.14 (large)
AFQ-R total	1	53.66	<.001	.24 (large)
Study habits	1	62.24	<.001	.25 (Large)
Self-esteem	1	11.22	.001	.06 (medium)
Integration	1	91.00	<.001	.33 (Large)
Fit	1	2.18	.14	.01
SF-36 MCS	1	17.32	<.001	.07 (medium)
Within × Between groups				
GPA	2	17.90	<.001	.13 (medium)
AFQ-R total	2	0.03	.97	.00
Study habits	2	3.76	.03	.03 (small)
Self-esteem	2	1.88	.16	.02
Integration	2	1.81	.17	.01
Fit	2	0.80	.45	.01
SF-36 MCS	2	14.71	<.001	.12 (medium)
Within × Gender				
GPA	1	0.85	.36	.00
AFQ-R total	1	0.01	.93	.00
Study habits	1	0.13	.71	.00
Self-esteem	1	0.20	.65	.00
Integration	1	0.07	.79	.00
Fit	1	1.20	.27	.01
SF-36 MCS	1	0.08	.78	.00

Note. Differences are considered significant at $p \leq .05$. ANOVA = analysis of variance; GPA = grade point average; AFQ-R = Academic Functioning Questionnaire–Revised; SF-36 = Short-Form Health Survey–36; MCS = Mental Health Composite Summary.

groups. Our results confirm all three of our hypotheses, suggesting that a single service broad spectrum program such as FITA may be a viable approach to assisting a variety of vulnerable students in addressing their differential needs. These results provide further support for previous findings that college intervention programs can be effective mechanisms for increasing academic performance and retention (Pan, Guo, Alikonis, & Bai, 2008) and support theoretical models that implicate academic and social integration as well as mental health well-being as important factors influencing student attrition rates (Astin, 1993; Bean & Eaton, 2002; Parker et al., 2004; Tinto, 1996).

In terms of academic performance, both of the groups having an academic risk factor were found to increase significantly in overall GPA. For these groups, the practical implications of this suggest that almost one quarter of the students making up these two groups were able to increase their GPAs from below the minimal 5.0 to above 5.0,

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allowing them the strong prospect of graduating with a 4-year degree. As for the OW group, they met university requirements for graduation prior to taking part in FITA, and no significant pre–post changes in grades were observed nor were they required.

Our findings that the total score of academic functioning and more specifically, the subscales of Academic Self-esteem, Integration, and Study Habits significantly increased across all groups suggest that participation in the FITA program had positive effects across groups on students' academic habits. Although the effect sizes range from medium to large, observation of the means suggest that these increases are quite small, and it is possible that results could be influenced by measurement error inherent in measures using Likert-type scales. Further research with other groups of students and in other universities is needed to establish whether these results can be replicated, whether they are a direct cause of FITA interventions, and whether they can be maintained over time.

Also aligned with our hypotheses, we found that both groups with the mental health risk factors significantly improved in terms of their mental health well-being. Although it is notable that the OA group showed significant increases on both academic and mental health well-being outcomes, it is unclear whether these increases are due to a possible direct focus on mental health counselling, as a side effect of the increased academic performance, or simply a side effect of engaging in a quality relationship with a university employee. Further investigation into the nature of this increase would shed important light on the possible fundamental needs of post-secondary students across the board.

Our sample was composed of more than twice as many women than male participants. This aligns with previous findings that women typically make up the larger proportion of service users (Cockerham, 1997). However, due to previously reported sex differences to treatment response in psychotherapy settings (Kornstein, 1997) as well as research that has found gender to influence academic persistence (Glynn et al., 2005; Mills et al., 2009), we expected to find significant gender interactions in our sample. Our results, however, did not find sex to interact with any of our outcomes. One explanation to this finding may lie in the combined academic and personal counselling elements in FITA's approach. Previous research has suggested that problem-solving approaches may be a means of increasing men's commitment to counselling (Crisp et al., 2000). It is possible that the FITA program's focus on both personal counselling interventions as well as concrete problem-solving approaches to academic struggles may have affected our outcomes, and further research is necessary.

The outcomes of this study may have also been influenced by the fact that students are required to demonstrate commitment to the program before entering. In light of previous research on student academic integration linking motivation, goal commitment, persistence, and academic strategies to student performance and retention (Pascarella & Chapman, 1983; Simon et al., 2015; Stelnicki et al., 2015; Tinto, 1996), it is possible that the required commitment from students keeping them accountable to their goals is an important ingredient to the program outcomes. This aligns with previous research on individual coping styles and resourcefulness that found individuals who coped with university stress in an active and social way were more likely to stay enrolled (Shields, 2001), while students who had poor coping strategies were at greater risk of dropping out (Shields, 2001). FITA's individualized approach to student counselling may also play a

key role. Previous research has found individualized and personalized accommodations to be particularly effective with at-risk students (Abelman & Molina, 2002; Schwebel et al., 2008). Individualized counselling plans based on individual assessment of student strengths and challenges and the establishment of realistic objectives may serve as motivating factors for students and facilitate their commitment to the program.

Furthermore, research on student social integration has found that the absence of a quality relationship with a university employee is an important risk factor for attrition (Heisserer & Parette, 2002), and positive correlations between engaging in counselling sessions and retention have been reported (Bishop & Brenneman, 1986; Wilson, Mason, & Ewing, 1997). The FITA program is designed to provide students with a consistent alliance-based relationship with a university counsellor, which may serve to strengthen the social integration of at-risk students.

Overall, these findings suggest that the FITA program and its accessible, flexible, and individualized approach to student struggles may be a promising approach to assisting students at risk of dropping out. It is possible that programs aimed at retaining students may benefit from taking a broader, holistic, and more integrative approach to assisting students who are struggling to adapt to school. Further research is needed to investigate whether our observed impacts are due to the mechanisms of social support, academic support, mental health support, or a combination of all three.

This study is limited in that significant increases in academic performance, academic functioning, and mental health cannot be unambiguously attributed to the FITA program because of threats to internal validity inherent in single-group designs; however, these data do suggest that an integrative counselling approach can have positive effects on both academic performance and mental health of students, presumably affecting retention.

Another limitation is that this program was offered at a single Canadian University, and it is not known whether similar results would be obtained at another institution. Further research comparing findings from different institutions and populations with those in the present study to look for common effects and/or differences in improving grades and mental health would be necessary to understanding the effects and examining the transferability of the program.

Authors' Note

For correspondence regarding the FITA program or for a copy of the FITA Manual: Translating Institutional Mental Health Intention Into Program Action.

Declaration of Conflicting Interests

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References

Abelman, R., & Molina, A. (2002). Style over substance reconsidered: Intrusive intervention and at-risk students with learning disabilities. *NACADA Journal*, *22*(2), 66-77. doi:10.12930/0271-9517-22.2.66

American College Health Association. (2008). National College Health Assessment Spring 2007 Reference group data report (abridged). *Journal of American College Health*, *56*, 469-479. Retrieved from http://www.acha-ncha.org/docs/JACH%20January%202007%20 SP%2006%20Ref%20Grp.pdf

Araque, F., Roldán, C., & Salguero, A. (2009). Factors influencing university drop out rates. *Computers & Education*, *53*, 563-574. doi:10.1016/j.compedu.2009.03.013

Astin, A. W. (1993). *What matters in college: Four critical years revisited*. San Francisco, CA: Jossey-Bass.

Baker, C. N., & Robnett, B. (2012). Race, social support and college student retention: A case study. *Journal of College Student Development*, *53*, 325-335. doi:10.1353/csd.2012.0025

Bean, J., & Eaton, S. B. (2000). A psychological model of college student retention. In J. M. Braxton (Ed.), *Reworking the student departure puzzle* (pp. 48-61). Nashville, TN: Vanderbilt University Press.

Bean, J., & Eaton, S. B. (2002). The psychology underlying successful retention practices. *Journal of College Student Retention: Research, Theory & Practice*, *3*, 73-89. doi:10.2190/6R55-4B30-28XG-L8U0

Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2015). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *Journal of Affective Disorders*, *173*, 90-96. doi:10.1016/j.jad.2014.10.054

Bettinger, E. P., Boatman, A., & Long, B. T. (2013). Student supports: Developmental education and other academic programs. *The Future of Children*, *23*(1), 93-115. doi:10.1353/ foc.2013.0003

Bilodeau, C. (2015). *Academic functioning questionnaire-revised* (Unpublished instrument). Carleton University, From Intention to Action, Ottawa, ON.

Bishop, J. B., & Brenneman, K. A. (1986). An initial assessment of a counseling center's role in retention. *Journal of College Student Personnel*, *27*, 461-462.

Christie, H., Munro, M., & Fisher, T. (2004). Leaving university early: Exploring the differences between continuing and non-continuing students. *Studies in Higher Education*, *29*, 617-636. doi:10.1080/0307507042000261580

Clark, J. M., & Halpern, D. E. (1993). The million dollar question: Can an intensive learning experience help lowest-quartile students succeed in college? *Journal of Instructional Psychology*, *20*(1), 29-39. Retrieved from http://www.projectinnovation.biz/jip.html

Cockerham, W. C. (1997). Lifestyles, social class, demographic characteristics and health behavior. In D. S. Gochman (Ed.), *Handbook of health behavior research* (pp. 253-265). New York, NY: Plenum.

Crisp, B. R., Thomas, S. A., Jackson, A. C., Thomason, N., Smith, S., Borrell, J., . . . Holt, T. A. (2000). Sex differences in the treatment needs and outcomes of problem gamblers. *Research on Social Work Practice*, *10*, 229-242. Retrieved from http://rsw.sagepub.com/ content/10/2/229.full.pdf+html

DeBerard, M. S., Spielmans, G. I., & Julka, D. L. (2004). Predictors of academic achievement and retention among college freshmen: A longitudinal study. *College Student Journal*, *38*(1), 66-80. Retrieved from https://www.questia.com/library/p1917/college-student-journal

Desjardins, S. L., & Jie, W. (2002). An analytic model to assist academic advisors. *NACADA Journal*, *22*(1), 32-44. doi:10.12930/0271-9517-22.1.32

Dobele, A. R., Gangemi, M., Kopanidis, F., & Thomas, S. (2013). At risk policy and early intervention programmes for underperforming students: Ensuring success? *Education & Training*, *55*, 69-82. doi:10.1108/00400911311295022

Eisenberg, D., Golberstein, E., & Hunt, J. B. (2009). Mental health and academic success in college. *The B.E. Journal of Economic Analysis & Policy, 9*, Article 40. doi:10.2202/1935-1682.2191

Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007). Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry*, *77*, 534-542. doi:10.1037/0002-9432.77.4.534

Eisenberg, D., Hunt, J., & Speer, N. (2012). Help seeking for mental health on college campuses: Review of evidence and next steps for research and practice. *Harvard Review of Psychiatry*, *20*, 222-232. doi:10.3109/10673229.2012.712839

Finnie, R., Childs, S., & Qui, T. (2010). *Patterns of persistence in postsecondary education: New evidence for Ontario*. Retrieved from http://www.heqco.ca/SiteCollectionDocuments/Persistence%20ENG.pdf

Gaughf, N. W., Foster, P. S., & Williams, D. A. (2014). Student-reported satisfaction with academic enhancement services at an academic health science center. *Education for Health*, *27*, 208-212. doi:10.4103/1357-6283.143773

Gerdes, H., & Mallinckrodt, B. (1994). Emotional, social, and academic adjustment of college students: A longitudinal study of retention. *Journal of Counseling & Development*, *72*, 281-288. doi:10.1002/j.1556-6676.1994.tb00935.x

Glogowska, M., Young, P., & Lockyer, L. (2007). Should I go or should I stay? A study of factors influencing students' decisions on early leaving. *Active Learning*, *8*, 63-77. doi:10.1177/1469787407074115

Glynn, J. G., Sauer, P. L., & Miller, T. E. (2005). Configural invariance of a model of student attrition. *Journal of College Student Retention: Research, Theory & Practice*, *7*, 263-281. doi:10.2190/AKQH-E9YR-X54V-HJF5

Harrar, W. R., Affsprung, E. H., & Long, J. C. (2010). Assessing campus counseling needs. *Journal of College Student Psychotherapy*, *24*, 233-240. Available from http://www.tandfonline.com/

Harrison, A. G., Areepattamannil, S., & Freeman, J. (2012). Effects of the learning opportunities task force (LOTF) programs on postsecondary students with learning disabilities. *Exceptionality Education International*, *22*, 55-69. Available from http://ir.lib.uwo.ca/eei/

Heisserer, D. L., & Parette, P. (2002). Advising at risk students in college and university settings. *College Student Journal*, *36*, 69. Retrieved from https://www.questia.com/library/p1917/college-student-journal

Kessler, R. C., DuPont, R. L., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, *62*, 593-602. doi:10.1001/archpsyc.62.6.593

Kirby, D., & Sharpe, D. (2001). Student attrition from Newfoundland and Labrador's public college. *Alberta Journal of Educational Research*, *47*, 353-368. Available from http://www.ajer.ca/

Kornstein, S. G. (1997). Gender differences in depression: Implications for treatment. *Journal of Clinical Psychiatry*, *58*, 12-18. doi:10.1007/BF01730109

Kristjánsdóttir, J., Olsson, G. I., Sundelin, C., & Naessen, T. (2011). Could SF-36 be used as a screening instrument for depression in a Swedish youth population? *Scandinavian Journal of Caring Sciences*, *25*, 262-268. doi:10.1111/j.1471-6712.2010.00821.x

Kumaraswamy, N. (2013). Academic stress, anxiety and depression among college students: A brief review. *International Review of Social Sciences and Humanities*, *5*, 135-143. Available from http://www.irssh.com/

Lau, L. K. (2003). Institutional factors affecting student retention. *Education*, *124*, 126-136. Available from http://www.uccs.edu

McCloskey, L. (2011). *Transitions Longitudinal Study* (7th Annual & Final Report to the Ministry of Training, Colleges and Universities). Retrieved from http://carleton.ca/fita/wp-content/uploads/Year-7-Annual-Report.pdf

McEvoy, S. (2012). *The study of an intervention summer bridge program learning community: Remediation, retention, and graduation* (Doctoral dissertation, Claremont Graduate University). Available from http://search.proquest.com

McGrath, M., & Braunstein, A. (1997). The prediction of freshmen attrition: An examination of the importance of certain demographic, academic, financial and social factors. *College Student Journal*, *31*, 396-408. Retrieved from http://www.projectinnovation.biz/college_student_journal

Mills, C., Heyworth, J., Rosenwax, L., Carr, S., & Rosenberg, M. (2009). Factors associated with the academic success of first year health science students. *Advances in Health Sciences Education*, *14*, 205-217. doi:10.1007/s10459-008-9103-9

Misra, R., & McKean, M. (2000). College students' academic stress and its relation to their anxiety, time management, and leisure satisfaction. *American Journal of Health Studies*, *16*, 41-51.

Mortenson, T. G. (1997). Employment and unemployment rates by educational attainment 1970 to 1976. *Postsecondary Education Opportunity*, *62*, 10-15.

Pan, W., Guo, S., Alikonis, C., & Bai, H. (2008). Do intervention programs assist students to succeed in college? A multilevel longitudinal study. *College Student Journal*, *42*(1), 90. Retrieved from http://www.projectinnovation.biz/college_student_journal

Parker, J. D., Austin, E. J., Hogan, M. J., Wood, L. M., & Bond, B. J. (2005). Alexithymia and academic success: Examining the transition from high school to university. *Personality and Individual Differences*, *38*, 1257-1267. doi:10.1016/S0191-8869(03)00076-X

Parker, J. D., Hogan, M. J., Estabrook, J. M., Oke, A., & Wood, L. M. (2006). Emotional intelligence and student retention: Predicting the successful transition from high school to university. *Personality and Individual Differences*, *41*, 1329-1336. doi:10.1016/j.paid.2006.04.022

Parker, J. D., Summerfeldt, L. J., Hogan, M. J., & Majeski, S. A. (2004). Emotional intelligence and academic success: Examining the transition from high school to university. *Personality and Individual Differences*, *36*, 163-172. doi:10.1016/S0191-869(03) 00076-X

Pascarella, E. T., & Chapman, D. W. (1983). A multi-institutional, path analytic validation of Tinto's model of college withdrawal. *American Educational Research Journal*, *20*, 87-102. doi:10.3102/00028312020001087

Pidcock, B. W., Fischer, J. L., & Munsch, J. (2001). Family, personality, and social risk factors impacting the retention rates of first-year Hispanic and Anglo college students. *Adolescence*, *36*, 803-818. Retrieved from http://search.proquest.com/openview/3b19018 28715465a19b82d3f60b09c8d/1?pq-origsite=gscholar

Porter, O. F. (1990). *Undergraduate completion and persistence at four-year colleges and universities: Detailed findings*. Washington, DC: National Institute of Independent Colleges and Universities.

Ryland, E. B., Riordan, R. J., & Brack, G. (1994). Selected characteristics of high-risk students and their enrollment persistence. *Journal of College Student Development*, *35*, 54-58.

Saltiel, H. (2011). *Community college student retention: Determining the effects of a comprehensive support and access intervention program targeting low-income and working poor at a large urban minority-serving institution* (Doctoral dissertation, University of Pennsylvania). Available from http://search.proquest.com

Schwebel, D. C., Walburn, N. C., Jacobsen, S. H., Jerrolds, K. L., & Klyce, K. (2008). Efficacy of intrusively advising first-year students via frequent reminders for advising appointments. *NACADA Journal*, *28*(2), 28-32. doi:10.12930/0271-9517-28.2.28

Shaienks, D., Gluszynski, T., & Bayard, J. (2008). *Postsecondary education—Participation and dropping out: Differences across university, college and other types of postsecondary institutions*. Ottawa, Ontario: Statistics Canada. Retrieved from http://www.statcan.gc.ca/pub/81-595-m/81-595-m2008070-eng.htm

Shelton, E. N. (2003). Faculty support and student retention. *Journal of Nursing Education*, *42*, 68-76. doi:10.3928/0148-4834-20030201-07

Shields, N. (2001). Stress, active coping, and academic performance among persisting and nonpersisting college students. *Journal of Applied Biobehavioral Research*, *6*, 65-81. doi:10.1111/j.1751-9861.2001.tb00107.x

Simon, R. A., Aulls, M. W., Dedic, H., Hubbard, K., & Hall, N. C. (2015). Exploring student persistence in STEM programs: A motivational model. *Canadian Journal of Education*, *38*(1), 1-27.

Stelnicki, A., Nordstokke, D., & Saklofske, D. H. (2015). Who is the successful university student? An analysis of personal resources. *Canadian Journal of Higher Education*, *45*, 214-228. Retrieved from http://journals.sfu.ca/cjhe/index.php/cjhe

Stewart, A., Moffat, M., Travers, H., & Cummins, D. (2015). Utilizing partnerships to maximize resources in college counseling services. *Journal of College Student Psychotherapy*, *29*, 44-52. doi:10.1080/87568225.2015.976093

Thompson, A. (2011). *Academic functioning questionnaire* (Unpublished instrument). Carleton University, From Intention to Action, Ottawa, ON.

Tinto, V. (1993). *Leaving college*. Chicago, IL: University of Chicago Press.

Tinto, V. (1996). Reconstructing the first year of college. *Planning for Higher Education*, *25*, 1-6. Retrieved from http://www.scup.org/page/phe?path[]=phe

Tinto, V. (2004). *Student retention and graduation. Facing the truth, living with the consequence*. Pell Institute for the Study of Opportunity in Higher Education. Retrieved from http://files.eric.ed.gov/fulltext/ED519709.pdf

Turner, A. L., & Berry, T. R. (2000). Counseling center contributions to student retention and graduation: A longitudinal assessment. *Journal of College Student Development*, *41*, 627-636. Retrieved from https://www.press.jhu.edu/journals/journal_of_college_student_development/

Ware, E. W., & Gandek, B. (1994). The SF-36 Health Survey: Development and use in mental health research and the IQOLA Project. *International Journal of Mental Health*, *23*, 49-73. doi:10.1080/00207411.1994.11449283

Ware, J. E., Snow, K. K., Kosinski, M., & Gandek, B. (2000). *SF-36 Health Survey: Manual and interpretation guide*. Lincoln, RI: QualityMetric Inc.

Wilson, S. B., Mason, T. W., & Ewing, M. J. (1997). Evaluating the impact of receiving university-based counseling services on student retention. *Journal of Counseling Psychology*, *44*, 316-320. doi:10.1037/0022-0167.44.3.316

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CARLETON STUDENT MENTAL
HEALTH FRAMEWORK POSTER

Student Mental Health Framework 2.0:
Building a Thriving Community

PURPOSE:
To continue to foster a university community that proactively promotes mental health and well-being, encourages mental health literacy and which recognizes the need for a holistic approach to mental health.

VISION:
Through our ongoing interactions with students on campus, faculty research, and the delivery of our support services, we will continuously strive for a welcoming, healthy, supportive, and inclusive campus environment at Carleton.

This framework will serve as a guide to effectively and strategically coordinate our student programs, services and initiatives to build skills and foster resilience and to enhance the personal and academic success of Carleton students.

GUIDING PRINCIPLES:
1. Collaboration
2. Holistic Approach
3. Supportive Environment
4. Inclusivity and Accessibility
5. Effective Communication
6. Continuous Improvement

Carleton University's first Student Mental Health Framework, developed in 2009, created a strong foundation for the many mental health and wellness services, programs, and initiatives that have been offered since. The Framework also led to a campus culture of recognizing, responding, referring and reporting a student in distress. With the Student Mental Health Framework 2.0, we endeavour to continue with coordinated crisis management while also building a holistic, campus-wide approach to positive mental health and well-being.

We have identified the following six **Areas of Focus**:
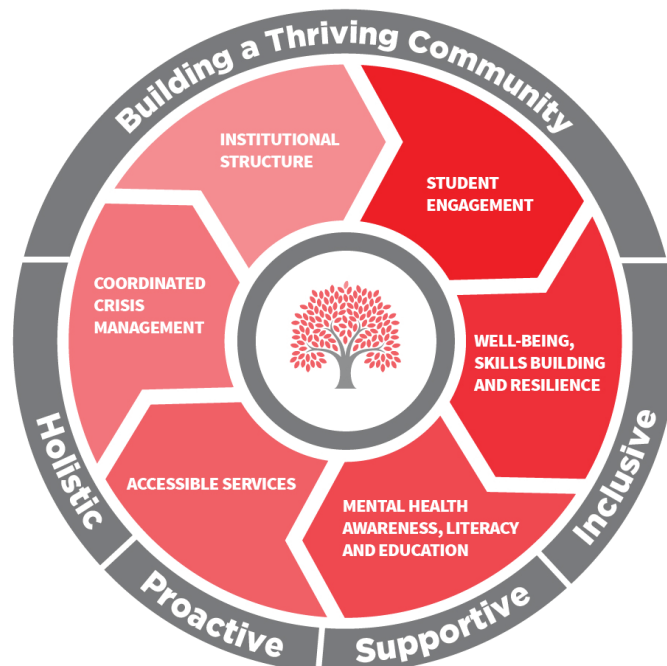
The Student Mental Health Framework is a living document, responsive to the needs of the Carleton Community, and intended to support all members in providing our students with a supportive and safe environment in which to pursue educational and life goals.

The 39 recommendations identified in the Framework will be prioritized and implemented over the next 5 years to ensure a progressive movement towards building and maintaining a healthy and thriving community.

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