An Analysis of Counselling Services in Ontario Colleges
Initial Report

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Questionnaires, Focus Group Questions, Manager Interview Questions
An Analysis of Counselling Services in Ontario Colleges
Une analyse des services de counselling dans les collèges de l’Ontario

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English  Français
Ontario College Counsellor Survey 2011

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Ontario College Counsellor Survey 2011

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Survey Goals
This survey invites you to answer some questions about yourself and your role in your college. It is the first time this type of information has been collected from college counsellors and the results will be invaluable in understanding the current state of counselling services in Ontario colleges.

The following research questions are being addressed by this survey.
1. How are counselling services being delivered across the Ontario college system?
2. What service guidelines or benchmarks should guide colleges in the effective utilization of counsellors?
3. What are the implications of 2007 Psychotherapy Act?

Anticipated outcomes for this study are:
1. A comprehensive description of counselling services in Ontario colleges
2. Identify models/approaches to counselling delivery
3. Identify strengths and weaknesses associated with each model
4. Develop realistic service delivery guidelines/benchmarks that incorporate ethics practices, professional regulatory requirements and fiscal realities.

Informed Consent and Protection of Personal Privacy
Participation in this survey is strictly voluntary. You are under no obligation to participate and any personal information you provide will be kept STRICTLY CONFIDENTIAL. While you may skip any questions you are not comfortable answering, the quality of the results from this study depends on obtaining complete information from as many participants as possible. You may withdraw from the survey at any point prior to clicking the “Submit” button at the end of the questionnaire and any information you have provided will be deleted.
Thank you for agreeing to participate in this survey.

INSTRUCTIONS
Please read each question carefully and answer all parts according to the instructions provided. Most items simply require a mouse click but some allow you to make detailed typed comments. It should not take you more than several seconds to answer each question.

If you select a response and change your mind, just click on your new choice and your first answer will be removed. You can return to a previous page by clicking the ← arrow at the top left of your screen.

A. Census Information – Who we are...

1. Your College Name (pull down menu of colleges)

2. Assuming you are a “counsellor” as per collective agreement, what is your title?
   1. Counsellor
   2. Disability Counsellor
   3. Aboriginal Counsellor
   4. International Student Counsellor
   5. Other (please explain) ______________________________________

3. Are you?  ☐ Full time  ☐ sessional  ☐ part time

4. Sex  ☐ Male  ☐ Female

5. Age.  ☐ <30,  ☐ 30-39,  ☐ 40-49,  ☐ 50-59,  ☐ 60+

6. Estimated years to retirement. ☐ 1-4 years,  ☐ 5-10 years,  ☐ 10 plus years

7. Years of experience as an Ontario college counsellor.  ☐ <5 years  ☐ 5-9  ☐ 10-14  ☐ 15-19  ☐ 20+

8. Years of experience as a counsellor outside the college sector.

☐ 0  ☐ <5 years  ☐ 5-9  ☐ 10-14  ☐ 15-19  ☐ 20+

9. Are you presently a coordinator of counselling or have you been one in the past?  ☐ Yes  ☐ No
9a. If yes, how many years of experience have you had being a coordinator of counselling?
☐ 1-2, ☐ 3-5, ☐ 6 or more

10. Please place a check beside all of the academic credentials you have attained;
☐ College Diploma
☐ B.A.
☐ B.S.W.
☐ Bachelor (other)______________
☐ M.A. Psych
☐ M.Ed. Counselling
☐ M.S.W.
☐ Masters (other)______________
☐ Doctorate

11. Did your academic preparation include a supervised clinical practicum at a Master’s level or above? ☐ Yes ☐ No

12. Are you currently “regulated” by a regulatory college (i.e., Ontario College of Social Workers and Social Services Workers, College of Psychologists, Ordre des conseillers et conseilleres d’orientation du Quebec.) ☐ Yes ☐ No

13. Do you intend to register with the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario?
☐ Y ☐ N

13a. If yes, which category?
1. Registered Psychotherapist
2. Registered Mental Health Therapist
3. Have not decided

B. Direct Service Provision … what we do…

14. There are three traditional components of the college counsellor role as per the Class Definition in the collective agreement. Thinking about these three roles only, estimate below the percentage of time you devote to each one.

   1. Academic advisement ______
   2. Career counselling ______
   3. Personal counselling ______

100%

15. Which of the following “outreach activities” do you participate in as part of your role as counsellor at your college? Please consider the amount of time you would spend in a typical September-August period using the scale below.

   I do not participate in this
   I do a little of this (under 5 sessions per year)
   I do a moderate amount of this (5 to 9 sessions per year)
16. In order to document the variety of outreach activities counsellors engage in, please elaborate on your activities in Q15 above with sufficient detail to understand the content of the session (title of session and for whom, e.g. Personality Dimensions for Residence Advisors, Stress Management for RPN students, etc.)...

17. Which of the following do you participate in as part of your role as counsellor at your college? Please consider the amount that you do over a typical September-August time period, using the scale below.

- I do not participate in this
- I do a little of this (under 5 cases per year)
- I do a moderate amount of this (5 to 9 cases per year)
- I do a lot of this (10 + cases per year)

17.1 Student behaviour consultation with faculty/managers
   - 17.1.1 Discussion/coaching/strategy development
   - 17.1.2 Developing/writing behaviour contracts
   - 17.1.3 Provide “mandated” counselling

17.2 Resolving instances of harassment
   - 17.2.1 Student to student
   - 17.2.2 Student to staff
   - 17.2.3 Staff to student
   - 17.2.4 Staff to staff

17.3 Mediation
   - 17.3.1 Student-student
   - 17.3.2 Staff-student
   - 17.3.3 Staff-staff

17.4 Assisting students with formal academic appeal
17.5 Assisting students with formal non-academic appeal

17.6 Risk Assessment

17.7 Tragic Events Response

17.8 Counselling for staff/faculty
17.9 Use an *Early Warning system/proactive early intervention* (often called “intrusive intervention” with students deemed “at risk”) to work with students who have been identified through this process.

18. In your *college counselling career*, have you been involved in the following?

18.1 Teaching credit courses  □ Yes  □ No  
18.1b If yes, how many courses have you taught?  # ___

18.2 Union involvement (not including attending general meetings), e.g. serving on Executive, Union Steward, committee work)  □ Yes  □ No  
18.2b If yes, please indicate number of years of involvement.  # ______

18.3 Community involvement (involvement external to college within your community, e.g. service on Boards, doing work with volunteer organizations)  □ Yes  □ No  
18.3b If yes, how many organizations have you been involved with?  # ____

18.4 Professional Association work (i.e. On. Assoc. of Prof. Social Workers, Canadian Counselling & Psychotherapy Assoc., including Ontario College Counsellor work)  □ Yes  □ No  
18.4b If yes, which organization and how many years of service ____________

18.5 Supervision of student counsellors for qualifications at a Master’s level? (i.e. M. Ed. Counselling, M.S.W., M. A. Psychology, etc)  □ Yes  □ No  
18.5b If yes, how many students have you supervised?  # _____

18.6 Supervision of student counsellors for qualifications at a Bachelor level? (i.e. BSW)  □ Yes  □ No  
18.6b If yes, how many students have you supervised?  # ______

18.7 Research/Writing  □ Yes  □ No  
18.7b If yes, list and briefly describe your activity ________________________________

18.8 Do you typically use the ten days of professional development to which you are entitled each year?  □ Yes  □ No  □ Not applicable

C. Characteristics of Service Delivery – how we do it...

19. Do you have an “early alert system” to identify “high risk” students at your college?  □ Yes  □ No

20. What would you say your counselling method is? Please indicate with the scale below how often you use each one in a typical year.
Always  Most often  Sometimes  Rarely  Never
20.1 Cognitive Behavioural Therapy (CBT)
20.2 Crisis Intervention
20.3 Dialectical Behaviour Therapy (DBT)
20.4 Emotion Focused Therapy (EFT)
20.5 Eye Movement Desensitization Restructuring (EMDR)
20.6 Mindfulness
20.7 Motivational Interviewing
20.8 Narrative Therapy
20.9 Solution Focused Therapy
20.10 Rogerian/Client Centred Therapy
20.11 Other... (please specify________________________)

21. Using the scale below, please indicate how often you work with clients in each context.

Always  Most often  Sometimes  Rarely  Never
21.1 Individual (in person)
21.2 Couple
21.3 Group counselling
21.4 E counselling (i.e. online chat/synchronous
21.5 E counselling (i.e. email/asynchronous)
21.6 Video-counselling (i.e. web cam)
21.7 Telephone counselling
21.8 Web-based approaches
21.9 Texting
21.10 Social media

The spectrum/continuum below attempts to represent the “intensity” of our involvement with students. Although brief definitions of these categories are provided, we recognize they are imprecise and do overlap. Using these definitions, however, please respond to questions 22a and 22b below.

Many counsellors have suggested that their “intensity” of involvement with students has changed over the years. Thinking about when you first started your role in college counselling, please respond to questions 23a and 23b below.
### Definition of

<table>
<thead>
<tr>
<th>Advising</th>
<th>Coaching</th>
<th>Counselling</th>
<th>Psychotherapy</th>
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<tbody>
<tr>
<td>helps students negotiate the college system re: admissions, course selection, policy, process etc.</td>
<td>focuses specific personal projects and transitions by methodically helping students choose a course of action.</td>
<td>involves a variety of intervention techniques based typically on a more comprehensive, psychosocial assessment of student difficulties.</td>
<td>is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means.</td>
</tr>
</tbody>
</table>

### 22a. Please estimate the percentage of time that you see yourself functioning in each of these categories (please ensure the total is 100%)

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<td>______%</td>
<td>______%</td>
<td>______%</td>
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### 22b. Please circle the number that best indicates where you primarily function as a counsellor.

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<th>Psychotherapy</th>
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<tr>
<td>1 2 3 12</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>10 11</td>
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<td>is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means.</td>
</tr>
</tbody>
</table>
23a. Please estimate the percentage of time you functioned in each of the above categories when you began your counselling career (please ensure the total is 100%).

<table>
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<td>______%</td>
<td>______%</td>
<td>______%</td>
<td>______%</td>
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23b. Please circle the number that best indicates where you primarily functioned as a counsellor.

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24. How much does the student diversity (cultural, linguistic, age, LGBTQ etc.) of your campus impact your work?
   1. Profound impact on the way I do my job
   2. Very much of an impact
   3. Somewhat of an impact
   4. Very little impact
   5. No impact

24b. Describe the most profound way that student diversity affects your work ______________

24c. About what percentage of your counselling time is comprised of “cross cultural counselling” (including international students and domestic students dealing with ESL issues and other “cultural” issues in their lives)? ______ %

25. Much discussion has occurred recently regarding the mental health issues (diagnosed and undiagnosed) of students in the Ontario college system. How much do these issues impact your work?
   1. Profound impact on the way I do my job
   2. Very much of an impact
   3. Somewhat of an impact
   4. Very little impact
   5. No impact

25b. Roughly what percentage of your counselling time involves working with students who are dealing with diagnosed and undiagnosed mental health issues? ______ %

25c. Describe the most profound way that mental health issues affect your work_____________

26. Following questions are answered if respondent is an Aboriginal Counsellor. (Q26.1 to Q26.8 appear only for those who respond with a “3” to Q2. An alternate version of Q26 is presented to those who do not select a “3” for Q2. See alternate version below.)
26.1 Do students register for your service? □ Yes □ No

26.2 On a scale of 1-10, indicate where you would place yourself based on your most usual practice. ‘1’ means you only meet with registered Aboriginal students when they come to you and ‘10’ means you outreach and connect/meet with every Aboriginal student before they even arrive at school.

1 2 3 4 5 6 7 8 9 10

Responsive approach <-------------------------------------------------------------/> Outreach approach

26.3 What would be the rough percentage break down between students who book appointments or “drop in” to use your service?

Appointments _____% + “drop in” _____% = 100%

26.4 Where is your service located?

1. Within the regular counselling department
2. In a different location than the counselling department
3. In a different location connected to an Aboriginal Student Centre
4. Other, please explain________________________________________________________

26.5 How closely do you work with counsellors in your college who do not, or do not primarily, serve Aboriginal students?

□ Totally independent □ somewhat closely □ very closely

26.6 What percentage of your time involves work with sponsoring agencies/bands?

□ A great deal □ quite a bit □ a little □ none

26.7 How different is your role from that of other counsellors at your college?

□ Significantly different □ somewhat different □ not at all different.

26.7b If significantly different, please explain __________________________________________

26.8 What would you describe as the biggest challenge in your work? (text box)

(The following questions are answered if respondent is NOT an Aboriginal Counsellor, Q2 not = 3)

26.1 Do you provide counselling to Aboriginal students.

□ Yes □ No If yes, go to 26.2; If no, skip to Q27
26.2 Roughly what percentage of your counselling time involves working with Aboriginal students? _____ %

26.3 How closely do you work with the Aboriginal Counsellor(s) at your college?
   a. We do not have Aboriginal Counsellors at our college
   b. Totally independent
   c. Somewhat closely
   d. Very closely

26.4 Do you experience challenges specific to working with Aboriginal students?
   ☐ Yes ☐ No
   If so, please explain? ________________

D. The Environment of Your College – where we do it...

The following questions examine access to counselling or how students learn about counselling and the “rules of engagement” i.e. who gets to see counsellors and under what circumstances.

27. Do you see “community members”, i.e. people who are not registered as students?
   ☐ Yes ☐ yes, but only at certain times of the year ☐ no ☐ other ________________

28. Do you see a website presence as important for counselling services within your college?
   ☐ Definitely important ☐ quite important ☐ somewhat important ☐ not important ☐ don’t know

29. Are you involved in planning orientation activities? ☐ Yes ☐ No

30. Do you participate in orientation activities? ☐ Yes ☐ No

31. Do you have a specific group of programs that you liaise with? ☐ Yes ☐ No
   31b. If so, how many programs do you liaise with? ☐ <5 ☐ 5-9 ☐ 10-14 ☐ 15+
   31c. If so, are you the primary counsellor for these students? ☐ Yes ☐ No

32. What would be the rough percentage break down between students who book appointments or “drop in” to use your service?
   
   Appointments _____% + “drop in” _____% = 100%

33. Do you think you have an effective system to deal with “walk-in” traffic? ☐ Yes ☐ No
   Please explain. (text box)
34. Do you speak to classes at the beginning of the year to introduce yourself and explain services available?  □ Yes  □ No  Comments______________________________

35. Do you track the referral source of students who attend counselling?  □ Yes  □ No
   35b. If so, roughly what percentage is referred by faculty? ______%

36. Do students at your college have to see a counsellor when dropping a course?  □ Yes  □ No

37. Do students at your college have to see a counsellor when dropping a program?  □ Yes  □ No

38. Are students limited to the number of visits to counselling?  □ Yes  □ No
   38b. If so, what is that limit? ___
   38c. Comments? ________________________________

39. Can enrolled students see you during “intercession” times? (i.e. when there are no classes)  □ Yes  □ No

40. Do you see “not enrolled” students during “intercession” times? (a student drops out of a program with the intention to start another program)  □ Yes  □ No

41. Do you attend graduation(s)?  □ Yes  □ No

42. Can students see you after they have graduated?  □ Yes  □ No
   42b. If so, is it,
      □ By practice only
      □ By policy
   42c. If there is a policy, what is it____________________________________________

Questions 43-52 are concerned with the degree to which college counsellors interact, collaborate or cooperate with other staff on campus to promote student development. Please add comments as appropriate in the space provided.

43. Describe your working relationship with faculty by placing yourself on the continuum below.

1 2 3 4 5 6 7 8 9 10

No contact ←-----------------------------------------------→Extensive collaboration

43b. Comments you would like to make?____________________________________________

44. Do you have a “blended system”, where counsellors do both regular and disability work?  □ Yes  □ No
   If yes go to Q46
If no, go to Q45

45. How closely do you work with disability services in your college?

1  2  3  4  5  6  7  8  9  10
No contact ←-----------------------------→ Extensive collaboration

45b. Any comments on the impact they have on your work? _______________________

46. Do you have career advisors in your college? □ Yes □ No

46b. If yes, please use the following scale to rate your level of involvement.

1  2  3  4  5  6  7  8  9  10
No contact ←-----------------------------→ Extensive collaboration

46c. Any comments on the impact they have on your work? _______________________

47. Do you have academic advisors in your college? □ Yes □ No

47b. If yes, please use the following scale to rate your level of involvement.

1  2  3  4  5  6  7  8  9  10
No contact ←-----------------------------→ Extensive collaboration

47c. Any comments on the impact they have on your work? _______________________

48. Do you have student success advisors in your college? □ Yes □ No

48b. If yes, please use the following scale to rate your level of involvement.

1  2  3  4  5  6  7  8  9  10
No contact ←-----------------------------→ Extensive collaboration

48c. Any comments on the impact they have on your work? _______________________

49. Do you have a health centre in your college? □ Yes □ No

49b. If yes, please use the following scale to rate your level of involvement.

1  2  3  4  5  6  7  8  9  10
No contact ←-----------------------------→ Extensive collaboration

49c. Any comments on the impact they have on your work? _______________________

50. Do you have an ombudsperson in your college? □ Yes □ No

50b. If yes, please use the following scale to rate your level of involvement.

1  2  3  4  5  6  7  8  9  10
No contact ←-----------------------------→ Extensive collaboration

50c. Any comments on the impact the Ombudsperson has on your work? _______________________

51. Do you have access to psychiatric/psychological consultation in your college? □ Yes □ No

51b. If yes, please use the following scale to rate your level of involvement.

1  2  3  4  5  6  7  8  9  10
No contact ←--------------------------------------------→ Extensive collaboration

51c. Any comments on the impact they have on your work? ____________________

52. Please use the following scale to rate your level of involvement with the Registrar’s area of your college.
   1  2  3  4  5  6  7  8  9  10
   No contact ←--------------------------------------------→ Extensive collaboration

52b. Any comments on the impact they have on your work? ____________________

53. What level of access do you have to student records in your student information system? (Banner, Datatel, Peoplesoft etc.)
   a. Full access (e.g. SIN, birthday, grades etc.)
   b. Access to student grades/registration information/scheduling
   c. Access to student information in a restricted portfolio of programs
   d. I don’t have access
   e. Other ... please explain________________________________________________________

54. Do you have access to student pictures?  □ Yes  □ No

55. Do you have a system to deal with “on call/after hour” emergencies? □ Yes  □ No
   55b. If so, please explain________________________________________________________

56. Is it expected that you do “on call”? □ Yes  □ No

57. Do you have regular evening hours? □ Yes  □ No
   57b. If so, how many evenings a week are you open? ___

58. Generally, how would you rate your ability to effectively connect students with community resources specifically for personal counselling?
   □ Very easy □ somewhat easy □ little difficult □ very difficult
   58b. If a little or very difficult, please explain________________________________________

59. On average, how often do you consult with peers on case situations/issues in a month? #________

60. Do you have regular counsellor meetings? □ Yes  □ No
   60b. If so, how often? □ Weekly  □ bi weekly  □ monthly  □ each semester.

61. Do you have a written job description beyond what is in the collective agreement? □ Yes  □ No
62. On average, how often do you consult with your manager on case situations/issues in a month?  
#_______

63. Do you receive supervision?  □ Yes  □ No
   63b. If so, is it:  □ administrative, □ case related  □ both
   63c. If so, by whom?  □ peer  □ manager  □ external  □ other _______
   63d. If so, how often?  □ Weekly  □ bi weekly  □ monthly  □ by semester □ yearly □ as needed

64. When did your last performance appraisal occur?  
   □ Last year  □ within the last 5 years  □ in the last 10 years  □ over 10 years  □ can’t remember

65. To what degree do you believe the counsellor role is supported by your college?  
   □ Very much  □ Quite a lot  □ Somewhat  □ Not at all

66. My manager is an advocate for the counsellor role in my college.  
   □ Very much  □ Quite a lot  □ Somewhat  □ Not at all

67. Senior management is an advocate for the counsellor role in my college.  
   □ Very much  □ Quite a lot  □ Somewhat  □ Not at all

68. Please rate your job satisfaction on the scale below.  
   1  2  3  4  5  6  7  8  9  10  
   very low satisfaction <--------------------------------------------→  very high job satisfaction

69. How effectively would you say you are meeting the support needs of students in your college?  
   1  2  3  4  5  6  7  8  9  10  
   very poorly <--------------------------------------------------------→  very well

70. Please list up to three “best practices” you see your college counselling department engaged in at present.  
   #1. _______________________________________________________________________
   #2. _______________________________________________________________________
   #3. _______________________________________________________________________
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Sondage de 2011 auprès des conseillers dans les collèges de l’Ontario

Inscrivez votre mot de passe ici : ____________________

Sondage de 2011 auprès des conseillers dans les collèges de l’Ontario

Vous consultez actuellement ces pages au moyen d’une connexion sécurisée. Les renseignements que vous fournirez sur ce site ne peuvent être vus par personne d’autre sur l’Internet.

Objectifs du sondage

Ce sondage vous invite à répondre à certaines questions à propos de vous et de votre rôle dans votre collège. C’est la première fois que ce genre de renseignements est recueilli auprès des conseillers dans les collèges et les résultats seront très utiles pour connaître la situation actuelle des services de counselling dans les collèges de l’Ontario.

Le présent sondage aborde les questions de recherche suivantes :

4. comment les services de counselling ont-ils dispensés à l’échelle du réseau des collèges de l’Ontario?
5. quelles lignes directrices ou quels points de repère au niveau des services devraient guider les collèges pour assurer une utilisation efficace des conseillers?
6. quelles sont les répercussions de la Loi de 2007 sur les psychothérapeutes?

Voici les résultats attendus de ce sondage :

5. obtenir une description détaillée des services de counselling dans les collèges de l’Ontario;
6. déterminer les modèles/approches pour la prestation des services de counselling
7. dégager les points forts et les points faibles associés à chaque modèle;
8. élaborer des lignes directrices et établir des points de repère réalisistes pour la prestation des services qui englobent les pratiques éthiques, les exigences réglementaires professionnelles et les réalités financières.

Consentement éclairé et protection des renseignements personnels

La participation à ce sondage est strictement volontaire. Vous n’êtes aucunement obligé de participer et tous les renseignements personnels que vous fournirez demeureront STRICTEMENT CONFIDENTIELS. Vous pouvez ignorer les questions auxquelles vous préférez ne pas répondre, mais la qualité des résultats de cette étude sera plus grande si nous recueillons les renseignements les plus complets auprès du plus grand nombre de participants possible. Vous pouvez vous retirer du sondage à tout moment avant de
cliquer sur le bouton «Envoyer» à la fin du questionnaire et tous les renseignements que vous aurez fournis seront effacés.

J’ai lu ce qui précède et j’accepte de participer – commençons! ☐

Je ne suis pas d’accord et je ne participerai pas ☐ → SORTIE

Merchi d’avoir accepté de participer à ce sondage.

INSTRUCTIONS

Veuillez lire attentivement chaque question et répondre à toutes les parties en suivant les instructions. La plupart des points nécessitent un simple clic de souris, mais certains vous permettent d’inscrire des commentaires détaillés.

Si vous choisissez une réponse et que vous changez d’idée, cliquez simplement sur votre nouveau choix et votre première réponse sera effacée. Vous pouvez retourner à une page précédente en cliquant sur la flèche en haut à gauche de votre écran.

B. Renseignements généraux – Qui nous sommes...

1. Le nom de votre collège (menu déroulant des collèges)

2. En supposant que vous êtes un «conseiller» d’après la convention collective, quel est votre titre?

   1. Conseiller
   2. Conseiller pour étudiants ayant des besoins spéciaux
   3. Conseiller pour étudiants autochtones
   4. Conseiller pour étudiants internationaux
   5. Autre (veuillez préciser) ____________________________________

3. Êtes-vous? ☐ À temps plein ☐ Semestriel ☐ À temps partiel

4. Sexe. ☐ Homme ☐ Femme

5. Âge. ☐ <30 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60 et plus

6. Nombre approximatif d’années avant la retraite. ☐ 1-4 ans ☐ 5-10 ans ☐ 10 ans et plus


   ☐ <5 ans ☐ 5-9 ☐ 10-14 ☐ 15-19 ☐ 20 et plus


   ☐ 0 ☐ <5 ans ☐ 5-9 ☐ 10-14 ☐ 15-19 ☐ 20 et plus

9. Êtes-vous actuellement coordonnateur des services de counselling ou l’avez-vous déjà été?

   ☐ Oui ☐ Non

9b. Si vous avez répondu «oui», combien d’années d’expérience comptez-vous au poste de coordinateur des services de counselling?

   ☐ 1-2, ☐ 3-5, ☐ 6 ou plus
10. Veuillez cocher tous les diplômes que vous détenez :

- Diplôme collégial
- B.A.
- B. (Serv. soc.) (baccalauréat en service social)
- B. Ed. (counselling et orientation)
- Baccalauréat (autre) ______________
- M.A. Psychologie
- M. A. (Ed.) Counselling
- M. (Serv. soc.) (maîtrise en service social)
- Maîtrises (autre) ______________
- Doctorat

11. Votre formation scolaire comprenait-elle un stage clinique supervisé au niveau de la maîtrise ou à un niveau supérieur?  □ Oui  □ Non

12. Êtes-vous actuellement «réglementé» par un ordre professionnel (i.e., Ordre des travailleurs sociaux et des techniciens en travail social de l’Ontario, Ordre des psychologues de l’Ontario, Ordre des conseillers et conseillères d’orientation du Québec.)  □ Oui  □ Non


13b. Si vous avez répondu «oui», dans quelle catégorie?
   1. Psychothérapeutes autorisés
   2. Thérapeutes autorisés en santé mentale
   3. Pas encore décidé

B. Prestation directe de services – Ce que nous faisons ...

14. D’après la définition des catégories dans la convention collective, il existe trois composantes traditionnelles du rôle du conseiller dans les collèges. En tenant seulement compte de ces trois rôles, veuillez indiquer ci-après le pourcentage estimatif de temps que vous consacrez à chacun.

   1. Conseils pédagogiques ______
   2. Orientation de carrière ______
   3. Counselling personnel ______

   100%

15. Auxquelles des «activités de sensibilisation» suivantes participez-vous dans votre rôle de conseiller à votre collège? Veuillez tenir compte du temps que vous passeriez dans une période type allant de septembre à août en utilisant l’échelle ci-après.

   Je ne participe pas à cette activité
J’en fais un peu (moins de 5 séances par année)  
J’en fais modérément (5 à 9 séances par année)  
J’en fais beaucoup (10 séances et plus par année)

15.1 Ateliers/séances pour les étudiants (en dehors des cours)  
15.2 Conférencier dans des conférences pour professeurs  
15.3 Formation d’étudiants (i.e. entraînants, tuteurs, accompagnateurs, etc.).  
15.4 Formation des employés/enseignants

16. Afin de documenter la variété des activités de sensibilisation auxquelles participent les conseillers, veuillez décrire les activités à la Q15 ci-haut auxquelles vous participez avec suffisamment de détail pour comprendre le contenu de l’activité (titre de l’activité et à qui elle est destinée, par exemple, formation d’étudiants responsable en résidence (en anglais le terme utilisé est «Residence Advisors», gestion du stress pour les étudiants dans un programme d’études en particulier, etc.)....

Text box -------------------------------

17. Auxquelles des activités suivantes participez-vous dans votre rôle de conseiller à votre collège? Veuillez tenir compte du temps que vous consacrez pendant une période type de septembre à août en utilisant l’échelle ci-après.

Je ne participe pas à cette activité  
J’en fais un peu (moins de 5 séances par année)  
J’en fais modérément (5 à 9 séances par année)  
J’en fais beaucoup (10 séances et plus par année)

17.1 Consultation sur le comportement des étudiants avec des enseignants/gestionnaires  
17.1.1 Discussion/encadrement/élaboration de stratégies  
17.1.2 Élaboration/rédaction de contrats de comportement  
17.1.3 Dispenser des services de consultation «obligatoires»

17.2 Répondre à des plaintes de harcèlement  
17.2.1 Étudiant à étudiant  
17.2.2 Étudiant à employé  
17.2.3 Employé à étudiant  
17.2.4 Employé à employé

17.3 Médiation  
17.3.1 Étudiant-étudiant  
17.3.2 Employé-étudiant  
17.3.3 Employé-employé

17.4 Aider les étudiants avec l’appel académique formelle  
17.5 Aider les étudiants avec l’appel non-académique formelle
17.6 Évaluation des risques

17.7 Réaction en cas d’événement tragique

17.8 Consultation pour le personnel/enseignants

17.9 Utilisation d’un système de repérage/d’intervention précoce (souvent appelée «intervention intrusive» avec des étudiants jugés «à risque») pour travailler avec les étudiants qui ont été repérés à la suite de ce processus.

18. Dans votre cheminement de carrière comme conseiller dans un collège, avez-vous déjà participé aux activités suivantes?

18.1 Enseignement de cours crédités

☐ Oui  ☐ Non

18.1a Si vous avez répondu «oui», combien de cours avez-vous enseigné?

Nombre____

18.2 Participation à un syndicat (ne comprend pas la participation aux assemblées générales, par ex., membre de l’exécutif, délégué syndical, travail de comité)

☐ Oui  ☐ Non

18.2a Si vous avez répondu «oui», veuillez indiquer le nombre d’années de participation Nombre ______

18.3 Engagement communautaire (engagement à l’extérieur du collège au sein de votre collectivité, par ex., siéger à des conseils, travailler auprès d’organismes bénévoles)

☐ Oui  ☐ Non

18.3a Si vous avez répondu «oui», auprès de combien d’organismes êtes-vous engagé? Nombre ____

18.4 Travail au sein d’une association professionnelle (par ex., Association des travailleuses et travailleurs sociaux de l’Ontario, Association canadienne de counselling et de psychothérapie, y compris travail de conseiller auprès de conseillers et conseillères des collèges de l’Ontario)

☐ Oui  ☐ Non

18.4a Si vous avez répondu «oui», quel(s) organisme(s) et combien d’années de service Nombre ______

18.5 Supervision d’étudiants pour les qualifications au niveau de la maîtrise? (par ex., M. A. (Ed.) Counselling, maîtrise en Service social, M. A. en Psychologie, etc.)

☐ Oui  ☐ Non

18.5a Si vous avez répondu «oui», combien d’étudiants avez-vous supervisé?

Nombre ____

18.6 Supervision d’étudiants pour les qualifications au niveau du baccalauréat? (par ex., baccalauréat en Service social)

☐ Oui  ☐ Non
18.6a Si vous avez répondu «oui», combien d’étudiants avez-vous supervisé?
Nombre _____

18.7 Recherche/rédaction
☐ Oui  ☐ Non
18.7a Si vous avez répondu «oui», veuillez décrire votre activité
__________________________

18.8 Utilisez-vous habituellement les dix jours de perfectionnement professionnel auxquels vous avez droit chaque année?
☐ Oui  ☐ Non  ☐ Sans objet

C. Caractéristiques des services offerts – Comment nous le faisons...

19. Avez-vous un «système de repérage» pour identifier les étudiants à «risque élevé» dans votre collège?
☐ Oui  ☐ Non


Toujours  Le plus souvent  Parfois  Rarement  Jamais

20.1 Thérapie cognitivo-comportementale (TCC)
20.2 Intervention immédiate ou intervention d’urgence
20.3 Thérapie comportementale dialectique (TCD)
20.4 Thérapie axée sur l’émotion (TAE)
20.5 Intégration neuro-émotionnelle par les mouvements oculaires (EMDR)
20.7 Technique d’entrevue motivationnelle
20.8 Thérapie narrative
20.9 Interventions orientées vers les solutions
20.10 Psychothérapie centrée sur le client/rogérienne
20.11 Autre... (veuillez préciser______________________________)


Toujours  Le plus souvent  Parfois  Rarement  Jamais

21.1 Individuel (en personne)
21.2 Couple
21.3 Travail de groupe
21.4 Counselling en ligne (par ex., discussion en ligne en temps réel)
21.5 Counselling en ligne (par ex., par courriel/en différé)
21.6 Counselling par vidéo (par ex., Webcam)
21.7 Counselling par téléphone
21.8 Interventions via Internet
21.9 Envoi de messages textes
21.10 Médias sociaux

L’éventail ou le continuum ci-après représente l’«intensité» de votre implication auprès des étudiants. Voici de brèves définitions de ces catégories, mais nous reconnaissons qu’elles sont imprécises et se chevauchent. Toutefois, à l’aide de ces définitions, veuillez répondre aux questions 22a et 22b ci-après.
Beaucoup de conseillers ont indiqué que l’« intensité» de leur implication auprès des étudiants a changé au fil des années. En vous reportant à la période où vous avez amorcé votre rôle de conseiller au niveau collégial, veuillez répondre aux questions 23a et 23b ci-après.

<table>
<thead>
<tr>
<th>Définition de</th>
<th>Conseils - Aide les étudiants à naviguer dans le réseau collégial, par ex. : admission, choix de cours, politiques, processus, etc.</th>
<th>Coaching – Aide méthodiquement les étudiants à choisir un plan d’action dans leurs projets personnels et leurs transitions.</th>
<th>Counselling - Applique diverses techniques d’intervention généralement basées sur une évaluation psychosociale plus approfondie des difficultés de l’étudiant.</th>
<th>Psychothérapie - Évalue et traite les troubles cognitifs, émotifs ou de comportement par des moyens psychothérapeutiques</th>
</tr>
</thead>
<tbody>
<tr>
<td>22a. Veuillez indiquer le pourcentage de temps dont vous attribuez actuellement à chacune de ces catégories (assurez-vous que le total des catégories soit bien 100%).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conseils</td>
<td>Coaching</td>
<td>Counselling</td>
<td>Psychothérapie</td>
<td></td>
</tr>
<tr>
<td>_______%</td>
<td>_______%</td>
<td>_______%</td>
<td>_______%</td>
<td></td>
</tr>
<tr>
<td>22b. Veuillez encercler le chiffre qui indique le plus précisément où la plupart de vos tâches se situent actuellement comme conseiller.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conseils</td>
<td>Coaching</td>
<td>Counselling</td>
<td>Psychothérapie</td>
<td></td>
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<tr>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### Définition de

<table>
<thead>
<tr>
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<th>Coaching –</th>
<th>Counselling -</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>Évalue et traite les troubles cognitifs, émotifs ou de comportement par des moyens psychothérapeutiques.</td>
</tr>
</tbody>
</table>

23a. Veuillez indiquer le pourcentage de temps attribué à chacune des catégories mentionnées ci-dessus lorsque vous avez commencé votre carrière comme conseiller (assurez-vous que le total égale 100 p. cent).

<table>
<thead>
<tr>
<th>Conseils</th>
<th>Coaching</th>
<th>Counselling</th>
<th>Psychothérapie</th>
</tr>
</thead>
<tbody>
<tr>
<td>________%</td>
<td>________%</td>
<td>________%</td>
<td>________%</td>
</tr>
</tbody>
</table>

23b. Veuillez encercler le chiffre qui indique le plus précisément où la plupart de vos tâches se situaient au début de votre carrière comme conseiller.

<table>
<thead>
<tr>
<th>Conseils</th>
<th>Coaching</th>
<th>Counselling</th>
<th>Psychothérapie</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>10 11 12</td>
</tr>
</tbody>
</table>
24. Dans quelle mesure la diversité (culturelle, linguistique, âge etc.) des étudiants de votre campus a-t-elle une incidence sur votre travail?
   1. Un impact profond sur la façon dont je fais mon travail
   2. Un impact important
   3. Un peu d’impact
   4. Très peu d’impact
   5. Aucun impact

24b. Décrivez le plus grand impact de la diversité des étudiants sur votre travail

24c. Environ quel pourcentage de votre temps de counselling est consacré au «counselling interculturel» (y compris les étudiants internationaux et les étudiants canadiens dont le français n’est pas langue première et à d’autres défis «culturels» dans leur vie)? _____ %

25. Beaucoup de discussions ont eu lieu récemment au sujet des problèmes de santé mentale des étudiants, qu’ils soient diagnostiqués ou non, dans le réseau des collèges de l’Ontario. Dans quelle mesure ces problèmes ont-ils une incidence sur votre travail?
   1. Un impact profond sur la façon dont je fais mon travail
   2. Un impact important
   3. Un peu d’impact
   4. Très peu d’impact
   5. Aucun impact
25b. Approximativement quel pourcentage de votre temps de consultation est consacré à travailler avec des étudiants qui éprouvent des problèmes de santé mentale? _____ %

25c. Décrivez le plus grand impact des problèmes de santé mentale des étudiants sur votre travail ____________

(The following questions are answered if respondent is an Aboriginal Counsellor, i.e. Q2 = 3)

26. Veuillez répondre à ces questions si vous êtes conseiller pour étudiants autochtones.

26.1 Les étudiants doivent-ils s’inscrire pour bénéficier de vos services? □ Oui □ Non

26.2 Sur une échelle de 1 à 10, veuillez indiquer où vous vous situez en fonction de votre pratique la plus fréquente. «1» signifie que vous rencontrez seulement des étudiants qui sont des Indiens inscrits lorsqu’ils s’adressent à vous et «10» signifie que vous essayez de communiquer avec chaque étudiant autochtone et de les rencontrer avant leur arrivée au collège.

1 2 3 4 5 6 7 8 9 10
Approche réactive <---------------------------------------------> Approche proactive

26.3 Quel est le pourcentage approximatif d’étudiants qui prennent un rendez-vous ou qui «arrivent à l’improviste» pour recourir à vos services?

Rendez-vous _____% + «arrivent à l’improviste» _____% = 100%

26.4 Où est situé votre bureau?
1. Dans le département de counselling du collège
2. À un autre endroit que le département de counselling
3. À un autre endroit associé à un Centre d’étudiants autochtones
4. Autre, veuillez préciser ___________________________

26.5 Dans quelle mesure travaillez-vous avec les conseillers non autochtones dans votre collège?
□ Totalement autonome □ Quelque peu étroitement □ Très étroitement

26.6 Quel pourcentage de votre temps consacrez-vous à du travail avec des organismes de parrainage ou avec des bandes?
□ Beaucoup □ Une bonne partie □ Un peu □ Aucun

26.7 Dans quelle mesure votre rôle est-il différent de celui des autres conseillers à votre collège?
□ Très différent □ Un peu différent □ Pas du tout différent

26.7b S’il est très différent, veuillez préciser ___________________________
26.8 Quel est, selon vous, le plus important défi de votre travail? \( \text{**text box**} \)

*(The following questions are answered if respondent is NOT an Aboriginal Counsellor, i.e. Q2 not = 3)*

26.1 Offrez-vous des services de counselling aux étudiants autochtones?

- [ ] Oui  
- [ ] Non  

Si vous avez répondu «oui», allez à la Q26.2  
Si vous avez répondu «non», allez à la Q27

26.2 Environ quel pourcentage de votre temps de counselling est consacré à des étudiants autochtones? ____ %

26.3 Dans quelle mesure travaillez-vous en étroite collaboration avec le(s) conseiller(s) pour étudiants autochtones à votre collège?

- [ ] a. Nous n’avons pas de conseiller pour étudiants autochtones à notre collège  
- [ ] b. Totalement indépendant  
- [ ] c. Un peu de près  
- [ ] d. Très étroitement

26.4 Le travail avec les étudiants autochtones pose-t-il des défis particuliers?

- [ ] Oui  
- [ ] Non  

Si vous avez répondu «oui», veuillez préciser? ______________

D. L’environnement de votre collège – Où nous faisons notre travail...


27. Recevez-vous des «membres de la collectivité», par ex., des personnes qui ne sont pas inscrites comme étudiants?

- [ ] Oui  
- [ ] Oui, mais seulement à certaines période de l’année  
- [ ] Non  
- [ ] Autre____________________

28. Considérez-vous qu’une présence sur le site Web est importante pour les services de counselling de votre collège?

- [ ] Certainement important  
- [ ] Assez important  
- [ ] Un peu important  
- [ ] Pas important  
- [ ] Ne sais pas

29. Participez-vous à la planification des activités d’accueil?  

- [ ] Oui  
- [ ] Non
30. Participez-vous aux activités d’accueil?  □ Oui  □ Non

31. 31. Êtes-vous la personne-ressource pour un certain regroupement de programmes d’études?
□ Oui  □ Non

31b. Si vous avez répondu «oui», vous êtes assigné à combien de programmes d’études?
□ <5  □ 5-9  □ 10-14  □ 15+

31c. Si vous avez répondu «oui», êtes-vous le conseiller (counselling personnel, orientation de carrière) assigné à rencontrer les étudiants de ces programmes d’études?
□ Oui  □ Non

32. Quel est le pourcentage approximatif d’étudiants qui prennent un rendez-vous et ceux qui «arrivent à l’improviste» pour recourir à vos services?
Rendez-vous _____% + «arrivent à l’improviste» _____% = 100%

33. Pensez-vous que votre mode de fonctionnement est efficace pour répondre à ceux qui arrivent à l’improviste?
□ Oui  □ Non
Veuillez préciser. (text box)________________

34. Parlez-vous aux classes de nouveaux étudiants au début de l’année pour présenter et expliquer les services offerts?  □ Oui  □ Non
Commentaires____________________________

35. Tenez-vous compte des sources d’aiguillage des étudiants qui font appel au Service de counselling  □ Oui  □ Non

35b. Si vous avez répondu «oui», environ quel pourcentage d’étudiants sont référés par des enseignants? _____%

36. Les étudiants de votre collège doivent-ils rencontrer un conseiller avant d’abandonner des cours?
□ Oui  □ Non

37. Les étudiants de votre collège doivent-ils rencontrer un conseiller avant d’abandonner un programme d’études?  □ Oui  □ Non

38. Y a-t-il une limite au nombre de visites de counselling par étudiant?
□ Oui  □ Non
38b. Si oui, quelle est cette limite? ___
38c. Commentaires ______________________
39. Les étudiants inscrits peuvent-ils vous voir pendant les périodes entre les étapes (par ex., lorsqu’il n’y a pas de cours)? □ Oui □ Non

40. Est-ce que vous voyez des étudiants «non-inscrits» pendant les périodes d’«intercession»? (par ex., un étudiant abandonne un programme dans l’intention d’en commencer un autre) □ Oui □ Non

41. Assistez-vous à la cérémonie de remise des diplômes? □ Oui □ Non

42. Les étudiants peuvent-ils vous voir après avoir obtenu leur diplôme? □ Oui □ Non
   42b. Si vous avez répondu «oui», est-ce □ selon le jugement du conseiller □ conformément à une politique
   42c. S’il y a une politique, quelle est-elle?

Les questions 43 à 52 concernent la manière dont les conseillers des collèges interagissent, collaborent ou coopèrent avec d’autres employés sur le campus pour promouvoir le développement des étudiants. Veuillez ajouter des commentaires, si nécessaire, dans les espaces prévus.

43. Décrivez votre relation avec les enseignants en vous situant dans le continuum ci-après.
   1           2           3           4           5           6           7           8           9           10
   Aucun contact ←---------------------------------------------------------------→Collaboration très étroite

43b. Avez-vous des commentaires à formuler? ______________________________________

44. Avez-vous un «système intégré», dans lequel les conseillers font leur travail régulier et du travail pour les étudiants ayant des besoins spéciaux? □ Oui □ Non
   Si vous avez répondu «oui», passez à Q46
   Si vous avez répondu «non», passez à Q45

45. Dans quelle mesure coopérez-vous avec le Service des besoins spéciaux de votre collège?
   1           2           3           4           5           6           7           8           9           10
   Aucun contact ←---------------------------------------------------------------→Collaboration très étroite

45b. Avez-vous des commentaires à formuler au sujet de leur impact sur votre travail? ______________________________________

46. Avez-vous des «conseillers en carrière» à votre collège? (En anglais, le terme utilisé est «career advisors». Les tâches consistent à offrir un appui aux étudiants en matière de choix de cours/programmes ainsi qu’à offrir de l’information scolaire et professionnelle). □ Oui □ Non
46b. Si vous avez répondu «oui», veuillez utiliser l’échelle suivante pour noter votre niveau de collaboration.

1  2  3  4  5  6  7  8  9  10

Aucun contact ←----------------------------------------------------------------->Collaboration très étroite

46c. Avez-vous des commentaires à formuler au sujet de leur impact sur votre travail?

____________________

47. Avez-vous des «conseillers pédagogiques» à votre collège. En anglais, le terme utilisé est «academic advisor». Les tâches consistent à aider les étudiants à choisir un cours ou à laisser tomber un ou plusieurs cours au besoin. Il peut aussi appuyer l’étudiant en matière de méthodes d’études ou à développer des compétences pour se préparer aux examens, etc.

☐ Oui  ☐ Non

47b. Si «oui», veuillez utiliser l’échelle ci-après pour noter votre niveau de collaboration.

1  2  3  4  5  6  7  8  9  10

Aucun contact ←----------------------------------------------------------------->Collaboration très étroite

47c. Avez-vous des commentaires à formuler au sujet de leur impact sur votre travail?

____________________

48. Avez-vous des conseillers en réussite scolaire à votre collège?

☐ Oui  ☐ Non

48b. Si oui, veuillez utiliser l’échelle ci-après pour noter votre niveau de collaboration.

1  2  3  4  5  6  7  8  9  10

Aucun contact ←----------------------------------------------------------------->Collaboration très étroite

48c. Avez-vous des commentaires à formuler au sujet de leur impact sur votre travail?

____________________

49. Avez-vous un Service de santé à votre collège?

☐ Oui  ☐ Non

49b. Si oui, veuillez utiliser l’échelle ci-après pour noter votre niveau de collaboration.

1  2  3  4  5  6  7  8  9  10

Aucun contact ←----------------------------------------------------------------->Collaboration très étroite

49c. Avez-vous des commentaires à formuler au sujet de leur impact sur votre travail?

____________________

50. Avez-vous un ombudsman à votre collège?

☐ Oui  ☐ Non

50b. Si oui, veuillez utiliser l’échelle ci-après pour noter votre niveau de collaboration.

1  2  3  4  5  6  7  8  9  10

Aucun contact ←----------------------------------------------------------------->Collaboration très étroite
50c. Avez-vous des commentaires à formuler sur la façon dont l’ombudsman influe sur votre travail? ________________

51. Avez-vous accès à des services de consultation psychiatrique/psychologique à votre collège?
   □ Oui  □ Non

51b. Si oui, veuillez utiliser l’échelle ci-après pour noter votre niveau de collaboration.

1  2  3  4  5  6  7  8  9  10
Aucun contact ←-----------------------------------------------Collaboration très étroite

51c. Avez-vous des commentaires à formuler au sujet de leur impact sur votre travail?
____________________

52. Veuillez utiliser l’échelle suivante pour noter votre collaboration avec le bureau du registraire de votre collège.

1  2  3  4  5  6  7  8  9  10
Aucun contact ←-----------------------------------------------Collaboration très étroite

52b. Avez-vous des commentaires à formuler au sujet de leur impact sur votre travail?
____________________

53. Quel niveau d’accès avez-vous aux dossiers des étudiants dans le système d’information sur les étudiants? (Banner, Datatel, etc.)
   f. Accès complet (par ex., NAS, date de naissance, diplômes, etc.)
   g. Accès aux diplômes/données d’inscription/horaires des étudiants
   h. Accès à l’information sur les étudiants mais limités à un nombre restreint de programmes d’études.
   i. Je n’ai pas accès
   j. Autre … veuillez préciser ________________________________________________

54. Avez-vous accès aux photographies des étudiants? □ Oui  □ Non

55. Avez-vous un mode de fonctionnement pour intervenir «sur appel/après les heures de service» en cas d’urgence? □ Oui  □ Non

55b. Si vous avez répondu «oui», veuillez préciser
______________________________

56. Est-ce qu’on s’attend à ce que vous soyez «sur appel»? □ Oui  □ Non

57. Avez-vous des heures régulières de travail en soirée? □ Oui  □ Non

56b. Si vous avez répondu «oui», combien de soirs par semaine êtes-vous accessible? ___

58. En général, comment qualifieriez-vous votre capacité de bien aiguiller les étudiants vers les ressources communautaires destinées spécifiquement au counselling personnel?
   □ Très facile □ Un peu facile □ Un peu difficile □ Très difficile
58b. Si c’est un peu difficile ou très difficile, veuillez préciser ____________________________

59. En moyenne, à quelle fréquence consultez-vous vos pairs au sujet de l’état des cas ou des problèmes dans un mois?
Nombre _____________

60. Avez-vous régulièrement des réunions de conseillers?
- Oui - Non
   60b. Si vous avez répondu «oui», à quelle fréquence?
- Une fois par semaine - Aux 2 semaines - Une fois par mois - Chaque semestre.

61. Avez-vous une description d’emploi écrite en plus de celle de la convention collective.
- Oui - Non

62. En moyenne, à quelle fréquence consultez-vous votre gestionnaire sur l’état des cas/problèmes dans un mois?
Nombre _____________

63. Êtes-vous assujetti à une supervision? - Oui - Non
   63b. Si vous avez répondu «oui», est-elle: - administrative - liée à des études de cas - les deux
   63c. Si vous avez répondu «oui», par qui?
- Pair - Gestionnaire - Externe - Autre ______
   62d. Si vous avez répondu «oui», à quelle fréquence?
- Hebdomadaire - Aux 2 semaines - Mensuelle - Semestrielle - Annuelle

64. Quand a eu lieu votre dernière évaluation de rendement?
- L’an dernier - Au cours des 5 dernières années - Au cours des 10 dernières années - Il y a plus de 10 ans - Je ne me souviens pas

65. Dans quelle mesure croyez-vous que le rôle du conseiller est appuyé par votre collège?
- Beaucoup - Pas mal - Un peu - Pas du tout

66. Mon gestionnaire est un défenseur du rôle de conseiller.
- Beaucoup - Pas mal - Un peu - Pas du tout

67. La haute direction est favorable au rôle de conseiller.
- Beaucoup - Pas mal - Un peu - Pas du tout

68. Veuillez noter votre degré de satisfaction au travail sur l’échelle ci-après.

   1 2 3 4 5 6 7 8 9 10
   très faible satisfaction ---------------------------------------------→ très grande satisfaction
69. Selon vous, quelle est votre degré d’efficacité pour répondre aux besoins des étudiants de votre collège?

1           2           3           4           5           6           7           8           9           10
très faible <----------------------------------------------------------→ très bonne

70. Veuillez mentionner jusqu’à trois «pratiques exemplaires» qui sont appliquées actuellement par le département de counselling de votre collège.

#1. ________________________________________________________________

#2. ________________________________________________________________

#3. ________________________________________________________________
An Analysis of Counselling Services in Ontario Colleges
Une analyse des services de counselling dans les collèges de l’Ontario

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English Français
Survey of Ontario College Counselling Managers 2011

Enter Password Here: ____

Survey Goals
This survey invites you to answer some questions about yourself and your role in your college. It is the first time this type of information has been collected from managers of college counselling departments and the results will be invaluable in understanding the current state of counselling services in Ontario colleges.

The following research questions are being addressed by this survey.

7. How are counselling services being delivered across the Ontario college system?
8. What service guidelines or benchmarks should guide colleges in the effective utilization of counsellors?
9. What are the implications of 2007 Psychotherapy Act?

Anticipated outcomes for this study are:
9. A comprehensive description of counselling services in Ontario colleges
10. Identify models/approaches to counselling delivery
11. Identify strengths and weaknesses associated with each model
12. Develop realistic service delivery guidelines/benchmarks that incorporate ethics practices, professional regulatory requirements and fiscal realities.

Informed Consent and Protection of Personal Privacy
Participation in this survey is strictly voluntary. You are under no obligation to participate and any personal information you provide will be kept STRICTLY CONFIDENTIAL. We want to emphasize that your answers will only be reported in “aggregate form”. Your individual results will not be shared with anyone outside of the researchers. We want to encourage you to answer the questions candidly and honestly. While you may skip any questions you are not comfortable answering, the quality of the results from this study depends on obtaining complete information from as many participants as possible. You may
withdraw from the survey at any point prior to clicking the “Submit” button at the end of the questionnaire and any information you have provided will be deleted.

I have read the above and agree to participate – lets get started! ☑️
I don’t agree, and won’t participate ☐ ➔ EXIT

Thank you for agreeing to participate in this survey.

INSTRUCTIONS
Please read each question carefully and answer all parts according to the instructions provided. Most items simply require a mouse click but some allow you to make detailed typed comments.

If you select a response and change your mind, just click on your new choice and your first answer will be removed. You can return to a previous page by clicking the ⬅️ arrow at the top left of your screen.

A. Census Information – Who we are...
1. Your College name (pull down menu of colleges)
2. Sex ☐ Male ☐ Female
3. Age ☐ <30 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60 +
4. Estimated years to retirement. ☐ 1-4 years ☐ 5-10 years ☐ 10 plus years
5. Years of experience in administration. ☐ <5 years ☐ 5-9 ☐ 10-14 ☐ 15-19 ☐ 20+

Questions 6-10 are related to the upcoming regulation of Psychotherapy in Ontario, particularly concerning the ongoing supervision of counsellors who join the Ontario College of Registered Psychotherapists and Registered Mental Health Therapists (OCRPRMH)

6. I have experience being a counsellor in the Ontario college system ☐ Yes ☐ No
7. I have experience being a counsellor in the community. ☐ Yes ☐ No
8. Are you currently “regulated” by a regulatory college that is associated with counselling? (i.e., Ontario College of Social Workers and Social Services Workers, College of Psychologists, etc.)
   ☐ Yes ☐ No
   8b. If so, which college? __________

At present the proposed registration requirements for membership in the Ontario College of Registered Psychotherapists and Registered Mental Health Therapists (OCRPRMHT) includes the following: “…have practised the profession at least 750 hours within a three-year period that begins no earlier than three years before the date of his or her application.” [this translates into five hours per week over a three year period] In this regulation, practising the profession, in addition to direct client contact, may also include record-keeping, preparation, research, consultation and professional development in relation to direct client contact. It may also include teaching, supervising, conducting research and writing in the field of psychotherapy.
9. Given the above requirement, would you qualify for membership in the OCRPRMHT?

☐ Yes  ☐ No  ☐ Not sure

9b. If Yes, as a,
   1. Registered Psychotherapist
   2. Registered Mental Health Therapist
   3. not sure

10. What impact do you think the upcoming College of Registered Psychotherapists and Registered Mental Health Therapists is going to have on your counselling department?

☐ Very significant  ☐ quite significant  ☐ somewhat  ☐ very little  ☐ none  ☐ don’t know

B. Direct Service Provision ... what our college does...

11. Do you keep service statistics on the operation of your counselling department?
    ☐ Yes  ☐ No

11b. If yes, how do you do this?
    1. Mostly paper based
    2. Computer based stand alone program (i.e., ClockWork)
    3. Computer program attached to your student information software (i.e. Datatel)
    4. Other (please describe________________________________________)

12. The idea of collecting province-wide counselling service statistics has been discussed for a number of years. This question is meant to determine the feasibility of creating a template to achieve this goal. If asked, could you provide the following statistics for the 2010-11 year?

1. Number of students who saw counsellors  ☐ Yes  ☐ No
2. Number of student visits to counsellors ☐ Yes  ☐ No
3. Number of students who presented with mental health issues ☐ Yes  ☐ No
4. Top five “presenting situation” factors, (i.e. abuse, relationships, depression) ☐ Yes  ☐ No
5. Most frequent referral sources to counselling ☐ Yes  ☐ No
6. Number of students referred to community resources ☐ Yes  ☐ No
7. Number of crisis situations (e.g. threat to self and/or others) ☐ Yes  ☐ No

13. Do you have an expectation of how many students a counsellor should see in a given time.
    ☐ Yes  ☐ No

13b. if yes, how many and over what time frame? ______
13c. Any comments you’d like to make? ___________________

14. These are the three traditional components of the college counsellor role as per the Class Definition in the collective agreement. Please provide an estimate of the percentage of
time your counselling staff as a whole spends providing these three “broad service categories”...

1. Academic advisement ______
2. Career counselling ______
3. Personal counselling ______ 100%

15. Which of the following activities does your counselling department participate in? Please consider this question over a typical September-August time period using the scale below.

   We do not participate in this
   We do a little of this (less than 5 sessions per year)
   We do a moderate amount of this (5-9 sessions per year)
   We do a lot of this (10+ sessions per year)

15.1 Student workshops/sessions (outside of class)
15.2 Guest speaking in professor’s classes
15.3 Training student leaders/student employees
15.4 Training for staff/faculty

16. If your counselling department delivers any of the activities in Q15, could you list those which you consider to have the best outcomes contributing to student development (i.e., are there outreach activities that you would consider essential to deliver? (e.g, Stress Management for RPNs, Personality Dimensions for CYW students etc.) (text box)

17. Which of the following does your counselling department participate in? Please consider the amount that is done over a typical September-August time period using the scale below.

   We do not participate in this
   We do a little of this (where we would have under 5 cases per year)
   We do a moderate amount of this (5 to 9 cases per year)
   We do a lot of this (10+ cases per year)

17.1 Student behaviour consultation with faculty/managers
   17.1.1 Discussion/coaching/strategy development
   17.1.2 Developing/writing behaviour contracts
   17.1.3 Provide “mandated” counselling

17.2 Resolving instances of harassment
   17.2.1 Student to student
   17.2.1 Student to staff
   17.2.1 Staff to student
   17.2.1 Staff to staff

17.3 Mediation
   17.3.1 Student-student
   17.3.2 staff-student
17.3.3 staff-staff

17.4 Assisting students with formal academic appeal

17.5 Assisting students with formal non-academic appeal

17.6 Risk Assessment

17.7 Tragic Events Response

17.8 Counselling for staff/faculty

17.9 Use an *Early Warning system/proactive early intervention* (often called “intrusive intervention” with students deemed “at risk”) to work with students who have been identified through this process.

18. To what degree do you believe counsellor participation in the following activities adds value to the delivery of counselling services in your college?

18.1 Teaching credit courses.

☐ Very Much ☐ Quite a bit ☐ Very little ☐ Not at all

18.2 Union involvement (not including attending general meetings), e.g. serving on Executive, Union Steward, committee work.

☐ Very Much ☐ Quite a bit ☐ Very little ☐ Not at all

18.3 Community involvement (involvement external to college within your community, e.g. service on Boards, doing work with volunteer organizations)

☐ Very Much ☐ Quite a bit ☐ Very little ☐ Not at all

18.4 Professional Association work (i.e., Ontario Association of Professional Social Worker, including Ontario College Counsellors [OCC] work)

☐ Very Much ☐ Quite a bit ☐ Very little ☐ Not at all

18.5 Supervision of student counsellors for qualifications at a Master’s level (i.e. M. Ed. Counselling, M.S.W., M. A. Psychology, etc)

☐ Very Much ☐ Quite a bit ☐ Very little ☐ Not at all

18.6 Supervision of student counsellors for qualifications at a Bachelor’s level (i.e. BSW)

☐ Very Much ☐ Quite a bit ☐ Very little ☐ Not at all

18.7 Research/Writing

☐ Very Much ☐ Quite a bit ☐ Very little ☐ Not at all

19. How many of your counsellors typically utilize the ten days of professional development they are entitled to each year?

☐ All ☐ Most ☐ Some ☐ None ☐ Don’t Know
C. Characteristics of Service Delivery – how we do it...

20. Do you have an “early alert system” to identify “high risk” students at your college?
   □ Yes  □ No

21. Counselling can be delivered in an eclectic fashion using a variety of methods (e.g. Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, Emotion Focused Therapy), or where emphasis is placed on the use of a single approach (prescriptive). How would you characterize delivery in your counselling dept?
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>4</th>
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<tbody>
<tr>
<td>Eclectic</td>
<td>Prescriptive</td>
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</table>

22. Does your college endorse a particular method of counselling as the preferred way of delivering your service?  □ Yes  □ No
   22b. If yes, please explain ______________________________________

<table>
<thead>
<tr>
<th>Definition of</th>
<th>Advising</th>
<th>Coaching</th>
<th>Counselling</th>
<th>Psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advising helps</td>
<td>students negotiate the college system re: admissions, course selection, policy, process etc.</td>
<td></td>
<td></td>
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<tr>
<td>Coaching focuses</td>
<td>specific personal projects and transitions by methodically helping students choose a course of action.</td>
<td></td>
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<tr>
<td>Counselling</td>
<td>involves a variety of intervention techniques based typically on a more comprehensive, psychosocial assessment of student difficulties.</td>
<td></td>
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</tr>
<tr>
<td>Psychotherapy</td>
<td>is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means.</td>
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</tbody>
</table>

23a. Please estimate the percentage of time your counsellors currently function in each of the above categories (please ensure the total is 100%).

<table>
<thead>
<tr>
<th>Advising</th>
<th>Coaching</th>
<th>Counselling</th>
<th>Psychotherapy</th>
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<td>_____%</td>
<td>_____%</td>
<td>_____%</td>
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23b. Please circle the number that best indicates where your counsellors primarily function.

<table>
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<th>Advising</th>
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<th>Psychotherapy</th>
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<td>7  8  9</td>
<td>10  11</td>
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The spectrum/continuum below attempts to represent the “intensity” of our involvement with students. Although brief definitions of these categories are provided, we recognize they are imprecise and do overlap.

Using these definitions, however, please respond to questions 23a and 23b below.
Many counsellors have suggested that their “intensity” of involvement with students has changed over the years. Thinking about when you first started your role in college counselling, please respond to questions 24a and 24b below.

24a. Please estimate the percentage of time your counsellors functioned in each of the above categories when you first began managing counsellors (please ensure the total is 100%).

<table>
<thead>
<tr>
<th>Advising</th>
<th>Coaching</th>
<th>Counselling</th>
<th>Psychotherapy</th>
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<tr>
<td>_____ %</td>
<td>_____ %</td>
<td>_____ %</td>
<td>_____ %</td>
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</table>

24b. Please circle the number that best indicates where your counsellors primarily functioned.

<table>
<thead>
<tr>
<th>Advising</th>
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<th>Counselling</th>
<th>Psychotherapy</th>
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</tbody>
</table>

25. How do you think the student diversity (cultural, linguistic, age, LGBTQ etc.) of your campus impacts your counselling department?

1. Profound impact on the way we do our jobs
2. Very much of an impact
3. Somewhat of an impact
4. Very little impact
5. No impact

25b. Describe the most profound way that student diversity affects your work as a manager

__________________________

25c. Roughly what percentage do you think counsellors in your department spend doing “cross cultural counselling” (including international students and domestic students dealing with ESL issues and other “cultural” issues in their lives)? _____ %

Don’t know/Not sure

26. Much discussion has occurred recently regarding the mental health issues (diagnosed or undiagnosed) of students in the Ontario college system. How much do these issues impact your counselling department?

1. Profound impact on the way I do my job
2. Very much of an impact
3. Somewhat of an impact
4. Very little impact
5. No impact
27. Roughly what percentage of the department’s time involves working with students who are dealing with diagnosed or undiagnosed mental health issues? _____ %

28. Describe the most profound way that mental health issues affect your work as a manager

______________

29. Do you supervise an Aboriginal Counsellor? If yes, please answer questions 30-31. If not, skip to Q32.

30. On a scale of 1-10, indicate where you would place the Aboriginal Counsellor’s practice. ‘1’ means they only meet with registered Aboriginal students when they come to counselling and ‘10’ means you reach out and connect/meet with every Aboriginal student before they even arrive at school.

1 2 3 4 5 6 7 8 9 10
Responsive approach <--------------------------------------------> Outreach approach

31. How different is their role from that of other counsellors at your college?
☐ Significantly different ☐ somewhat different ☐ not at all different.
31b. If significantly different, please explain ________________________________

D. The Environment of Your College – where we do it...

32. Do you see a web presence as important to promoting the use of counselling services within your college?
☐ Very important ☐ Quite important ☐ Somewhat important ☐ not important ☐ don’t know

33. Do you consider web technologies (i.e., mental health websites, e-counselling, use of social media) to be a way of improving the delivery of counselling services at your college?
☐ Definitely ☐ Maybe ☐ Not at all ☐ Don’t know

34. Is your counselling department involved in planning orientation activities? ☐ Yes ☐ No
35. Does your counselling department participate in orientation activities? ☐ Yes ☐ No
36. Are counsellors encouraged to speak to classes at the beginning of the year to introduce themselves and explain services available? ☐ Yes, all classes ☐ Yes, some classes ☐ No
37. Do you think you have an effective system for dealing with “walk-in” traffic? ☐ Yes ☐ No
37b. Please explain (text box)___________________
38. Do you keep track of “wait times” re: student access to counselling?  □ Yes □ No
38b. If yes, could you describe how you track it? _______________

Questions 39 -49 ask about the degree to which the counselling department generally interacts, collaborates or cooperates with other staff on campus to promote student development. We know that it may depend upon the counsellor, but from an overall institutional perspective how would you characterize the nature of these interactions? Please add comments as appropriate.

39. Describe your counselling department’s working relationship with faculty by placing your “rating” on the continuum below.

1 2 3 4 5 6 7 8 9 10

No contact ————————————————————> Extensive collaboration

39b. Comments? ________________

40. Do you have a “blended system”, where counsellors do both regular and disability work?  □ Yes □ No
   If yes go to Q42 ; If no, go to Q41

41. How closely does the counselling department work with disability services in your college?

1 2 3 4 5 6 7 8 9 10

No contact ————————————————————> Extensive collaboration

40b. Comments? ________________

42. Do you have career advisors in your college? □ Yes □ No
42b. If yes, use the scale below to rate the counselling department’s level of involvement with career advisors.

1 2 3 4 5 6 7 8 9 10

No contact ————————————————————> Extensive collaboration

42c. Comments? ________________

43. Do you have academic advisors in your college? □ Yes □ No
43b. If yes, use the scale below to rate the counselling department’s level of involvement with academic advisors.

1 2 3 4 5 6 7 8 9 10

No contact ————————————————————> Extensive collaboration

43c. Comments? ________________

44. Do you have student success advisors in your college? □ Yes □ No
44b. If yes, use the scale below to rate the counselling department’s level of involvement with student success advisors.

1 2 3 4 5 6 7 8 9 10
44c. Comments? __________________

45. Do you have a health centre in your college? □ Yes □ No
   45b. If yes, use the scale below to rate the counselling department’s level of involvement with the health centre.
   1 2 3 4 5 6 7 8 9 10
   No contact ←----------------------------------------→Extensive collaboration
   45c. Comments? __________________

46. Do you have an ombudsperson in your college? □ Yes □ No
   46b. If yes, use the scale below to rate the counselling department’s level of involvement with the ombudsperson.
   1 2 3 4 5 6 7 8 9 10
   No contact ←----------------------------------------→Extensive collaboration
   46c. Comments? _________________

47. Do you have access to psychiatric/psychological consultation in your college? □ Yes □ No
   47b. If yes, use the scale below to rate the counselling department’s level of involvement with this service.
   1 2 3 4 5 6 7 8 9 10
   No contact ←----------------------------------------→Extensive collaboration
   47c Comments? __________________

48. Please use the following scale to rate your level of involvement with the Registrar’s area of your college.
   1 2 3 4 5 6 7 8 9 10
   No contact ←----------------------------------------→Extensive collaboration
   48b. Comments you would like to make? ________________

49. Do you have a system to deal with “on call/after hour” emergencies? □ Yes □ No
   49b. If yes, please explain __________________________________________
   49c. If no, has on call coverage ever been an issue at your college? □ Yes □ No

50. Is it expected that counsellor’s do “on call”? □ Yes □ No

51. Do you have regular evening hours? □ Yes □ No
   51b. If so, how many evenings a week are you open? _____

52. Do you have regular week-end hours? □ Yes □ No
   52b. If so, how many hours a week-end are you open? _____

53. Generally, how would you rate your counsellors’ ability to effectively connect students with community resources specifically for personal counselling?
☐ Very easy  ☐ somewhat easy  ☐ little difficult  ☐ very difficult

54. Are performance appraisals conducted with counsellors? ☐ Yes ☐ No
54b. If so, how often?  ☐ Once a year  ☐ Once every 2-4 years  ☐ Once every 5 years or more

55. Do the counselling staff have regular staff meetings? ☐ Yes ☐ No
55b. If so, how often?  ☐ Weekly  ☐ bi-weekly  ☐ monthly  ☐ each semester.

56. Do counsellors have a written job description beyond what is in the collective agreement?  ☐ Yes  ☐ No

57. Approximately how many times in a typical month do counsellors consult with you on case situations/issues?  # ________

58. Do your counsellors receive regular supervision? ☐ Yes ☐ No
58b. If yes, is it?  ☐ administrative  ☐ case-related  ☐ both
58c. If so, by whom?  ☐ peer  ☐ manager  ☐ external  ☐ other ________
58d. If so, how often?  ☐ Weekly  ☐ bi weekly  ☐ monthly  ☐ by semester  ☐ yearly
58e. Any comments relating to supervision? ___________________

59. Overall, to what degree do you believe the counsellor role is supported in your college?
   ☐ Very much  ☐ Quite a lot  ☐ Somewhat  ☐ Not at all

60. Do you see yourself as an advocate for the counsellor role within your college?
   ☐ Very much  ☐ Quite a lot  ☐ Somewhat  ☐ Not at all

61. Is senior management an advocate for the counsellor role in your college?
   ☐ Very much  ☐ Quite a lot  ☐ Somewhat  ☐ Not at all

62. Please rate your job satisfaction on the scale below.
   1           2           3           4           5           6           7           8           9           10
   Very low satisfaction <----------------------------------------> Very high job satisfaction

63. Given resources, how effectively would you say the counselling department is meeting the support needs of students in your college?
   1           2           3           4           5           6           7           8           9           10
   Very poorly <----------------------------------------> Very well

64. What is the biggest challenge(s) you face in managing the counselling department? (text box)
65. Please list up to three “best practices” you see your college counselling department engaged in at present.

1. __________________________________________

2. __________________________________________

3. __________________________________________
An Analysis of Counselling Services in Ontario Colleges
Une analyse des services de counselling dans les collèges de l’Ontario

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Théorie et études stratégiques en éducation
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English

Français
Sondage de 2011 auprès des gestionnaires de services de counselling dans les collèges de l’Ontario

Inscrivez votre mot de passe ici : __________________

Sondage de 2011 auprès des gestionnaires de services de counselling dans les collèges de l’Ontario

Vous consultez actuellement ces pages au moyen d’une connexion sécurisée. Les renseignements que vous fournirez sur ce site ne peuvent être vus par personne d’autre sur l’Internet.

Objectifs du sondage
Ce sondage vous invite à répondre à certaines questions à propos de vous et de votre rôle dans votre collège. C’est la première fois que ce genre de renseignements est recueilli auprès des conseillers dans les collèges et les résultats seront très utiles pour connaître la situation actuelle des services de counselling dans les collèges de l’Ontario.

Le présent sondage aborde les questions de recherche suivantes :
10. comment les services de counselling ont-ils dispensés à l’échelle du réseau des collèges de l’Ontario?
11. quelles lignes directrices ou quels points de repère au niveau des services devraient guider les collèges pour assurer une utilisation efficace des conseillers?
12. quelles sont les répercussions de la Loi de 2007 sur les psychothérapeutes?

Voici les résultats attendus de ce sondage :
13. obtenir une description détaillée des services de counselling dans les collèges de l’Ontario;
14. déterminer les modèles/approches pour la prestation des services de counselling
15. dégager les points forts et les points faibles associés à chaque modèle;
16. élaborer des lignes directrices et établir des points de repère réalistes pour la prestation des services qui englobent les pratiques éthiques, les exigences réglementaires professionnelles et les réalités financières.

Consentement éclairé et protection des renseignements personnels
La participation à ce sondage est strictement volontaire. Vous n’êtes aucunement obligé de participer et tous les renseignements personnels que vous fournirez demeureront STRICTEMENT CONFIDENTIELS. Vous pouvez ignorer les questions auxquelles vous préférez ne pas répondre, mais la qualité des résultats de cette étude sera plus grande si nous recueillons les renseignements les plus complets auprès du plus grand nombre de participants possible. Vous pouvez vous retirer du sondage à tout moment avant de
cliquer sur le bouton «Envoyer» à la fin du questionnaire et tous les renseignements que vous aurez fournis seront effacés.
J’ai lu de qui précède et j’accepte de participer – commençons! □
Je ne suis pas d’accord et je ne participerai pas □ →SORTIE

Merci d’avoir accepté de participer à ce sondage.

INSTRUCTIONS
Veuillez lire attentivement chaque question et répondre à toutes les parties en suivant les instructions. La plupart des points nécessitent un simple clic de souris, mais certains vous permettent d’inscrire des commentaires détaillés.
Si vous choisissez une réponse et que vous changez d’idée, cliquez simplement sur votre nouveau choix et votre première réponse sera effacée. Vous pouvez retourner à une page précédente en cliquant sur la flèche en haut à gauche de votre écran.

C. Renseignements généraux – Qui nous sommes...

1. Le nom de votre collège (menu déroulant des collèges)
2. Sexe □ Homme □ Femme
3. Âge. □<30, □ 30-39, □ 40-49, □ 50-59, □ 60 et plus
4. Nombre approximatif d’années avant la retraite. □ 1-4 ans, □ 5-10 ans, □ 10 ans et plus
5. Années d’expérience en administration. □ <5 ans □ 5-9 □ 10-14 □ 15-19 □ 20 et plus

Les questions 6 à 10 concernent la réglementation des psychothérapeutes en Ontario, qui sera adoptée prochainement, en particulier en ce qui concerne la supervision continue des conseillers membres de l’Ordre des psychothérapeutes et des thérapeutes autorisés en santé mentale de l’Ontario.

6. J’ai une expérience à titre de conseiller dans le réseau des collèges de l’Ontario □ Oui □ Non
7. J’ai une expérience à titre de conseiller au sein de la collectivité □ Oui □ Non
8. Êtes-vous actuellement «réglementé» par un ordre professionnel associé au counselling?
   (par ex., Ordre des travailleurs sociaux et des techniciens en travail social de l’Ontario, Ordre des psychologues de l’Ontario, etc.)
   □ Oui □ Non
   8a. Si vous avez répondu «oui», quel est cet ordre? ____________________________

À l’heure actuelle, les critères proposés pour devenir membre de l’Ordre des psychothérapeutes et des thérapeutes autorisés en santé mentale de l’Ontario comprennent notamment :
«…avoir exercé la profession pendant au moins 750 heures dans une période de trois ans commençant pas plus de trois ans avant la date de sa demande» [soit l’équivalent de cinq heures par semaine sur une période de trois ans]. Dans ce règlement, l’exercice de la profession, en plus du contact direct avec le client, peut aussi comprendre la tenue de dossiers, la préparation, la recherche, la consultation et le
perfectionnement professionnel liés au contact direct avec le client. Il peut également comprendre l’enseignement, la supervision, les recherches et la rédaction dans un domaine de la psychothérapie.

9. Compte tenu de l’exigence susmentionnée, seriez-vous admissible à devenir membre de l’Ordre des psychothérapeutes et des thérapeutes autorisés en santé mentale de l’Ontario?

☐ Oui  ☐ Non  ☐ Pas certain

9b. Si vous avez répondu «oui», dans quelle catégorie?
1. Psychothérapeutes autorisés
2. Thérapeutes autorisés en santé mentale
3. Pas encore décidé

10. Quel impact pensez-vous que le nouvel Ordre des psychothérapeutes et des thérapeutes autorisés en santé mentale de l’Ontario aura sur votre service de counselling?

☐ Très important  ☐ Assez important  ☐ Un peu  ☐ Très peu  ☐ Aucun  ☐ Ne sais pas

B. Prestation directe de services – Ce que fait notre collège...

11. Tenez-vous des statistiques au sujet du fonctionnement de votre service de counselling?
☐ Oui  ☐ Non

11a. Si vous avez répondu «oui», comment compilez-vous ces statistiques?
1. Principalement en sur support papier
2. Programme informatique autonome (par ex., ClockWork)
3. Par ordinateur au moyen de votre logiciel d’information sur les étudiants (par ex., Datatel, PeopleSoft)
4. Autre (veuillez préciser ____________________________________________________________________________)

12. L’idée de recueillir des statistiques sur les services de counselling à l’échelle de la province est envisagée depuis quelques années. Cette question vise à déterminer la possibilité de concevoir un modèle pour atteindre cet objectif. Si on vous le demande, pourriez-vous fournir les statistiques suivantes pour l’année 2010-2011?

1. Nombre d’étudiants qui ont consulté vos conseillers  ☐ Oui  ☐ Non
2. Nombre de visites d’étudiants à des conseillers  ☐ Oui  ☐ Non
3. Nombre d’étudiants qui éprouvaient des problèmes de santé mentale  ☐ Oui  ☐ Non
4. Les cinq principaux facteurs des «situations présentées», (par ex., abus, relations, dépression),
   ☐ Oui  ☐ Non
5. Les sources d’aiguillage les plus fréquentes pour les services de counselling  ☐ Oui  ☐ Non
6. Le nombre d’étudiants aiguillés vers des ressources communautaires  ☐ Oui  ☐ Non
7. Nombre de situations de crise (par ex., menace pou soi et/ou pour d’autres)  ☐ Oui  ☐ Non
13. Avez-vous des attentes quant au nombre d’étudiants qu’un conseiller devrait voir dans une période donnée?
☐ Oui  ☐ Non
13b. Si vous avez répondu «oui», combien et pendant quelle période? ______
13c. Avez-vous des commentaires à formuler? ___________________

14. D’après la définition des catégories dans la convention collective, voici les trois composantes traditionnelles du rôle du conseiller dans les collèges. Veuillez indiquer ci-après le pourcentage de temps estimatif que vos conseillers consacrent à ces trois «grandes catégories de services».

1. Conseils pédagogiques ______
2. Orientation de carrière ______
3. Counselling personnel ______

100%

15. Auxquelles des activités suivantes votre service de counselling participe-t-il? Veuillez répondre à cette question dans le contexte d’une période type allant de septembre à août en utilisant l’échelle ci-après.

Nous ne participons pas à cette activité
Nous en faisons un peu (les conseillers en font moins de 5 séances par année)
Nous en faisons modérément (5 à 9 séances par année)
Nous en faisons beaucoup (10 cas et plus par année)

15.1 Ateliers/séances pour les étudiants (en dehors des cours)
15.2 Conférenciers dans des conférences pour professeurs
15.3 Formation de dirigeants étudiants/d’employés étudiants
15.4 Formation des employés/enseignants

16. Si votre service de counselling offre certaines des activités à la Q15, pourriez-vous mentionner celles que vous considérez comme ayant les meilleurs résultats pour contribuer au développement des étudiants (par ex., y a-t-il des activités de sensibilisation que vous considérez essentielles? Par exemple, y a-t-il des activités de sensibilisation que vous considérez essentielles? (par ex., gestion du stress pour les IAA, les dimensions de la personnalité pour les étudiants en travail auprès des enfants et des jeunes, etc.) (boîte de texte)

17. Auxquelles des activités suivantes votre service de counselling participe-t-il? Veuillez tenir compte du temps que vous consacrez pendant une période type de septembre à août en utilisant l’échelle ci-après.

Nous ne participons pas à cette activité
Nous en faisons un peu (moins de 5 cas par année)
Nous en faisons modérément (5 à 9 cas par année)
Nous en faisons beaucoup (10 cas et plus par année)
17.1 Consultation sur le comportement des étudiants avec des enseignants/gestionnaires
   17.1.1 Discussion/encadrement/élaboration de stratégies
   17.1.2 Élaboration/réduction de contrats de comportement
   17.1.3 Dispenser des services de consultation «obligatoires»

17.2 Résolution de cas de harcèlement
   17.2.1 Étudiant à étudiant
   17.2.1 Étudiant à employé
   17.2.1 Employé à étudiant
   17.2.1 Employé à employé

17.3 Médiation
   17.3.1 Étudiant-étudiant
   17.3.2 Employé-étudiant
   17.3.3 Employé-employé

17.4 Aider les étudiants avec l’appel académique formelle
17.5 Aider les étudiants avec l’appel non-académique formelle
17.6 Évaluation des risques
17.7 Réaction en cas d’événement tragique

17.8 Consultation pour le personnel/enseignants
   17.9 Utilisation d’un système de repérage/d’intervention précoce (souvent appelée «intervention intrusive» avec des étudiants jugés «à risque») pour travailler avec les étudiants qui ont été repérés à la suite de ce processus.

18. Dans quelle mesure croyez-vous que la participation du conseiller aux activités suivantes ajoute de la valeur à la prestation des services de counselling dans votre collège?

18.1 Enseignement de cours menant à des crédits

☐ Beaucoup  ☐ Pas mal  ☐ Très peu  ☐ Pas du tout

18.2 Participation à un syndicat (ne comprend pas la participation aux assemblées générales, par ex., membre de l’exécutif, délégué syndical, travail de comité)

☐ Beaucoup  ☐ Pas mal  ☐ Très peu  ☐ Pas du tout

18.3 Engagement communautaire (engagement à l’extérieur du collège au sein de votre collectivité, par ex., siéger à des conseils, travailler auprès d’organismes bénévoles)

☐ Beaucoup  ☐ Pas mal  ☐ Très peu  ☐ Pas du tout

18.4 Travail au sein d’une association professionnelle (par ex., Association des travailleuses et travailleurs sociaux de l’Ontario, y compris travail de conseiller auprès de Collèges Ontario)
18.5 Supervision d’étudiants en counselling pour les qualifications au niveau de la maîtrise (par ex., M. A. (Ed.) Counselling, maîtrise en Service social, M. A. en Psychologie, etc.)

☐ Beaucoup  ☐ Pas mal  ☐ Très peu  ☐ Pas du tout

18.6 Supervision d’étudiants en counselling pour les qualifications au niveau du baccalauréat? (par ex., baccalauréat en Service social)

☐ Beaucoup  ☐ Pas mal  ☐ Très peu  ☐ Pas du tout

18.7 Recherche/rédaction

☐ Beaucoup  ☐ Pas mal  ☐ Très peu  ☐ Pas du tout

19. Combien de vos conseillers utilisent habituellement les dix jours de perfectionnement professionnel auxquels ils ont droit chaque année?

☐ Tous  ☐ La plupart  ☐ Certains  ☐ Aucun  ☐ Ne sais pas

C. Caractéristiques des services offerts – Comment nous le faisons...

20. Avez-vous un «système de repérage» pour identifier les étudiants à «risque élevé» dans votre collège?

☐ Oui  ☐ Non

21. Les services de counselling peuvent être offerts de manière ouverte en utilisant diverses méthodes (par ex., thérapie cognitivo-comportementale, thérapie comportementale dialectique, thérapie axée sur l’émotion), ou en privilégiant l’utilisation d’une seule approche (prescriptive). Comment caractériseriez-vous la prestation des services dans votre service de counselling?

Ouverte........................................................................................................................................................................prescriptive

22. Votre collège appuie-t-il une méthode de counselling en particulier comme façon privilégiée d’offrir votre service?  ☐ Oui  ☐ Non

22b. Si vous avez répondu «oui», veuillez préciser

L’éventail ou le continuum ci-après représente l’«intensité» de votre implication auprès des étudiants. Voici de brèves définitions de ces catégories, mais nous reconnaissions qu’elles sont
imprécises et se chevauchent. Toutefois, à l’aide de ces définitions, veuillez répondre aux questions 23a et 23b ci-après.

<table>
<thead>
<tr>
<th>Définition de</th>
<th>Conseils- Aide les étudiants à naviguer dans le réseau collégial, par ex. : admission, choix de cours, politiques, processus, etc.</th>
<th>Coaching – Aide méthodiquement les étudiants à choisir un plan d’action dans leurs projets personnels et leurs transitions.</th>
<th>Counselling - Applique diverses techniques d’intervention généralement basées sur une évaluation psychosociale plus approfondie des difficultés de l’étudiant.</th>
<th>Psychothérapie - Évalue et traite les troubles cognitifs, émotifs ou de comportement par des moyens psychothérapeutiques</th>
</tr>
</thead>
</table>

23a. Veuillez estimer le pourcentage de temps que vos conseillers travaillent dans chacune des catégories indiquées ci-haut. (assurez-vous que le total égale 100 p. cent).

<table>
<thead>
<tr>
<th>Conseils</th>
<th>Coaching</th>
<th>Counselling</th>
<th>Psychothérapie</th>
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<tr>
<td>_________</td>
<td>_________</td>
<td>_________</td>
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</tbody>
</table>

23b. Veuillez encercler le chiffre qui reflète le mieux le secteur dans lesquels vos conseillers travaillent principalement.

<table>
<thead>
<tr>
<th>Conseils</th>
<th>Coaching</th>
<th>Counselling</th>
<th>Psychothérapie</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>
Beaucoup de conseillers ont indiqué que l’« intensité » de leur implication auprès des étudiants a changé au fil des années. En vous reportant à la période où vous avez amorcé votre rôle de conseiller au niveau collégial, veuillez répondre aux questions 24a et 24b ci-après.

### Définition de

<table>
<thead>
<tr>
<th>Conseils</th>
<th>Coaching</th>
<th>Counselling</th>
<th>Psychothérapie</th>
</tr>
</thead>
<tbody>
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<td>Évalue et traite les troubles cognitifs, émotifs ou de comportement par des moyens psychothérapeutiques.</td>
</tr>
</tbody>
</table>

24a. Veuillez estimer le pourcentage de temps que les conseillers ont travaillé dans chacune des catégories indiquées ci-haut lorsque vous avez commencé à gérer vos conseillers (assurez-vous que le total égale 100 p. cent ).

<table>
<thead>
<tr>
<th>Conseils</th>
<th>Coaching</th>
<th>Counselling</th>
<th>Psychothérapie</th>
</tr>
</thead>
<tbody>
<tr>
<td>____%</td>
<td>____%</td>
<td>____%</td>
<td>____%</td>
</tr>
</tbody>
</table>

24b. Veuillez encercler le chiffre qui reflète le mieux les secteurs dans lesquels vos conseillers ont principalement travaillé.

<table>
<thead>
<tr>
<th>Conseils</th>
<th>Coaching</th>
<th>Counselling</th>
<th>Psychothérapie</th>
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<tbody>
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<td>1</td>
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<td>10</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>

25. Dans quelle mesure la diversité (culturelle, linguistique, âge etc.) des étudiants de votre campus a-t-elle une incidence sur votre service de counselling?

1. Un impact profond sur la façon dont nous faisons notre travail
2. Un impact important
3. Un peu d’impact
4. Très peu d’impact
5. Aucun impact

25b. Décrivez le plus grand impact de la diversité des étudiants sur votre travail à titre de gestionnaire. _______________________

25c. Environ quel pourcentage du temps de consultation de vos conseillers est consacré à la «consultation interculturelle» (y compris les étudiants étrangers et les étudiants canadiens qui font face à des défis d’ALS et à d’autres défis «culturels» dans leur vie)?

_____%  ☐ Ne sais pas/Pas certain
26. Beaucoup de discussions ont eu lieu récemment au sujet des problèmes de santé mentale des étudiants, qu’ils soient diagnostiqués ou non, dans le réseau des collèges de l’Ontario. Dans quelle mesure ces problèmes ont-ils une incidence sur le travail de votre service de counselling?

1. Un impact profond sur la façon dont nous faisons notre travail
2. Un impact important
3. Un peu d’impact
4. Très peu d’impact
5. Aucun impact

27. Approximativement quel pourcentage du temps de votre service de counselling est consacré à travailler avec des étudiants qui éprouvent des problèmes de santé mentale, qu’ils soient diagnostiqués ou non? _____ %

28. Décrivez le plus grand impact des problèmes de santé mentale des étudiants sur votre travail à titre de gestionnaire _____________

29. Est-ce que vous supervisez un conseiller pour les étudiants autochtones?
   □ Oui □ Non
   Si vous avez répondu «oui», veuillez répondre aux questions 30 et 31. Sinon, passez à la Q32.

30. Sur une échelle de 1 à 10, veuillez indiquer où vous vous situez en fonction de votre pratique la plus fréquente. «1» signifie que vous rencontrez seulement des étudiants qui sont des Indiens inscrits lorsqu’ils s’adressent à vous et «10» signifie que vous essayez de communiquer avec chaque étudiant autochtone et de les rencontrer avant leur arrivée au collège.

1       2       3       4       5       6       7       8       9       10
Approche réactive <----------------------------------------------> Approche proactive

31. Dans quelle mesure leur rôle est-il différent de celui des autres conseillers à votre collège?
   □ Très différent □ Un peu différent □ Pas du tout différent.

31b. S’il est très différent, veuillez préciser __________________________

D. L’environnement de votre collège – Où nous faisons notre travail...

32. Considérez-vous qu’une présence sur le site Web est importante pour promouvoir les services de counselling de votre collège?
   □ Certainement important □ Assez important □ Un peu important □ Pas important □ Ne sais pas
33. Considérez-vous que les technologies de l’Internet (par ex., sites Web sur la santé mentale, counselling en ligne, utilisation des médias sociaux) sont une façon d’améliorer la prestation des services de counselling à votre collège?

☐ Certainement  ☐ Peut-être  ☐ Pas du tout  ☐ Ne sais pas

34. Votre service de counselling participe-t-il à la planification des activités d’accueil?? ☐ Oui ☐ Non

35. Votre service de counselling participe-t-il aux activités d’accueil?? ☐ Oui  ☐ Non

36. Encouragez-vous les conseillers à parler aux classes au début de l’année pour se présenter et expliquer les services offerts? ☐ Oui, toutes les classes  ☐ Oui, certaines classes  ☐ Non

37. Pensez-vous avoir un système efficace pour répondre aux étudiants qui «arrivent à l’improviste» pour voir un conseiller?  ☐ Oui  ☐ Non

37b. Veuillez préciser (text box)____________________

38. Prenez-vous note des «temps d’attente» avant que les étudiants puissent avoir accès aux services de counselling?  ☐ Oui  ☐ Non

38b. Si vous avez répondu «oui», pourriez-vous décrire comment vous en prenez note?

_______________

Les questions 39 à 49 concernent la manière dont les conseillers des collèges interagissent, collaborent ou coopèrent avec d’autres employés sur le campus pour promouvoir le développement des étudiants. Veuillez ajouter des commentaires, si nécessaire, dans les espaces prévus.

39. Dans quelle mesure votre service de counselling collabore-t-il avec les enseignants de votre collège en indiquant votre réponse sur l’échelle suivante?

1           2           3           4           5           6           7           8           9           10

Aucun contact ←--------------------------------------------------------→Collaboration très étroite

39b. Commentaires? _________________________________________________

40. Avez-vous un «système intégré», dans lequel les conseillers font leur travail régulier et du travail pour les étudiants ayant des besoins spéciaux?

☐ Oui  ☐ Non

Si vous avez répondu «oui», veuillez répondre aux questions 42. Sinon, passez à la Q41

41. Dans quelle mesure votre service de counselling collabore-t-il avec les le Service des besoins spéciaux de votre collège?

1           2           3           4           5           6           7           8           9           10
Aucun contact ←-----------------------------------------------→Collaboration très étroite

41b. Commentaires? __________________________

42. Avez-vous des «conseillers en carrière» à votre collège? (En anglais, le terme utilisé est «career advisors». Les tâches consistes à offrir un appui aux étudiants en matière de choix de cours/programmes ainsi qu’à offrir de l’information scolaire et professionnelle)? □ Oui  □ Non
42b. Si oui, veuillez utiliser l’échelle ci-après pour noter votre niveau de collaboration

Aucun contact ←-----------------------------------------------→Collaboration très étroite
42c. Commentaires? __________________________

43. Avez-vous des «conseillers pédagogiques» à votre collège. En anglais, le terme utilisé est «academic advisor». Les tâches consistent à aider les étudiants à choisir un cours ou à laisser tomber un ou plusieurs cours au besoin. Il peut aussi appuyer l’étudiant en matière de méthodes d’études ou à développer des compétences pour se préparer aux examens, etc.
□ Oui  □ Non
43b. Si oui, veuillez utiliser l’échelle ci-après pour noter votre niveau de collaboration.

Aucun contact ←-----------------------------------------------→Collaboration très étroite
43c. Commentaires? __________________________

44. Avez-vous des conseillers en réussite scolaire à votre collège? □ Oui  □ Non
44b. Si oui, veuillez utiliser l’échelle ci-après pour noter votre niveau de collaboration

Aucun contact ←-----------------------------------------------→Collaboration très étroite
44c. Commentaires? __________________________

45. Avez-vous un Service de santé à votre collège? □ Oui  □ Non
45b. Si oui, veuillez utiliser l’échelle ci-après pour noter votre niveau de collaboration

Aucun contact ←-----------------------------------------------→Collaboration très étroite
45c. Commentaires? __________________________

46. Avez-vous un ombudsman à votre collège? □ Oui  □ Non
46b. Si oui, veuillez utiliser l’échelle ci-après pour noter votre niveau de collaboration

Aucun contact ←-----------------------------------------------→Collaboration très étroite
46c. Commentaires? __________________________
47. Avez-vous **accès à des services de consultation psychiatrique/psychologique** à votre collège?

☐ Oui  ☐ Non

47b. Si oui, veuillez utiliser l’échelle ci-après pour noter votre niveau de collaboration

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</table>

Aucun contact ←---------------------------------------------------------------Collaboration très étroite

47c. Commentaires? ________________

48. Veuillez utiliser l’échelle suivante pour noter votre **collaboration avec le bureau du registraire** de votre collège.

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</table>

Aucun contact ←---------------------------------------------------------------Collaboration très étroite

48b. Commentaires? ________________

49. Avez-vous un système pour intervenir «sur appel/après les heures de cours» en cas d’urgence?

☐ Oui  ☐ Non

49b. Si vous avez répondu «oui», veuillez préciser

____________________________________

49c. Si vous avez répondu «non», le service sur appel a-t-il déjà été un problème à votre collège?  ☐ Oui  ☐ Non

50. Est-ce qu’on s’attend à ce que vos conseillers soient «sur appel»?  ☐ Oui  ☐ Non

51. Avez-vous des heures de travail régulières en soirée?  ☐ Oui  ☐ Non

51b. Si vous avez répondu «oui», combien de soirs par semaine le service est-il ouvert?

Nombre____

52. Avez-vous des heures de travail régulières la fin de semaine?  ☐ Oui  ☐ Non

52b. Si vous avez répondu «oui», combien d’heures par fin de semaine le service est-il ouvert?

Nombre____

53. En général, comment qualifieriez-vous la capacité de vos conseillers de bien aiguiller les étudiants vers les ressources communautaires destinées spécifiquement au counselling personnel?

☐ Très facile  ☐ Un peu facile  ☐ Un peu difficile  ☐ Très difficile

54. Effectuez-vous des évaluations du rendement des conseillers?  ☐ Oui  ☐ Non

54b. Si vous avez répondu «oui», à quelle fréquence?

☐ Une fois par année  ☐ Une fois aux 2-4 ans  ☐ Tous les 5 ans

55. Le service de counselling tient-il régulièrement des réunions d’employés?  ☐ Oui  ☐ Non
55b. Si vous avez répondu «oui», à quelle fréquence?
☐ Hebdomadairement  ☐ Aux 2 semaines  ☐ Mensuellement  ☐ Chaque semestre

56. Les conseillers ont-ils une description d’emploi écrite en plus de celle de la convention collective.
☐ Oui  ☐ Non

57. Environ combien de fois dans un mois habituel les conseillers vous consultent-ils au sujet de l’état des cas ou des problèmes?
☐ Jamais  ☐ Peu souvent  ☐ Assez souvent  ☐ Très souvent

58. Vos conseillers sont-ils supervisés régulièrement?
☐ Oui  ☐ Non
58b. Si vous avez répondu «oui», est-elle :
☐ administrative  ☐ liée au cas  ☐ les deux
58c. Si vous avez répondu «oui», par qui?
☐ pair  ☐ gestionnaire  ☐ externe  ☐ autre
58d. Si vous avez répondu «oui», à quelle fréquence?
☐ hebdomadaire  ☐ aux 2 semaines  ☐ mensuelle  ☐ semestrielle  ☐ annuelle
58e. Avez-vous des commentaires à formuler au sujet de la supervision?

59. Dans l’ensemble, dans quelle mesure croyez-vous que le rôle du conseiller est appuyé dans votre collège?
☐ Beaucoup  ☐ Pas mal  ☐ Un peu  ☐ Pas du tout

60. Vous considérez-vous comme un défenseur du rôle du conseiller dans votre collège?
☐ Beaucoup  ☐ Pas mal  ☐ Un peu  ☐ Pas du tout

61. La haute direction est favorable au rôle de conseiller dans notre collège.
☐ Beaucoup  ☐ Pas mal  ☐ Un peu  ☐ Pas du tout


1           2           3           4           5           6           7           8           9           10
Très faible satisfaction <----------------------------------------------→ Très grande satisfaction

63. Compte tenu des ressources à votre disposition, dans quelle mesure pensez-vous que votre service de counselling répond aux besoins des étudiants de votre collège?

1           2           3           4           5           6           7           8           9           10
Très faible <----------------------------------------------------------→ Très bonne

64. Quels sont les plus importants défis auxquels votre service de counselling est confronté?
(text box)

65. Veuillez mentionner les trois principales «pratiques exemplaires» qui sont appliquées actuellement par le service de counselling de votre collège.
Analysis of Counselling Services in Ontario Colleges

College Counsellor Focus Group Questions

Date: _________________ College__________________ # in Group_________

Start Time: ____________ End Time: _______________

1. Does your college have multiple campuses? What effect does a multi-campus environment have on the delivery of services? Do all campuses have equivalent levels of service? If not, why?

2. Would you say the counselling department is meeting the support needs of students in your college?
2b. If not, what policies, processes or resources would be required to do so?
2c. Who are the key individuals necessary to implement these changes?

3. Counsellors are seen as providing support to students for academic, career and personal issues. Which of these 3 areas do you believe has the greatest demand?
3b. If you have seen an increase in the incidence of mental health issues on campus, can you explain why?

4. On a scale of 1-5 with 1 being very low and 5 being very high, how diverse (cultural/linguistic, age, LGBTQ) would you say your student population is? How does this diversity impact the delivery of counselling services?

5. How do student mental health issues impact the delivery of counselling services at your college?

6. Do you provide counselling service to aboriginal students? If so, what are your thoughts regarding having counsellors dedicated solely to aboriginal learners?

7. Do you have an early alert system to identify academically at-risk students in your college?
7b. If so, what is it?
7c. Do you believe it is effective in connecting needy students with appropriate services?

8. What impact will the Ontario College of Registered Psychotherapists and Registered Mental Health Therapists have on your counselling department?

9. What do you think your counselling department should “look like” in ten years?
10. How is the work of career counsellors, academic advisors etc., if present here, coordinated with that of counsellors?

11. Do you track referrals to counselling services?  Y     N

    If so, what % of students are referred by faculty? ______
Analysis of Counselling Services in Ontario Colleges
College Counsellor Manager Interview Questions

Date: _________________ College__________________ # in Group______
Start Time: ____________ End Time: _______________

Preamble: The objective of this session is to enable managers of counselling departments to respond to questions regarding the policies, processes and resources associated with their delivery of services to students. No individual will be identified by name and results will only be released at the aggregate level. Does anyone object to our taping your comments? Please speak loudly.

1. Does your college have multiple campuses? What effect does a multi-campus environment have on the delivery of services? Do all campuses have equivalent levels of service? If not, why?

2. Would you say the counselling department is meeting the support needs of students in your college? 2b. If not, what policies, processes or resources would be required to do so? 2c. Who are the key individuals necessary to implement these changes?

3. Counsellors are seen as providing support to students for academic, career and personal issues. Which of these 3 areas do you believe has the greatest demand?

3b. If you have seen an increase in the incidence of mental health issues on campus, can you explain why?

4. On a scale of 1-5 with 1 being very low and 5 being very high, how diverse (cultural/linguistic, age, LGBTQ) would you say your student population is? How does this diversity impact the delivery of counselling services?

5. How does student mental health issues impact the delivery of counselling services at your college?

6. Do you have counsellors that service only aboriginal students? If so, what is their personal and professional background and why have you adopted this model?

7. Do you have an early alert system to identify high risk students at your college?
7b. If so, what is it?
7c. Do you believe it is effective in connecting needy students with appropriate services?

8. What impact will the Ontario College of Registered Psychotherapists and Registered Mental Health Therapists have on your counselling department?

9. What do you think your counselling department should “look like” in ten years?

10. How would you describe your professional background?
    e.g. Academic sector: Student services, academics, educational administration, finance; Private sector

11. The notion of collecting province wide counselling services statistics has been discussed for a number of years. Could you provide the following statistics for the 2010-11 year? If so, in what format?
    i. Number of students who saw counsellors Y/N
    ii. Number of student visits to counsellors Y/N
    iii. Number of students who presented with mental health issues Y/N
    iv. Top five “presenting situation” factors, (i.e. abuse issues, relationship issues, depression) Y/N
    v. Most frequent referral sources to counselling Y/N
    vi. Number of students referred to community resources Y/N
    vii. Number of crisis situations (threat of harm to self or others) Y/N

12. Tracking “wait times” is one way of measuring service demand. Do you track this and, if so, what is the average time a student has to wait to see a counsellor?

13. What is the reporting structure of your department?
Appendix B: System Data Request – Interpretive Notes
An Analysis of Counselling Services in Ontario Colleges  
Counselling Statistics Template  
2010-11 Academic Year

College: __________________________ Contact Person: ______________________

<table>
<thead>
<tr>
<th>Statistic Description</th>
<th>Interpretive Notes</th>
<th>Statistic</th>
<th>Explanatory Notes</th>
</tr>
</thead>
</table>
| i. Number of students who saw counsellors | • This is the count of “unique individuals”  
• we are interested in registered full/part time students who access counselling  
• if your counsellors also see “community members”, and you can tease out and provide that statistic as well, it would be appreciated  
• if a counsellor did “group counselling” please count the students in the group (which is distinct from a counsellor doing a classroom presentation, or a “stress management workshop” which we don’t want to include in the statistic) | | |
| ii. Number of student “contacts” with counsellors | • Based on feedback from the Counselling Study Advisory Committee, we have broadened the scope of this statistic from “visits” to the | | |
broader concept of “contacts” to better reflect the amount of work a counsellor does with and on behalf of a student
- “visit” is interpreted to mean an office visit or a phone/electronic contact during which counselling is conducted directly with the student
- Some colleges track “contacts” which can include more “indirect” work including writing letters to agencies, communication with other service providers, etc.
- Please provide any explanatory notes that will clarify the statistic you provide (i.e., some colleges differentiate a “triage” contact from a “scheduled appointment” contact)
- When we talk about “contacts”, we are assuming this is inclusive of academic, career and personal counselling that is done by counsellors within your department

<table>
<thead>
<tr>
<th>iii.</th>
<th>Top five “presenting situation” factors (i.e.)</th>
<th>• Please indicate whether the presenting factors are indicated by the student at intake or by</th>
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</table>
| IV. Number of students who presented with mental health issues | • This can either be disclosed by the student and/or determined through assessment by the counsellor  
• We are looking for a broader statistic beyond students with official diagnosis, so it would include: if a student “checks off” a mental health issue on the intake form or discloses it during the session with the counsellor; or the student discloses they have an official diagnosis; or in the judgement of the counsellor, the student’s situation/symptoms are likely linked to a mental health issue  
• The “Impact of Mental Health Problems in the Community College Student Population” study (Cambrian College, sponsored by HEQCO, 2011) distinguished mood disorders, anxiety disorders, substance abuse disorders, psychotic disorders, eating disorders and abuse issues, relationship issues, depression, etc.) | the counsellor after meeting with the student |
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<tbody>
<tr>
<td>v.</td>
<td>Most frequent referral sources to counselling</td>
<td>• Such as self-referral, faculty, friends/family</td>
</tr>
</tbody>
</table>
| vi. | Number of students referred to community resources | • This may include community mental health agencies, Ontario Works, Service Canada, hospital/medical services, etc.  
• If you also keep statistics on internal college referrals and you would like to provide that, it would be appreciated |
| vii. | Number of crisis situations (i.e., threat to self and/or others) | • Where immediate intervention is required (i.e. taking a student to the hospital, involvement in a threat assessment process, calling police/security) which typically requires when a counsellor is “pulled away from regular duties” or the situation disrupts normal scheduling  
• This means that one student could produce more than one crisis situation |
## Appendix C: Outreach Activities

### Outreach Activity by Survey Question

15.1 Misc. Activities  
15.2 Guest Speaking in Professor’s Classes  
15.3 Training Student Leaders/Staff  
15.4 Training Staff/Faculty

<table>
<thead>
<tr>
<th>Question 15.1 – Outreach Activities – Misc.</th>
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<tbody>
<tr>
<td>Academic Appeal process</td>
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<tr>
<td>Academic workshops</td>
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<tr>
<td>Academic workshops</td>
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<tr>
<td>Addictions</td>
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<tr>
<td>Addictions</td>
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<tr>
<td>Adult Student Support Group</td>
</tr>
<tr>
<td>Alternative Spring Break experience (co lead)</td>
</tr>
<tr>
<td>Anxiety and Exams</td>
</tr>
<tr>
<td>Asperger’s Group</td>
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<tr>
<td>Aspergers Support Group</td>
</tr>
<tr>
<td>Attending events to discuss the services we offer.</td>
</tr>
<tr>
<td>Awareness booth at the Stay Healthy Fair</td>
</tr>
<tr>
<td>Bereavement sessions</td>
</tr>
<tr>
<td>Body Image</td>
</tr>
<tr>
<td>Bullying</td>
</tr>
<tr>
<td>Bursary Application process</td>
</tr>
<tr>
<td>Career Decision Making</td>
</tr>
<tr>
<td>Career Development</td>
</tr>
<tr>
<td>Career exploration sessions for students and community members</td>
</tr>
<tr>
<td>career planning</td>
</tr>
<tr>
<td>Career Planning and Transition to college days/workshops for First Nations students, Crown Wards and First Generation</td>
</tr>
<tr>
<td>Career Testing (SII, MBTI, DAT) with TOWES</td>
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<td>------------------------------------------</td>
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<tr>
<td>Career Transition Days for Crown Wards and First Nations h/s students</td>
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<tr>
<td>Change management</td>
</tr>
<tr>
<td>Children’s Aid Society workshops for Transition workers and foster parents</td>
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<tr>
<td>Choosing your Career Workshops for continuing education students</td>
</tr>
<tr>
<td>Christmas socials</td>
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<tr>
<td>Co-leader on Alternative Spring Break trip (reflection exercises, pre and post trip)</td>
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<tr>
<td>Communication</td>
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<tr>
<td>Communication Skills</td>
</tr>
<tr>
<td>Conflict Management</td>
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<tr>
<td>Conflict resolution from a Native Perspective Workshop for students</td>
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<tr>
<td>Coordinate college’s learning styles inventory</td>
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<tr>
<td>Crisis intervention for students</td>
</tr>
<tr>
<td>Crisis management response team</td>
</tr>
<tr>
<td>Crown ward orientation sessions</td>
</tr>
<tr>
<td>Crown Ward Transition to Post Secondary</td>
</tr>
<tr>
<td>Cultural Information for Students</td>
</tr>
<tr>
<td>Cultural Orientation to newly arrived English for Academic Purposes Students and all new International Students</td>
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<tr>
<td>Cultural Sensitivity training – Residence</td>
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<tr>
<td>Culture Shock Workshop for English Language Studies student</td>
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<tr>
<td>Destination workshops for parents to better support their children from secondary to college</td>
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<tr>
<td>Disability Advocacy</td>
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<tr>
<td>Emotional Intelligence Workshops</td>
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<tr>
<td>Emotional preparation for students going to poverty-stricken parts of the world</td>
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<tr>
<td>Exam Prep &amp; Test Taking</td>
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<tr>
<td>Exam preparation</td>
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<tr>
<td>Feasts</td>
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<tr>
<td>Fitness Racquet Sports Stress Management Group</td>
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<tr>
<td>Gen Y for Dummies</td>
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<tr>
<td>General orientation</td>
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<tr>
<td>Getting Organized for PAL Centre</td>
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<tr>
<td>Good Mental Health workshops</td>
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<tr>
<td>Group Counselling</td>
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<td>Group Work: Body Image and Self Esteem x 6 sessions</td>
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<tr>
<td>Health and Wellness Fairs</td>
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<tr>
<td>Healthy Relationships</td>
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<tr>
<td>Hire, train and supervise a high level team of Counselling Service peer mentors who offer our ExPEERiences program (one on one mentoring with students refereed by counsellors for peer support)</td>
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<tr>
<td>Identifying and Working with your Strengths</td>
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<td>Information and Services Booths</td>
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<tr>
<td>Information on disability issues</td>
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<td>Information to public on disability &amp; counselling services,</td>
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<td>Intercultural twinning project – breaking down barriers and promoting integration by connecting a new arrival with a Canadian student</td>
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<tr>
<td>Intro to Personal Counselling</td>
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<tr>
<td>Introduction to Counselling and Centre for Disabilities services</td>
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<tr>
<td>Learning Disability Support Group</td>
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<td>Learning Styles Inventory</td>
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<td>Mature Student Club Faculty Advisor</td>
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<td>Mature student orientation</td>
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<td>Mature Student Orientation sessions</td>
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<tr>
<td>Mature student orientations</td>
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<tr>
<td>Mature Student workshop</td>
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<tr>
<td>Mature Student Workshops/ Seminars</td>
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<td>Mature Students</td>
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<tr>
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<td>MBTI for students with a disability</td>
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<td>MBTI Workshops</td>
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<td>Medicine Wheel Workshop</td>
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<td>Meditation for students (2X week)</td>
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<td>Mental Health Awareness Week in cafeteria for students at lunch</td>
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<td>Mental Health Issues for parents</td>
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<td>Mindfulness Training</td>
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<td>Money Management</td>
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<td>Money Management for PAL Centre</td>
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<tr>
<td>Movie nights on campus</td>
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<tr>
<td>Multiculturalism workshops</td>
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<tr>
<td>New student orientation- information on counselling and disability services</td>
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<tr>
<td>New Student Orientations/Workshops</td>
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<tr>
<td>Note taking</td>
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<tr>
<td>Numerous workshops (4-5 per month)</td>
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<tr>
<td>On line workshops in time management</td>
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<tr>
<td>Organize and participate in Preview Day in the spring for potential students</td>
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<tr>
<td>Organize and participate in the Open House in the fall</td>
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<tr>
<td>Organizing conferences re: violence against women</td>
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<tr>
<td>Orientation Activities(info about department)</td>
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<tr>
<td>Orientation sessions</td>
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<tr>
<td>Orientation Sessions (Q &amp; A about our service area)</td>
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<tr>
<td>Orientation Sessions for International Students</td>
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<tr>
<td>Orientation Sessions for Mature Students</td>
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<td>Orientation sessions for students</td>
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<tr>
<td>Orientation to students</td>
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<tr>
<td>Orientation to students about counselling services and when to consider attending counselling</td>
</tr>
<tr>
<td>Event Description</td>
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<tr>
<td>Parent Resource Network related activities safeTALK</td>
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<td>PD for special Ed. teachers and prospective students</td>
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<td>Personal workshops (2)</td>
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<td>Personality Dimensions (3)</td>
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<td>Personality dimensions for student groups</td>
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<td>Personality Dimensions to enhance communication skills</td>
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<tr>
<td>Post-Secondary International Student Transition Workshops</td>
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<tr>
<td>Post-Secondary Prep to Graduating English for Academic Purposes</td>
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<tr>
<td>Post-Secondary stress for friends and family of students</td>
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<tr>
<td>Pre College Prep Boot Camp</td>
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<tr>
<td>PreOrientation Smart Start for new students</td>
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<tr>
<td>Prep to Students entering post-secondary programs.</td>
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<tr>
<td>Presentation on cultural adaptation and environmental adjustment to international students</td>
</tr>
<tr>
<td>Presentation to Residents(College Survival Skills)</td>
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<tr>
<td>Procrastination</td>
</tr>
<tr>
<td>Psychoeducation and Therapy group Depression</td>
</tr>
<tr>
<td>Psychoeducation and Therapy group on anxiety</td>
</tr>
<tr>
<td>Range of educational outreach across this campus on addictions</td>
</tr>
<tr>
<td>Range of educational outreach across this campus on life balance</td>
</tr>
<tr>
<td>Range of educational outreach across this campus on mental wellness</td>
</tr>
<tr>
<td>Reach Ahead Program Mature Student Workshop –</td>
</tr>
<tr>
<td>Referral to resources</td>
</tr>
<tr>
<td>Relationship workshop</td>
</tr>
<tr>
<td>Residence Outreach activities- most recently SafeTALK</td>
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<tr>
<td>Respect workshop presentations in the regional campuses</td>
</tr>
<tr>
<td>Returning to learning for mature students</td>
</tr>
<tr>
<td>safeTALK (3)</td>
</tr>
<tr>
<td>safeTALK open sessions</td>
</tr>
<tr>
<td>Second Career Event</td>
</tr>
<tr>
<td>Event</td>
</tr>
<tr>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Self Advocacy for students with L/Ds</td>
</tr>
<tr>
<td>Self Assessment</td>
</tr>
<tr>
<td>Self Care</td>
</tr>
<tr>
<td>Self-management workshops</td>
</tr>
<tr>
<td>Sessions in Residence students</td>
</tr>
<tr>
<td>Sessions related to substance use/abuse</td>
</tr>
<tr>
<td>Seven Grandfather Teachings</td>
</tr>
<tr>
<td>Sleep Hygiene</td>
</tr>
<tr>
<td>Social networking and Communication Group</td>
</tr>
<tr>
<td>Soup Day</td>
</tr>
<tr>
<td>Stress</td>
</tr>
<tr>
<td>Stress Free Zone</td>
</tr>
<tr>
<td>Stress Management for PAL Centre</td>
</tr>
<tr>
<td>Student Success Skills</td>
</tr>
<tr>
<td>Study skills workshops (about 10 areas in</td>
</tr>
<tr>
<td>total) are offered to students outside of</td>
</tr>
<tr>
<td>the classroom</td>
</tr>
<tr>
<td>Substance use/abuse education for residence</td>
</tr>
<tr>
<td>Substance use/abuse for students (primarily</td>
</tr>
<tr>
<td>residence)</td>
</tr>
<tr>
<td>Succeeding as a Mature Student</td>
</tr>
<tr>
<td>Success Over Stress</td>
</tr>
<tr>
<td>Suicide Alertness</td>
</tr>
<tr>
<td>Suicide Awareness</td>
</tr>
<tr>
<td>Suicide Prevention - students</td>
</tr>
<tr>
<td>Suicide risk assessment for students</td>
</tr>
<tr>
<td>Suicide Risk Awareness workshops</td>
</tr>
<tr>
<td>Summer Transition Workshop for students</td>
</tr>
<tr>
<td>with disabilities</td>
</tr>
<tr>
<td>Support services to first year students</td>
</tr>
<tr>
<td>Survivor Conestoga - annual Health and</td>
</tr>
<tr>
<td>Safety Workshop for International Students</td>
</tr>
<tr>
<td>Sweat Lodges</td>
</tr>
<tr>
<td>Test Anxiety groups</td>
</tr>
<tr>
<td>Test anxiety workshops</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>Traditional and Cultural Workshops</td>
</tr>
<tr>
<td>Tragic events response</td>
</tr>
<tr>
<td>Transferring to University</td>
</tr>
<tr>
<td>Transition to College</td>
</tr>
<tr>
<td>Understanding and Recognizing Mental Health</td>
</tr>
<tr>
<td>Understanding Group Work</td>
</tr>
<tr>
<td>Violence Prevention Group</td>
</tr>
<tr>
<td>What is it really like to have a Learning Disability</td>
</tr>
<tr>
<td>Work with athletic groups on time management and study habits</td>
</tr>
<tr>
<td>Work/School/Life Balance</td>
</tr>
<tr>
<td>Working in Groups</td>
</tr>
<tr>
<td>Working on a Team</td>
</tr>
<tr>
<td>Workshops for students on career and educational planning topics.</td>
</tr>
<tr>
<td>Workshops for students with special needs visiting from various high schools or visiting and providing workshops at individual Secondary Schools</td>
</tr>
<tr>
<td>Writing workshop</td>
</tr>
</tbody>
</table>

### 15.2 Guest Speaking in Professor’s Classes

<table>
<thead>
<tr>
<th>Aboriginal Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Issues for CYW students</td>
</tr>
<tr>
<td>Acing multiple choice tests</td>
</tr>
<tr>
<td>Advising Students on services available</td>
</tr>
<tr>
<td>Anxiety for RPN students</td>
</tr>
<tr>
<td>Assertiveness Training</td>
</tr>
<tr>
<td>Basics of CBT for SSW Students</td>
</tr>
<tr>
<td>Budgeting workshop</td>
</tr>
<tr>
<td>Burnout class</td>
</tr>
<tr>
<td>Career Exploration for 1st year GAS students</td>
</tr>
<tr>
<td>Career Planning</td>
</tr>
<tr>
<td>Course Title</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Career Planning (TV Broadcast and PreMedia students),</td>
</tr>
<tr>
<td>Class presentations on counselling services</td>
</tr>
<tr>
<td>Class presentations on mental health issues.</td>
</tr>
<tr>
<td>Class presentations relating to Counselling classes</td>
</tr>
<tr>
<td>Class visits re: services</td>
</tr>
<tr>
<td>Communication skills for RPN</td>
</tr>
<tr>
<td>Communication Skills for various programs</td>
</tr>
<tr>
<td>Communication Skills: What are you saying? Leadership &amp; Creativity: Releasing Your Creative Beast</td>
</tr>
<tr>
<td>Conflict management</td>
</tr>
<tr>
<td>Counselling from an Aboriginal Perspective for SSW and DSW</td>
</tr>
<tr>
<td>Critical Incident Stress workshops with Paramedic</td>
</tr>
<tr>
<td>Critical Thinking (Post Co-op Packaging students)</td>
</tr>
<tr>
<td>Cultural Awareness</td>
</tr>
<tr>
<td>Cultural Awareness in Hospitality and Tourism, International Business, Communications at Work courses and Continuing Education Business courses.</td>
</tr>
<tr>
<td>Cultural Sensitivity Training (Curriculum based - 3 hr sessions)</td>
</tr>
<tr>
<td>Depression and suicide Guest Speaker</td>
</tr>
<tr>
<td>Diversity Classes- Aboriginal Issues focus</td>
</tr>
<tr>
<td>Disability Services presentations</td>
</tr>
<tr>
<td>Emotional preparedness for students traveling and participating in volunteer work in impoverished countries in our Tourism &amp;Travel Program</td>
</tr>
<tr>
<td>Forming Healthy Teams and Maintaining Healthy Teams</td>
</tr>
<tr>
<td>Forming Healthy Teams and Maintaining Healthy Teams (done as a set in 2 different days; variety of programs; 2 hours)</td>
</tr>
<tr>
<td>General Arts and Science students- Orientation to Counselling Services and Accessible Learning Services</td>
</tr>
<tr>
<td>Getting organized</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>GLBTQ sensitivity issues for Social Services students</td>
</tr>
<tr>
<td>Goal Setting – Various Preparatory and Liberal Studies</td>
</tr>
<tr>
<td>Going to classrooms with the Student Success Coordinator</td>
</tr>
<tr>
<td>Good Mental Health sessions for students in Health Awareness Course</td>
</tr>
<tr>
<td>Healing and Caring Panel presenter (caregiver self-care) for B.Sc.N. students</td>
</tr>
<tr>
<td>Inform students in classes about harassment</td>
</tr>
<tr>
<td>Information sessions for high school staff</td>
</tr>
<tr>
<td>Interpersonal Communication</td>
</tr>
<tr>
<td>Introduction of counselling services to various programs on first day</td>
</tr>
<tr>
<td>Learning Styles for General Arts and Science</td>
</tr>
<tr>
<td>Listening Skills for Nursing Students</td>
</tr>
<tr>
<td>Making Your Mark through Study Skills &amp; Time Management</td>
</tr>
<tr>
<td>Managing Multiple Roles (SSW/CYW/ECE/EA)</td>
</tr>
<tr>
<td>Managing Transitions Workshop for PASS Transition Program</td>
</tr>
<tr>
<td>MBTI as requested by faculty</td>
</tr>
<tr>
<td>MBTI group interpretation for Human Resources</td>
</tr>
<tr>
<td>MBTI workshops to improve self-knowledge and to understand others</td>
</tr>
<tr>
<td>Memory Skills</td>
</tr>
<tr>
<td>Mental Health Awareness - guest lecture</td>
</tr>
<tr>
<td>Netiquette (email, text, Facebook, internet) - Child and Youth Worker</td>
</tr>
<tr>
<td>Note taking</td>
</tr>
<tr>
<td>Orientation information sessions for Aboriginal Studies students</td>
</tr>
<tr>
<td>Overview of Student Services presentation for WIST (Women in Skilled Trades) students</td>
</tr>
<tr>
<td>Overview of Student Services Presentation to new International Students Workshop (English Language Studies program)</td>
</tr>
<tr>
<td>Personality Dimensions for all field placement classes</td>
</tr>
<tr>
<td>Personality Dimensions for Business and Fitness and health Students,</td>
</tr>
<tr>
<td>Personality Dimensions for CYW, DSW, SSW, Forestry, International Business</td>
</tr>
<tr>
<td>Personality Dimensions for Hearing Aid Instruments students</td>
</tr>
<tr>
<td>Personality Dimensions for Public Relations</td>
</tr>
<tr>
<td>Personality dimensions for various classes.</td>
</tr>
<tr>
<td>Personality Dimensions for various programs</td>
</tr>
<tr>
<td>Personality Dimensions as requested by faculty</td>
</tr>
<tr>
<td>Preparing for Tests and Exams</td>
</tr>
<tr>
<td>Presentation of Counselling Services</td>
</tr>
<tr>
<td>Presentation of our services</td>
</tr>
<tr>
<td>Presentations to classes about our services</td>
</tr>
<tr>
<td>Program Personality Dimensions - Various Preparatory and Liberal Studies</td>
</tr>
<tr>
<td>Program Team Based Learning - Nursing/Construction Technology Programs</td>
</tr>
<tr>
<td>Promoting SSW program development initiatives within the college</td>
</tr>
<tr>
<td>Provide information on counselling/student services</td>
</tr>
<tr>
<td>Public Speaking Anxiety Workshop for ECE students and Social Services students</td>
</tr>
<tr>
<td>Reading and Notetaking for RPN students</td>
</tr>
<tr>
<td>Relationships</td>
</tr>
<tr>
<td>Relaxation/ stress management</td>
</tr>
<tr>
<td>Respect Presentations to student classes at the beginning of the year</td>
</tr>
<tr>
<td>safeTALK (Suicide Alertness for Everyone) training for HSF students and Social Services students</td>
</tr>
<tr>
<td>safeTALK for CYW, Nursing, Paramedic</td>
</tr>
<tr>
<td>safeTALK for DSW</td>
</tr>
<tr>
<td>Self-Care for Helping Professionals: Preparing for Practicum (SSW)</td>
</tr>
<tr>
<td>Self-care for the Caregiver workshop to Social Services students</td>
</tr>
<tr>
<td>Service presentations (including intercultural twinning and other workshops)</td>
</tr>
<tr>
<td>Services at the college during high stress times</td>
</tr>
<tr>
<td>Social Service Worker Support Group-students requiring support for addressing their own issues as they prepare to go to placement includes CBT, Solution-Focused strategies</td>
</tr>
<tr>
<td>SSW 2nd yr students- 3hour workshop on boundary setting, emotional intelligence, compassion fatigue</td>
</tr>
<tr>
<td>Stress and Time Management</td>
</tr>
<tr>
<td>Stress management (7)</td>
</tr>
<tr>
<td>Stress Management</td>
</tr>
<tr>
<td>Stress management and bullying for nurse/PSW students</td>
</tr>
<tr>
<td>Stress Management for B. Sc. N.</td>
</tr>
<tr>
<td>Stress Management for Dental/Nursing/ Paramedic programs</td>
</tr>
<tr>
<td>Stress Management for Health Science students;</td>
</tr>
<tr>
<td>Stress Management for SSW students</td>
</tr>
<tr>
<td>Stress Management from a wholistic perspective for RPN with Aboriginal Communities students</td>
</tr>
<tr>
<td>Aboriginal Issues for SSW students</td>
</tr>
<tr>
<td>Stress management in the College Access Program</td>
</tr>
<tr>
<td>Stress Management workshop for Business students</td>
</tr>
<tr>
<td>Stress Management workshop for Construction Engineering students</td>
</tr>
<tr>
<td>Stress Management Workshop for PASS Transition</td>
</tr>
<tr>
<td>Stress Management Workshop for PSW students</td>
</tr>
<tr>
<td>Topic</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Stress management workshops</td>
</tr>
<tr>
<td>Student Services presentations</td>
</tr>
<tr>
<td>Student Success Skills</td>
</tr>
<tr>
<td>Study skills</td>
</tr>
<tr>
<td>Study Skills to various programs</td>
</tr>
<tr>
<td>Study skills workshop</td>
</tr>
<tr>
<td>Study skills workshops (about 10 areas in total) are offered to students inside of the classroom</td>
</tr>
<tr>
<td>Study Strategies</td>
</tr>
<tr>
<td>substance use/abuse education in SSW class</td>
</tr>
<tr>
<td>Suicide Awareness - Career Work Counsellor</td>
</tr>
<tr>
<td>suicide awareness (now safeTALK) for mainly students in health/community Services</td>
</tr>
<tr>
<td>Suicide prevention/ intervention workshop for HSF, Social Services, RPN and BScN students</td>
</tr>
<tr>
<td>Team based learning for Construction and Technology Workshop (open to all programs)</td>
</tr>
<tr>
<td>Test Anxiety Workshop for Construction Techniques program</td>
</tr>
<tr>
<td>Test Anxiety Workshop for ELAS students</td>
</tr>
<tr>
<td>Test Taking and Managing Anxiety</td>
</tr>
<tr>
<td>The Career Planning Starter Kit</td>
</tr>
<tr>
<td>The Joy of Stress: Managing the stress in your life</td>
</tr>
<tr>
<td>Time management (3)</td>
</tr>
<tr>
<td>Time Management - Community Partnerships</td>
</tr>
<tr>
<td>Time management to various programs</td>
</tr>
<tr>
<td>Time management workshops</td>
</tr>
<tr>
<td>Understanding Sexual Orientation/Gender Identity – SSW/CYW</td>
</tr>
<tr>
<td>Using the MBTI to understand learning styles</td>
</tr>
<tr>
<td>Visit all co-op classes to tell them about our services</td>
</tr>
<tr>
<td>Visualization/ Performance production for dental hygienists/nursing</td>
</tr>
<tr>
<td>Respect workshops - all classes</td>
</tr>
<tr>
<td><strong>15.3 Training Student Leaders/Student Employees</strong></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>24 training sessions for tutors</td>
</tr>
<tr>
<td>Academic Appeals Workshops</td>
</tr>
<tr>
<td>Anti-bullying workshop - for student leaders</td>
</tr>
<tr>
<td>Assessing Suicide Risk - for RA’s, PA’s,</td>
</tr>
<tr>
<td>Boundary Issues for Peer Tutors</td>
</tr>
<tr>
<td>Classroom incivility presentation to faculty through pro dev</td>
</tr>
<tr>
<td>Conflict Resolution for Residence Advisors</td>
</tr>
<tr>
<td>Counsellor for the EUMC</td>
</tr>
<tr>
<td>Crisis intervention for RA’s.</td>
</tr>
<tr>
<td>CRLA certification</td>
</tr>
<tr>
<td>Cultural Awareness for Peer Mentors</td>
</tr>
<tr>
<td>Dealing effectively with students with mental health issues with R/As</td>
</tr>
<tr>
<td>Dealing with Aggressive Behaviour</td>
</tr>
<tr>
<td>Dealing with difficult students presentation to faculty through pro dev</td>
</tr>
<tr>
<td>Dealing with Difficult students with R/As</td>
</tr>
<tr>
<td>Dealing with mental health crisis for RA’s</td>
</tr>
<tr>
<td>Don training</td>
</tr>
<tr>
<td>Emotional intelligence for SAC (Student leaders)</td>
</tr>
<tr>
<td>Ethical Decision Making for R/As and Student Union</td>
</tr>
<tr>
<td>For residence advisors-information/ Disability services awareness</td>
</tr>
<tr>
<td>Harassment Training</td>
</tr>
<tr>
<td>Meet with R/As</td>
</tr>
<tr>
<td>Mental Health - PA’s and RA’s</td>
</tr>
<tr>
<td>Mental health and substance abuse workshops for R/As</td>
</tr>
<tr>
<td>Mental Health Introduction/ Awareness for student leaders</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Mentoring program for students (to mentor High School students who come to the college for a mentoring program)</td>
</tr>
<tr>
<td>Orientation sessions (many) each semester</td>
</tr>
<tr>
<td>Peer tutor training</td>
</tr>
<tr>
<td>Peer Tutor Training</td>
</tr>
<tr>
<td>Personality Dimensions for R/As (2)</td>
</tr>
<tr>
<td>Personality Dimensions for SAC.</td>
</tr>
<tr>
<td>Personality Dimensions for Student Leaders</td>
</tr>
<tr>
<td>PLAR Workshop</td>
</tr>
<tr>
<td>R/A training</td>
</tr>
<tr>
<td>RA Training - Culture Shock and International Student Issues</td>
</tr>
<tr>
<td>Reducing bullying in post secondary - Student leaders, residence advisors</td>
</tr>
<tr>
<td>Residence advisor training</td>
</tr>
<tr>
<td>Residence staff support</td>
</tr>
<tr>
<td>Residence staff training</td>
</tr>
<tr>
<td>safeTALK for student leaders</td>
</tr>
<tr>
<td>Sessions in Residence for RAs</td>
</tr>
<tr>
<td>Solution Focused Conversations for advisors</td>
</tr>
<tr>
<td>Stress Management for Residence Advisors</td>
</tr>
<tr>
<td>student life advisor training for dealing with emergencies in residence</td>
</tr>
<tr>
<td>Student Services Workshops</td>
</tr>
<tr>
<td>Suicide Prevention - PA's, RA's</td>
</tr>
<tr>
<td>Suicide Risk/ Vicarious Trauma/ Counselling Services for R/As</td>
</tr>
<tr>
<td>The psychosocial aspects of illness and disability for health science students</td>
</tr>
<tr>
<td>Traditional and Cultural Workshops</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Training and ongoing monitoring/support of 36 peer counsellors</td>
</tr>
<tr>
<td>Training for tutors</td>
</tr>
<tr>
<td>Training of Peer Ambassadors, Rez Advisors, Student Government.</td>
</tr>
<tr>
<td>Training of peer coaches</td>
</tr>
<tr>
<td>Training of peer mentors</td>
</tr>
<tr>
<td>Training of tutors (individual and group)</td>
</tr>
<tr>
<td>Training peer tutors</td>
</tr>
<tr>
<td>Training sessions for student employees</td>
</tr>
<tr>
<td>Various workshops for Student Mentors</td>
</tr>
<tr>
<td>Workshops for peer mentors</td>
</tr>
</tbody>
</table>

**15.4 Training Staff/Faculty**

<table>
<thead>
<tr>
<th>Accommodations for Mental Health Disabilities – faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodations Issues - faculty, Deans, Associate Deans</td>
</tr>
<tr>
<td>Assessing Suicide Risk – for faculty</td>
</tr>
<tr>
<td>Classroom management</td>
</tr>
<tr>
<td>Classroom management – Dealing with “High Rollers” (behaviour problems)</td>
</tr>
<tr>
<td>Classroom management 101 for new faculty</td>
</tr>
<tr>
<td>Classroom management 201 for experienced faculty</td>
</tr>
<tr>
<td>Communication for Student Service Support staff training</td>
</tr>
<tr>
<td>Conflict resolution from a Native Perspective Workshop for Faculty/ Coordinator</td>
</tr>
<tr>
<td>Conflict Student Service Support staff training</td>
</tr>
<tr>
<td>Consultation on cross-cultural issues for staff and faculty</td>
</tr>
<tr>
<td>Topic</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>Crisis intervention for staff</td>
</tr>
<tr>
<td>Crisis management response team</td>
</tr>
<tr>
<td>Crisis screening Student Service Support staff training</td>
</tr>
<tr>
<td>Cross Cultural Learning with staff and external partners</td>
</tr>
<tr>
<td>Cultural Awareness for faculty and staff</td>
</tr>
<tr>
<td>Cultural Information for Staff</td>
</tr>
<tr>
<td>Cultural safety amongst staff/faculty</td>
</tr>
<tr>
<td>Dealing effectively with students with mental health issues</td>
</tr>
<tr>
<td>Dealing with Aggressive Behaviour for staff and faculty safeTALK for staff and faculty</td>
</tr>
<tr>
<td>Dealing with difficult people for Student Service Support staff training</td>
</tr>
<tr>
<td>Dealing with Difficult Students workshop</td>
</tr>
<tr>
<td>Disruptive behaviour</td>
</tr>
<tr>
<td>Diversity Student Service Support staff training</td>
</tr>
<tr>
<td>Do sessions for college staff p/d</td>
</tr>
<tr>
<td>Educating about SARIT (Student at Risk intervention Team)</td>
</tr>
<tr>
<td>Emergency Response - Preparing for an emergency and responding from a psycho-social perspective</td>
</tr>
<tr>
<td>Emotional Intelligence for faculty/staff</td>
</tr>
<tr>
<td>Faculty- Identifying Students At Risk, Sessions on Disability Issues, orientation to counselling services</td>
</tr>
<tr>
<td>Faculty training is primarily around students with disabilities.</td>
</tr>
<tr>
<td>Faculty training on mental health issues.</td>
</tr>
<tr>
<td>Feel the Fear and Do it Anyways workshop for staff</td>
</tr>
<tr>
<td>Gen Y for Dummies</td>
</tr>
<tr>
<td>Grief and Bereavement and Trauma training for our Tragic Events Support Team</td>
</tr>
<tr>
<td>Intro to Counselling for new faculty</td>
</tr>
<tr>
<td>Introduction to Counselling Services for new faculty</td>
</tr>
<tr>
<td>Involved in threat assessment and violence prevention initiatives including debriefing, educating faculty about crisis response.</td>
</tr>
<tr>
<td>Learning theory</td>
</tr>
<tr>
<td>Managing Mental Health in the Classroom - faculty/staff</td>
</tr>
<tr>
<td>Meet with new teachers and coordinators to discuss about our services and referrals</td>
</tr>
<tr>
<td>Mental Health First Aid - Faculty, staff and administrators across the college</td>
</tr>
<tr>
<td>Mental Health in the Classroom - faculty</td>
</tr>
<tr>
<td>Mental Health Intro. Awareness for faculty and management</td>
</tr>
<tr>
<td>Mental Health Issues for faculty</td>
</tr>
<tr>
<td>Mental Health Issues in the Classroom- faculty</td>
</tr>
<tr>
<td>Mental Health first aid</td>
</tr>
<tr>
<td>New Faculty Orientation session on working with students with disabilities</td>
</tr>
<tr>
<td>New faculty orientation to our services</td>
</tr>
<tr>
<td>New staff information sessions</td>
</tr>
<tr>
<td>Orient new staff to counselling, particularly career counselling</td>
</tr>
<tr>
<td>Orientation sessions for staff</td>
</tr>
<tr>
<td>Orientation to staff</td>
</tr>
<tr>
<td>PD for faculty and new faculty We are in this together- how to accommodate students and work together-</td>
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<td>PD for Faculty of Continuing Education on Working together to Accommodate students with disabilities</td>
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<td>PD for Faculty on Working together to Accommodate Students with Disabilities</td>
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<td>Presented short session at Seneca Teaching and Learning Conference on Collaborative Solutions to Working with Students with ASD</td>
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<td>Workshop for York Region District School Board annual teachers conference regarding Students with Disabilities at the College level</td>
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<td>Workshops for Faculty We're In It Together...Accommodation Rationale for Faculty</td>
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<td>Workshops for staff on using career info resources.</td>
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Appendix D

Counsellor Focus Group Summaries

What follows is a summary of the themes that came out of the 30 focus groups that were conducted at all 24 colleges in Ontario from November 7, 2011 to February 14, 2012. These discussions involved 120 counsellors. Focus group sessions were 90 minutes in length and were structured by an 11 question outline. All sessions were digitally recorded and transcribed.

Key themes are identified for each of the 11 questions. Throughout the document there are statements in bold text that summarize key elements of the themes. Direct quotations are drawn from the transcripts for illustrative purposes.

This section makes extensive use of quotations from the counsellors. These quotations were chosen because they were particularly representative of the themes presented, covered the range of opinion present in some themes and/or were thought-provoking and insightful. Sometimes the meaning of a theme was well illustrated by the discussion that would happen amongst the focus group participants and/or the interviewer. When more than one person is quoted, the quotation has a border around it. Identifying information (both individual and college) has been removed but the quotations have been left in their verbatim form, so there are grammatical and syntax errors throughout. It is hoped that the meaning, insight and passion of the focus group discussions is best represented in this way.
Counsellor Focus Groups: Theme Summary by Question

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Question 1 – Does your college have multiple campuses? What effect does a multi-campus environment have on the delivery of services? Do all campuses have equivalent levels of service? If not, why?

1. The definition of a campus
2. Small is beautiful and sometimes not
3. The challenge of distance
4. Sometimes the satellite campus program mix/gender/cultural make-up determines demand
5. Trying to use technology to improve access
6. Difference between service and availability/do it a different way
7. Some of the other challenges

Question 2 - Would you say the counselling department is meeting the support needs of students in your college?

1. Depends on the time of year
2. Meeting the needs within the new context of advisory roles
3. We meet the needs of students we see
4. Waitlists and what is a reasonable amount of time for students to wait
5. Providing for “harder to serve” populations... International Students, Aboriginal and those with Mental Health Issues
6. No one is saying that we aren’t meeting the needs!
7. Outsourcing to meet student need
8. Structural elements of the system

Question 2b - If not, what policies, processes and resources would be required to do so?

1. More counsellors/designated to handle crisis/do proactive work/establish a standard
2. Need to clarify the counsellor role
3. The capacity for clinical supervision
4. Developing working partnerships within college/with community agencies
5. Policy development
6. Service philosophy/physical layout/service organization and process
Question 2c - Who are the key individuals necessary to implement these changes?

(general observations)

Question 3 – Counsellors are seen as providing support to students for academic, career and personal issues. Which of these three areas do you believe has the greatest demand?

1. Proliferation of advisor roles
2. Academic Cycle/Particularities of student and program
3. The “holistic” nature of problem definition

Question 3b - If you have seen an increase in the incidence of mental health issues on campus, can you explain why?

1. Less stigma/more openness in society in general
2. The college is a more accessible place
3. Students are coming to us with more complex lives
4. College counselling departments are viewed by the community to be more accessible points of access for students to receive mental health services.
5. This generation of students seems to lack resilience, has fewer coping skills and has more difficulty dealing with the stresses of post secondary education.
6. What is happening in the college is simply a reflection of socio-economic conditions

Question 4 - On a scale of 1-5, 1 being low and 5 being high, how diverse (cultural/linguistic, age, LGBTQ) would you say your student population is? How does this diversity impact the delivery of counselling services?

1. Different campuses have different constituencies
2. A smattering of diversities... socioeconomic conditions, academic ability, drug use, mental health, autism
3. Knowledge of/Forming partnerships with community resources essential
4. Having or not having diversity on staff
5. Small/medium colleges coping with changes in diversity
6. LGBQT
7. The diversity of age
8. Challenge of Second Career
9. The diversity of the Aboriginal students
10. The respectful environment that can result from the diversity
11. Cultural/linguistic diversity
12. The need to use language carefully
13. The challenge of functioning in a second/third/fourth language
14. Ongoing p/d to stay on top of the demands to offer culturally congruent support
15. Challenge of marketing to students who see great stigma in coming to a counsellor
16. Situations outside of mainstream Canadian experience
17. International students mean big money to college budgets... and their lives in Canada present incredible obstacles
18. Accommodating academic performance
19. Family systems/parental control/responsibility for family/free choice
20. The need to suspend judgment, to be innately curious about others

Question 5 – How do student mental health issues impact the delivery of counselling services at your college?

1. Characteristics of the Students We are Seeing/What characterizes the cases
2. Departments becoming Crisis/Mental Health Centres
3. Connection with other departments in the college/shows up in classrooms
4. Relationship/connection with Community Resources
5. The role of the college counsellor
6. Impact on Counsellors

Question 6 - Do you provide counselling service to aboriginal students? If so, what are your thoughts regarding having counsellors dedicated solely to aboriginal learners?

1. How counselling Aboriginal students is different than mainstream counselling
2. Does an Aboriginal person need to do the counselling?
3. Office based versus drop in
4. Aboriginal student centres
5. Having access to resources in the community
6. Diversity of the Aboriginal population
7. Self identification
8. The complexity and depth of issues

Question 7: Do you have an “early alert” system to identify academically-at-risk students in your college? If so, what is it? Do you believe it is effective in connecting needy students with appropriate services?

(general observations)
**Question 8** - What impact do you think the Ontario College of Registered Psychotherapists and Registered Mental Health Therapists have on your counselling department?

1. Unclear/Unsure about the Implications of Regulation
2. Differential Staffing
3. Impact on Standards/Quality of Service Delivery
4. Clarification of the role of counsellor
5. The Issue of Case-Related Supervision
6. Question of sanctions and more emphasis on public safety
7. The exception for cultural counselling

**Question 9** - What do you think your counselling department should look like in ten years?

1. General musings on the future role of a college counsellor
2. The continuing demand to support students with mental health problems.
3. The need for policy/procedure development
4. Future modalities of service delivery/characteristics of students/student access to services
5. The generalist/specialist continuum
6. The differences between blended and unblended counsellor role
7. Closer physical proximity/Closer ties with the health centre/closer ties with other internal services
8. Collaboration with community agencies
9. Mental health money should flow amongst institutions providing service
10. A focus on prevention

**Question 10** - How is the work of career counsellors, academic advisors, etc. if present here, coordinated with that of counsellors?

1. Advisory Titles within the College System
2. Advisory roles: Pathways in
3. Clarity of the advisory role
4. The role played by Interns
5. Collaboration between counsellors and advisors
6. The “carving off” from the counsellor role
7. The case management role
8. Faculty/coordinators perform the “academic advisement” function
Question 11 - Do you track referrals to counselling services? And if so, what percentage is referred by faculty?

(general observations)
Question 1 – Does your college have multiple campuses? What effect does a multi-campus environment have on the delivery of services? Do all campuses have equivalent levels of service? If not, why?

1. The definition of a campus

Many counsellors specified the difference between a “campus” and other kinds of settings, such as “storefronts”, “centres” and other rented facilities.

“The official college line would be that we have four campuses – I don’t believe that’s true; we have four locations where we offer classes. I have a different definition of what a campus is; to me a campus is more of a learning community.”

2. Small is beautiful and sometimes not

A number of counsellors described the smaller campus has having distinct advantages in terms of service delivery, flexibility and connection with faculty. By contrast, there were counsellors who described working at smaller campuses as isolating and lacking opportunities for consultation.

“I am a proponent of small is beautiful, or medium is just right, and when I talk with both the counsellors, ___ at _____ and ___ at _____ about that mid size, smallish unit and what you don’t have to do when you deal with the right size, I think their job satisfaction is greater. And when they listen to what we’re doing like, oh, that meeting over that form again, and oh, this meeting again over this electronic, no ticking system again - they’re a little bit unto themselves because they have ways of doing things that are just good enough, and I think that that is an asset of that small is beautiful size ratio philosophy.”

“And I will say _______, who runs the campus, is the director of the campus, knows every student by name, is involved with them. You know, it’s a much smaller environment and I don’t know that they have that many crises because if something starts to brew, the faculty talked to – there’s only ____ and _____, the secretary who work there all the time. Everybody else comes to work there. So I think a lot of those things get handled before they reach epidemic, critical proportions. Yeah.”

“I have one more comment. I also think that the size of the campus makes a difference in delivery of service because I think the smaller the campus and the community, the more involved we are in the student’s life and advocating and, like, connecting with faculty and all of that. And the busier we get, the less time we have, it’s just sort of in/out. Less of a community feel, more of a ‘we’ve got the hour and that’s it’. I’ve noticed that, as well.”
So the point I’m making is that after a certain size and ratio between counsellors in your population you are forced to become more systematic and systematised in ways that many of us didn’t sign up for really, but we do.

INTERVIEWER: Any other comments?

No, not really, sorry. I would just kind of agree with a smaller size; you get more autonomy. And as you grow in population sometimes you’re less connected to the college itself; when you’re in a smaller community you really have to know what’s going on, you’re kind of the one-stop shop a little bit. Where here there’s a lot more having to refer to different people and having to work a little bit more cleverly, I guess.

[perspective of a small campus counsellor] “I’m just doing one course… so it’s one course a semester usually, which is nice, because it gives you – honestly – it gives you a well-rounded view of what happening with the college and what’s happening within the classroom and... I don’t know, I like it. One of the things it does for us is, it gives us credibility with faculty as well, if they know we’re in the classroom, if they know we’re teaching the way they are. It’s not that ‘us and them’ kind of thing that you get into sometimes. -- - We’re seen as real faculty members... it keeps us in the hub of everything, so for example, all the coordinating meetings, all the academic faculty meetings, all those things...”

“Okay. So the other big thing I find at ... that’s different at [our college], the smaller campuses, it seemed like everyone was generalist, they were purposely hiring people there who did everything. Whereas previously at the [main] campus they did have a lot of people who did everything but also some people who specialized in career, or disability, or personal counselling, and that just wasn’t the case at the smaller campuses. So that was one big adjustment, I think, that was quite different.”

“No matter how much I try to phone people and be desk and it just always feels like I am alone. I am alone trying to muddle through with my, you know, 1,200 students and the support I get are -- you know, I know everybody is a phone call away, but it doesn’t make the same type of connection as I would if I had actual colleagues in the same building.”

“...So the opportunities to just have a free flow of ideas, concerns, our experiences to provide support, to be open, and maybe even vulnerable is virtually impossible. So there's very little peer support that's made available. And if it is, we make it happen, it’s not built into the system. And the campuses don’t have equivalent levels of service...”

3. The challenge of distance

This theme was more prevalent in discussion with the Northern college counsellors.
So, they’re not all equivalent but I think that the services are available if needed. A few years ago, I used to travel to [a small community] every month. I did that for quite a few years and [my colleague] did that as well, who was our previous counsellor. It was a monthly visit but, like I was saying, there was a lot of interventions through the phone, email and stuff like that.

INTERVIEWER: Can you tell me a little bit about what that was like, in terms of the service delivery, when you would drive and be there once a month?

Personally, for me?

INTERVIEWER: Yes.

As a counsellor, I found it very demanding because of the traveling, especially in the wintertime. So, it required one day practically to go there and start working with the students. I would leave in the morning, get there around lunch time and then meet students through the afternoon, evening, then do a little bit in the morning and then come back. So, you were looking at two full days and what I noticed was the follow-ups were challenging in the sense that if there was a question of mental health and I had to refer in the community, I would be there just for a few hours but a lot of my follow-ups would be done either through phone to the mental health center .. and I found that a little more challenging for myself.”

4. Sometimes the satellite campus program mix/gender/cultural make-up determines demand

A number of factors will influence the demand for counselling services. When describing the particularities of a campus, counsellors would often indicate that the program mix, dominant gender or cultural make-up of a campus would have differential impacts on service demand.

So it's not unlike we have -- like, we're -- we're very separate entities. Our campus, __, has a very distinct culture. Yours sure does. All the transportation, all the trades, everything, very distinct culture. And --

INTERVIEWER: And typically in colleges there's less -- demand on counselling from trades than from, let's say, you know, human services or community services.

That's true.

That's the general trend.

That's true, although we al-- we also have other programs like ECE and social service worker --
INTERVIEWER: So that keeps you a little busier.

“With respect to differences, different programmes and different needs, I mean [campus A] is mostly a male-dominated campus. Here, pretty much the opposite, I would think, and we only have three counsellors there and seven counsellors here.”

“I think one of the biggest things that I’ve seen is that because they’re in different communities, the populations are different. So, the needs that come up, the way that students will present their issues, the demographics are slightly different. So, it impacts, I think, what happens in session. I think specifically maybe how you assess what’s coming in, how people communicate what their problems are and then also the needs for groups. Those might be slightly different in the different locations. I don’t know if you want me to be more specific.. Like, for example, at the [smaller] campus ... there’s a lot of first/second generation Canadians from India and I think the socioeconomic sort of levels and education levels of the students are less than [the main campus], which is more affluent, more higher educated student population or families. So, I find, say, in the [the main campus], people will come in already having gone through the system of seeing a psychologist or psychiatrist. They’ll come in to a counsellor having a diagnosis and wanting some support with that. Whereas in [the smaller campus], for example, often students will come in who have never seen a counsellor, don’t know how to communicate in the same way what their issues are. So, they may have anxiety or depression but they’re coming in and saying “Oh, my teacher sent me” or, you know, ‘I’m feeling a little bit stressed.’ They won’t use the same language. So, you have to assess differently. I think the approaches, after a certain number of sessions, tend to be the same but the initial assessments are a little bit different. So, you have to be able to pick that out. And then, with the STC, which is the Skills Training Center, like [my colleague] said, it’s a lot less serviced. A lot of trades students. So, with that, I was there for a short amount of time so a lot of students with psychiatric diagnoses would come in. Not necessarily for counselling, but more to access the disability or access the learning services. So, yes, a lot less comfort with sort of accessing counselling for more psychosocial issues but more psychiatric, for example, in that population, which was a limited, sort of, number of people that I saw.”

5. Difference between service and availability/do it a different way

Many counsellors distinguished service availability/level of service and the form that those services took. On paper, students typically have access to the same service, but how accessible the service is or the format/modality that service takes will vary between the main campus and the satellite campuses.

Yes. So people do periodically come here and I’ve had clients from the [regional] campus. But, so they do not have the same level of service I’d say. The availability is different. The service offered is the same.

Yes.
But the availability is different.

“You’re the only man. I had an experience working for a year doing some personal counselling at one of our satellite campuses. And our motto at that campus was mostly that we offer the same services just in a different way. So they really want to make sure students have access to every service. It just looks differently the way we can provide it. So for personal counselling, that meant that we didn’t have the same day service appointments necessarily because if I was booked in advance, I wasn’t available for what we would call our triage, or same-day service appointments that we offer at the main campus. Or some of our pre-admission counselling, people would come in and they would be asked to come back a week later, or maybe two weeks later, whereas here we can often see them that day, or at least within a couple of days. So the services are – we try hard to give them the same service. It just has to have a bit of a different model as far as maybe timing our patients, or maybe having a strong connection with London. If there was an emergency in the interim where the chair or someone at that campus could contact someone from our department to consult, because we’re not readily available on a day-to-day basis.”

There are natural differences between what those primary campuses do.

INTERVIEWER: Is it an issue? I mean is it something you guys discuss or worry about?

Yes it is has come up a number of times.

Particularly when we are trying to standardise our practices, really realise how differently things are done in different places and that is something we are trying to currently work on, is standardising, so people know what they can expect minimally. It is really highlighting some of those differences.

“So it’s a hard question in terms of equivalent, but they wouldn’t have an LSS department, learning support services department in [our small campus], right. But [my colleague] would go up there and make sure, again, if it’s from a disability perspective, if there was a student up there with a disability that would need to be accommodated, that she would get those things arranged, and the folks at that campus would make it happen.”

“Sometimes there are and sometimes there aren’t. Like, sometimes it’s just, like, history, who’s been there and how they’d like to develop and ... because we haven’t had a mandate where everyone had to do it the same way.”

You know, they’re different realities in different campuses.... Different programs, different type of students, different counsellors, different faculty, different administration, different realities. So I think it’s important to be able to be flexible and respond to those particular situations and variables...”
“I think we’re -- we’re doing a series of workshops now and I think we’re able to spread those workshops amongst all the different campuses. So students can take advantage of those at each of the campuses. And -- and even though we’ve got fewer people at the different campuses, they’re still -- they’re still available to the students. So we’re spreading ourselves out that way.”

6. Trying to use technology to improve access

Some discussion centred around the use of “technology” (ranging from the use of the phone for discussion and texting, email and web-camming) to improve access to students in satellite campuses.

“We are currently looking at creating a secure webcam site which will at least improve accessibility, but not the same kind of relationship building capacity because you do have that distance, but at least we will be able to see them, it won’t be over the phone.”

“I really want to pursue is the use of video conferencing. The doctors have done it for years. The doctors have done video consults, psychiatric consults, all that stuff for years. The NOARC [Northern Ontario Assessment and Resource Centre] group do interpretations of learning assessments online and I just think it’s something we could really be. I think we could do some really interesting studies. I think we could really start to help because a lot of colleges have regional campuses and so far I don’t hear of too many people using the technology. And we’re not talking Skype. We’re talking an internal system which is really quite good. There’s very little delay and you can focus in on them. If you’re worried about them, you can focus on their face. I mean, this is a poly-cam camera. It’s a really high-end thing. It’s not Skype where people freeze and you lose them and stuff. It’s.

INTERVIEWER: So, you can get a sense of non-verbal behaviour and stuff like that.

Oh, yeah. For sure. Yeah.

“Well, for the Aboriginal counsellors, it’s like the travelling road show. It’s an issue now just about having to travel. Like, for Aboriginal counselling, they don’t schedule appointments as much. An as-need basis. So, we’ll get a text and we’ll have to rush to a campus. So, there’s a lot of travel involved in what we do. So, [my colleague] and I have tried to split up three campuses but for [many] years she did [many] campuses on her own. But it’s like you want to be there and you want to be available and visible but that’s not when the students need you and have the crisis.

INTERVIEWER: And you said ‘text’?

Yeah. We do a lot of texting and a lot of. Like, because it’s cheap, right? And a lot of students can’t afford home lines. They can afford only cell phones now. So, texting is one of the ways that we usually get in contact with each other.
INTERVIEWER: You’re one of the few counsellors in the province, actually you and I are one of the few counsellors in the province that text in our work.

Do you have a Blackberry, though, that is issued by your college? Yeah. That’s the difference. I’m not using my personal Blackberry. Your Blackberry is issued by the college. I would text if I could but not with my personal number.”

“Well, for example, we do tutoring over the telephone. We do Delta Screeners and learning strategies over the telephone. We do the feedback sessions and those kinds of things usually by video conference or telephone.”

7. Some of the other challenges

Counsellors mentioned a number of challenges in providing service within multi-campus environments including: the increasing number of complex cases at smaller campuses without on-site counselling capacity; difficulty in providing proactive/pre-emptive support; not having relationships with staff/faculty at campuses and the limits this can have on providing effective service on an itinerant basis and; the difficulty in coordinating service between campuses and utilizing consultation amongst counsellors.

“What I meant by that and also if I can give the perspective of the people who are also getting the services increasingly and I was just involved with something the last couple of weeks with [campus A], the campus director and the instructors when I say increasingly it’s because of the issues that we’re dealing with and you’ve come across this in you know increased psychiatric and increased violence, acts out and all that kind of stuff more and more of our regional campuses directors and faculty are feeling that they don’t have the onsite immediately available services to be able to deal with some of the things that come up. This issue we were dealing the last couple of weeks I was supposed to go there, there’s a snow storm so I couldn’t go. Then we were going to try it on telephone but the woman involved couldn’t do it then. So by the time we got to the issue, it was two weeks later ... ”

“And I think the other thing that happens is that, by default, the other people that are always based at those campuses end up having to do the work of counsellors, in a sense. They kind of pick up the pieces. And what also happens is, because counsellors aren’t available at all those other campuses, is that by the time we end up seeing students at those campuses, if there are problems, they’ve escalated to a very high level. So, we don’t do some of the pre-emptive kind of work ... that’s what’s been missing.”

It’s interesting. Years ago we used to rotate in order to stay in touch with the other...the two principle campuses. We used to split our weeks and we used to do two days there, three days here ‘cause we
always said we have community people that come in, we have students that go to that campus but live here and its more accessible for them to come to us here and when they decided, when management decided no we all had to stay put in one location, we squawked. I mean, we put up quite a fuss because for us it was, we just felt it was such a service to the students to be in touch with all of the programs.

Yeah, you develop relationships with the faculty and management, so on, at each campus, you know. So now you’re sort of entirely at one campus and you start losing touch, I think, with the other campuses.

“I guess just being new to the college system and having multi-campuses, for me, I guess, it’s being a challenge of coordinating with other counsellors at other campuses and recognizing that we all have our areas of expertise and strength and then being spread out so thin, it’s like “Oh my gosh! Well, So and So over at [campus A] has this expertise but they’re not at [campus B] or at this other campus.” So, it’s kind of hard in that area. Whereas you have just kind of one big hub and then you have nine or ten people all working, it’s really great. Whereas it’s kind of spread very thin and the case consultations, you know, are not I don’t think as regular as they would be if we were all on one campus. So, that kind of tends to be a struggle with supports. Even though I think, among our small campuses, we do consult and get that kind of support, it’s nice .. it’s a challenge to kind of get that other support and know all of the other counsellors in that kind of collegial atmosphere.”

“Oh and like consistency like we’re not there all the … you know what I’m saying for me that’s a real issue because I never really get to know the students and what we’re dealing with because they just show up or drop in or if they book an appointment, sometimes they repeat but not … you know you just don’t get that same level of connection.”

[perspective of a counsellor whose college is experiencing significant growth] “Yes [providing support at satellite campuses is an issue]. What we try to do is for the regional campuses we do have a counsellor that visits and tries to do it but also that they will call the main campus or the [other] campus depending on where they’re located for support. So we might give phone support or we might actually make visits which we have done. There was a period of time when counsellors such as… [my colleague] would actually have scheduled hours that he would have gone every other week that sort of thing. But is it an issue, increasingly so yes.”
Question 2 - Would you say the counselling department is meeting the support needs of students in your college?

1. Depends on the time of year

“I think that there are time of the year throughout any college or university where there’s kind of that crisis walk-in period with students, especially the end of October, November and sometimes February to March where I think working in counselling services can feel challenging to meet the increased needs of students.”

2. Meeting the needs within the new context of advisory roles

A number of counsellors described how their ability to meet student need has been impacted by the growth of advisory roles within their colleges.

“Where it can get a little bit confusing is that there are so many helpers now at the college compared to when I first started and counsellors were kind of alone. Now we have academic advisors, academic coaches, student success specialists - SSS as they’re called - each with slightly different roles but overlapping elements to their job descriptions. And at times it’s hard to distinguish what we’re up to, although we try to describe ourselves independently as being - in quotes - more professional, or at least having differing backgrounds compared to some of the other folks.”

“So it looks as if we have expanded if they look at the whole unit -- but counselling hasn’t grown but all of this is happening around it and -- and without consultation, I might add. So I think that it's -- it's this added piece of where pieces of our job look like they're being, like --

Taken away.

...taken away or shelved off with really, honestly, there's been very little consultation. And -- and so it -- not being a pro counselling college is -- and -- and, again, I don't -- I don't even know if it's intentional. It's just -- like, it's just -- benign. It's just -- yeah, it's just like are you kidding me? Like, why would you make a decision like that? It directly affects the job I do and you're just booming off -- why wouldn't you -- I mean, I respect you need to make a decision, but could you talk to us first?

I don't think it's recognized.”

“I think one think that the college does really well, or our department does really well, is the partnership, so we’ve got to either connect with departments, we work very closely with the [department that coordinates peer assisted learning]. They're the ones who coordinate workshops. They coordinate
outreach opportunities, so we do a lot of work with them and this way, the students are finding out about us as well and getting information, and help in other things as well, so I think we do a pretty good job.”

“... the career planning and academic advisor is a brand new service so we’re kind of, we’re still trying to figure out who does what at this point. It’s still not clear. It’s all very muddy, but we keep doing what we do and...

Interviewer: Is it contentious? Are the issues... is there anything contentious about their role?

I wouldn’t describe it as contentious. I would describe it as confusing. There’s confusion in what their role is right now and so how that’s going to affect our workload I guess.”

3. We meet the needs of students we see

The most common response to this question was essentially that counsellors do a good job of meeting the needs of students that make it into their offices. This usually led to a proviso that it was unknown how many students weren’t seen and could have benefited by seeing a counsellor.

“And I think that because we’re doing so much crisis, we’re not meeting the need of students who have things like that really do impact, well crisis impacts like, things like stress management, relationship issues that you might only need four or five sessions for but they’re not being able to get in because, you know, crisis, crisis, crisis, crisis, crisis.”

“I think a lot of what college counselling involves is having a presence and having a profile and if you can’t be over in the technology building, I think that we miss... I think I do... miss a lot of students who might drop in or might be a little more comfortable if they see me around for a while before they come in. Because I think technology and trades students are notorious for not wanting to come for help. You know, dominated by males. Dominated by, you know, folks who just don’t want to go see a shrink. So, we feel a lot of pressure to be present in one place and there’s advantages to that. One stop shop. There’s a lot of advantages to that. The disadvantage is that I sort of like the idea of being able to hang out over there five days a week. I mean, I think that there would be more work to do over there if we did that.”

“I’m not sure that all the needs at this campus are being met. I -- I don't know for sure. I don't know if there’s a way of knowing. But because I see such discrepancy in ratios of counsellor to students, I would think that if there were more people here, more counsellors, that you’d be seeing -- you would be serving more students. I do work at this campus and I’ve worked here for quite some time and I’ve also worked at different campuses. So in terms of meeting most of the needs of the students, I think as a counsellor or as a counselling unit here we do meet those needs. Now, there will be periods when you feel overwhelmed. We had such a period last semester -- where we felt like, you know, too many crisis at the time and you just -- and then there will be those periods where it’s kind of no more and stretching on. No
more being very, very relative here. So it's hard to predict, but I would say -- I'm looking at the waiting times to see the students and the actual intervention that we do... when the student comes in, I would say we do meet the needs of most of those students."

“Yes, I would say that we're doing a stupendously, wonderful job of a kind of impossible situation in that, yes, we do a great job of those students we see, as well as putting some resources more to outreach now so that you're hitting students before they're in the door. You know, outreach workshops on maybe academic related issues, time management, that kind of stuff, but also some psycho educational stuff on working well in groups, that kind of heads off some of the stuff before it comes in the counselling door. We believe it’s... I don’t know; we have a counsellor on three days a week who does that solely, and I think she’s going to get some support, so we’re doing that outreach piece more so. The reason I say that we’re not really meeting the support needs of the students entirely is because I know that the ratios of counsellors to students were once suggested at one per 1,500 in a position paper in the past. I don’t think we’re anywhere near that, particularly when you factor in the amount of people who have left or are on sick leave or accommodations.”

“...I certainly echo what everyone’s said in terms of the demands just exceeding our capacity a lot of the time. But I would like to point out that the services that we are providing, the students that we do see, I think the students are very, very grateful for and find very, very helpful. I mean, every year we do feedback surveys with our students who have received counselling and we their opinions and their feedback, their comments on what we’ve worked on them with and what they think of the services they’ve received. And, consistently, the students who have received counselling and have come for the support that is available on campus do appreciate it and do find it helpful. We just need more of it. We just need more support from the community as well.”

“I think we bend over backwards. That’s how it feels when we’re all here listening to what each other are doing for the students that come to see us. We’re bending over backwards. I just came from a one o’clock no show from a student who needs more support than ever. And he didn’t show up for his appointment. I got a message saying, “Life is too crazy and busy and everything’s out of control.” And I’m kind of going – “I get that. You should have got your butt in here because we could have helped with that.”

“If we had more time, we’d do more prevention and presentations to kind of put a name to a face and they’d perhaps feel more comfortable. We do have presentations at the beginning of the year for all the first year students but then, again, that’s an issue because sometimes teachers don’t respond to the email, the invitation... So, we don’t reach everybody.”

“I have mixed feelings about whether we should be providing intensive, time-intensive, frequency-intensive services anyway. Like, I think the mental health system and the government kind of beyond that should step up. I think we’ll talk about that kind of down the road a bit...”

4.  **Waitlists and what is a reasonable amount of time for students to wait**
The subject of waitlists, as a measure of service effectiveness/accessibility, was highlighted in many of the focus groups. Whether colleges had a waitlist, at what time of year and what was deemed a “reasonable” amount of time to wait for an appointment were the key issues explored.

“I would argue that -- that we don't. Three weeks is too long and -- and we're a school environment with a semester with 15 weeks, so ... And when you have people waiting three weeks, you're not meeting the needs of the students in your college. You're not.”

“And we can't separate -- we can't pretend we're -- we are school counsellors. We're not counsellors. And -- and so -- and somehow we -- we often -- not us, we recognize it and try to -- but I think -- like, there's -- our job partly is to have them succeed in school. Like, we can't lose track of that. We shouldn't, right? So how do we make sure they succeed in school? So they come with depressive symptoms, anxiety, whatever, but it's connected to succeeding in school. And if you're making them wait three weeks, you're not -- we're not meeting the needs of our students, we're not. It's that simple for me. I -- a week and a half, two weeks is too long. I -- and that's why we work lunch. That's why we stay late. That's why we come in early, because -- if they can get past our receptionists... So what they do is they learn. They -- they go around them and they talk to you directly and they -- you squeeze them in at lunch or [they speak to you] out in the hall...”

“...students come, stand at the desk and say, “I want to see a counsellor.” And they, you know, “Okay, well we can get you next...” Not good enough. It’s like, well automatically because you can’t get in now when you want to be seen, the service isn’t good, from a student perspective, right. Go out into the community and ask to see a counsellor and to be told you’re going to wait six to eight weeks – come here and say we’ll see you in five days, that’s pretty good service if you think about it. So –I’m just thinking too of if you looked at this from maybe a broader perspective, are we meeting the support needs? If the support needs are to get referred to outside services in that way, I mean it’s through no fault of our own, but it’s hard to get the services outside of here, often, that students need. So they – referring them out, getting them you know, psychiatric, more intensive mental health kind of services I think is pretty difficult to do here.”

5. Providing for “harder to serve” populations... International Students, Aboriginal and those with Mental Health Issues

Discussions often revolved around the challenges of providing counselling to three “harder to serve” populations.

International Students
Well, for one thing, counselling is a foreign concept to Asian -- well, for most international students.

Indian students as well.

And it’s very shameful for them to leave the family. It's -- okay, they can't talk to their family because their family is thousands of miles away and it will upset them. And it's shameful to admit that they can't handle things. It's not part of their culture. To come to counselling is ex-- exposing themselves as being weak and vulnerable, which they are, but to expose themselves is to make them feel even more so, so they don't. They may go to their international advisors, but the advisors are not counsellors, they're not trained counsellors.

“...but we’re not out there enough to overcome the cultural barrier or the stigma barrier that exists for counselling for a lot of places. But we do. You’ve seen of the diversity just at lunch time in our student population. I don’t know if we’re the most diverse, but we’re up there. And I think there’s cultural barriers that we don’t address at all in terms of getting out there and being proactive and saying, “When you have these issues, you can come see us. And this is who we are. It’s okay. It’s – you know.”

“In regards to what [my colleague] said in terms of the cultural issue as well, we’ve attempted to, for example, to arrange a national students and offer a group, but again, the whole concept of group counselling or any kind of support coming from counselling services could also continue to be a stigma. So in terms of how do we structure or change something so we can access students who are very – who come from different cultures, maybe I think that’s where we need to focus on and try different things or maybe look at a different, a more multicultural model possibly.”

**Aboriginal Students**

“...but I’m speaking of Aboriginal students as well, that’s always been an issue. From day one. And not feeling comfortable. Because the majority of the Aboriginal students that I have seen over the years really like to drop in and see if you’re there and they’ll hover around your office and they don’t mind waiting an hour or half an hour if you’re in with someone. But our office space – like, the Student Success Center – has never been able to accommodate that, having a lounge area outside the Aboriginal counsellor’s office. So, that’s where I know the Aboriginal student support needs have not been met in the college over the years. Don’t quote me on that. So, I could safely say that from my perspective that a lot of have been... missed”

“...with the aboriginal population there's always daycare issues, there's always housing issues and most of my job is running around trying to help with that. So no, I don't think we're meeting that aspect for our aboriginal students and especially a lot of the aboriginal students are single mothers. Some of them have six kids. So you're talking daycare, school, you're talking snacks, you're talking lunches, you're
talking, you know, and from a First Nations perspective in Ontario they only get maybe $800 to $1500 a month to live on.”

I am now getting calls from communities. We are doing a lot more outreach with the communities and we’re doing a lot more networking with the communities so that we can have these students identify ideally before they are actually here. We know in advance and we can get those supports in place, a bit easier to do when you're dealing with Aboriginal kids, because it is not as massive as mainstream students, but that is a key piece. I think that in terms of supporting the needs of students who get to us – yes, and I would totally agree with what [my colleague] is saying, but I would also say there is a sense – I think she kind of alluded to this – of that fragmentation; that systemically we don’t have as very cohesive interrelationship with faculty and so it is like we’re a shard of glass over here doing very isolated work, when in fact we need to be seen as a part of the whole, and that we need that more seamless kind of work happening.

INTERVIEWER: How many Aboriginal students are enrolled?

We have about ___ self-identified and then we have a number of statuses which I am not certain of that number… That is telling us is that students are not – and it speaks to cultural safety. They are not comfortable identifying that on a major ministry application, but they are comfortable filling out our self-identification forms and identifying that. It is very consistent with cultural safety.”

**Students with mental health issues**

“God knows we try. We’re trying. But I think we’re falling short for some groups. For some groups. Like, mental health.. it feels like we can’t keep up right now. I don’t know about others, if they feel the same way. If you have a few serious psychiatric cases on your file, on your caseload, it seems like they just need more time and attention. They’re more complex files. So, I find that I’m spending kind of an inordinate amount of time with that small cluster and then .. So, the ones that sort of just have some emotional issues, adjustment issues, the stuff that we used to deal with before, they don’t have a psychiatric label but they’re just sort of personal sort of issues, we don’t see them as often. And students have to wait longer to get in to see us, as well. Like, 3 weeks is not uncommon for them to wait to get in for an appointment.”

“The issue is a lot bigger than we are. I mean we know when we try to refer people out into the community, or students before they got here, they were trying to access services in the community and they couldn’t get them. They’d be on waiting lists, or they would fall through the cracks. So I mean it’s an issue, but it’s an issue for the whole – the larger community, not just the college.”

“… not at all. Can’t do it. Can’t do it”
“I think we’re just meeting the need. I think this year we’re starting to feel the ... getting close to the wall, given the complicated situations that students are bringing forward, and the increase in mental illness, you know, compounded by financial need, you know, and so many other things as well as belonging to vulnerable populations. And so there’s groups of people coming in that, while we’ve seen them in the past, it seems that there are more. They take more time. They need more time and they need more follow-up. So I think what I’m ... what I’m hearing from people and finding is that there ... we need more time for the paperwork side of it, for contacting doctors, and psychiatrists, and social workers and reaching out to the community. And so all of these types of things, if we’re seeing six clients a day, if we’re filling our calendars with one-to-one contact, where does the business of the follow up come into it. So there’s where we’re starting to have to block that off ...

... and make that priority because the follow-up is important. And people come in really not knowing what they need or how to get it in our ... our system in [our community] for medical support and, you know, access to services is ... it’s messy. It’s not very well ... it’s very disjointed and, you know, lots of little silos. So, you know, it’s kind of like, you know, trying to get your student to navigate through, you know, a toothbrush bristles to get to a service that they need, try and find it.”

“I’m currently just working in accessibility services and I’ve noticed in general that I’ve needed to make more referrals, if they’re on OSAP and they need counselling, to private therapists so that the bursary can pay for that because of the increased busyness of the personal counsellors.”

Before Christmas, we had a young woman around 4:10 in the afternoon on a Friday of course, present to the front desk. They had been to the hospital in crisis, so they were coming in as a crisis, suicidal person. They found out that the student was going to start coming here in January. So this is last December. They’re going to take a program here in January. They were told, “You go to the college right now and they’ll see you today.”

And I met her this week [January]

Not even a student, yet. The story first came. That’s what she was told. “Go to the college now. They will see you now... and she sat in emerg for seven hours to hear that.”

INTERVIEWER: -- biggest city, you must have [lots of community resources] --

That’s what people think but, like --

INTERVIEWER: You must have oodles of services available.

Yeah, people think that but --
“I think, you know, just from experience too, I know when to utilize a resource or an agency that's charged with a specific task. I don't have experience in eating disorders. I don't have experience in post-traumatic stress disorder treatment. There's an agency in town that's charged with crisis and suicide intervention, right? And so we're very adept at recognizing this exceeds the scope of the generalist services that we're providing. Even if I have some training in this and I might do that in private practice, it's not within scope of my practice here on campus and so I'm going to partner with an agency that's better suited to provide that type of service, especially on a longer term or ongoing basis and -- and not operate in that insular or vacuum-like way. It's -- I think it's a more ethical way of -- of practicing as well and it's also less burdensome, if that's a word -- -- feeling like -- -- you have to be everything and everyone, which is -- I mean, I came in with no -- carte blanche of any historical ways in which this department operated, but I understand that at points in time this department has been everything and -- and all -- all issues. You know, from career counselling to personal counselling, to academic testing, to learning disabilities, to suicide watches, you know. Pretty intense interventions. It's just not possible for one or two counsellors to be effective in all of those hats, right?

Yeah, we operate differently. I'm sure [our manager] explained how we actually managed -- like, our counselling centre, we just do mental health. We are not involved in the career testing anymore or the academic stuff. So I know a lot of colleges in Ontario, they still do that piece or they have people on their team that -- that will do that piece. And [my colleague] and I just do the mental health.”

“...no, I don't think we're meeting the needs of our students and there's a real disconnect between what the province is doing and the initiatives in terms of mental health in the communities and post-secondary and the hospitals to what's actually happening here at [our college]. It's a service that I've described many times as, we're like a car wash. The students get all messy out there, they start causing problems in the classroom, they start causing problems for the VPs, they just run them through the counselling car wash and then they're all shiny again and they're happy when we're there just in time but then it's constantly like 'We don't do that type of counselling. We don't work with those kind of students.' When I was arguing for private, confidential office space, was told that ‘Well, this is the Facebook generation. They like to tell everything to everybody.’ That’s what I was told by one of our [managers]... And that we don’t do that kind of counselling and maybe those kinds of students need to not be here at [our college]. So, I don’t think we’re meeting the needs.”

“I think we're -- I think we're so busy meeting the needs of our student body that are pressing. Like, they're -- and they are getting to be more --more complex cases. We have the second career cases. We have the WSIB. We see more and more cases of students -saw a student yesterday with autism, MID, ADHD, with a helicopter parent. I mean, the cases are so much more complex that that's having an impact on our ability to respond, I think, because, you know, we have very limited support in terms of secretarial support. We have -- our receptionist does the -- all the administration for the career assessment and she
does our intake, and she sits at the front to try to manage the incoming calls and, you know -- greet people and ... So, you know, it's an insane amount. So I think -- and the volume of calls, the volume of people walking in either in crisis, the faculty calling, the Test Centre calling makes it -- and we try our best to respond to those needs as they arise, but it does -- I think it does take a toll on our ability to have the capacity to, for example, make classroom visits or do PD for faculty -or do programming-- we're very good at responding to the needs of the students as they walk in the door and they present themselves. But the capacity to do that more long-term work I think has... suffered as a result.”

“I think the numbers, from my perception, the number of students with mental health issues has just grown incredibly over the last number of years and it’s very .. and so the numbers of students who are in our programs who have issues has grown hugely. So, the campuses where we have programs like social service worker, child and youth worker – not, say, business/skilled trades – the more people-oriented areas, seem to draw more of those students. Possibly because that’s the experience they’ve had in the past, where they know about these various professions, so they choose to go into them. But many of those students have very high needs. So, the collaboration with faculty takes a huge amount of time. Often these students present in crisis on an ongoing basis. So, it makes it very hard for us to provide ongoing counselling in a therapeutic sense. It’s often more crisis intervention. So, I think [my colleagues] point about what our counselling service and also what is support.. I mean, I think counselling services – [our college] being no exception – we always have to define what are we doing. What’s our primary role? Because probably there are not enough slots in the day to see all of the students who want to be seen.”

6. No one is saying that we aren’t meeting the needs!

A number of counsellors measured success by a “lack of complaints”, some quoted client satisfaction measures and one quoted KPIs. Many counsellors voiced their observation that they had little hard data to justify their responses.

“I want to say yes but I don’t.. I want to say yes because I know our student services has a really good reputation and I feel like we’re doing a really good job but I feel that our current staff is kind of maxed. So, I don’t know. We haven’t been getting feedback from anyone that we’re not meeting the needs of students, but we’re very busy.”

“We absolutely are meeting the needs but some of the needs that we’re meeting like psychiatric and psychological we’ll get into that in a moment. What I’m trying to say is yeah I think we’re doing an incredible job but with all humility I think we’re doing above and beyond every single one of us and I would say that for everybody in the room, we are maxed out every one of us maxed out. Maxed out in time, maxed out in client load, maxed out in the number of issues we’re dealing with. We’re just a very hardy group.”
“Well, our KPIs are fairly decent. We’re a part of that. We don’t get a lot of complaints from students or faculty or community. Students who come to see us I think are generally pleased with what they get, so I would view it as a customer rating and I think our customers are pretty satisfied with what they get.”

“We’re busy, but, you know, we’ve kind of got a system whereby, you know, crisis takes priority, faculty walk-ups take priority, we see people sort of ongoing in addition to crisis-based appointments, in addition to psycho-education and other initiatives that we’re involved in on campus. And, you know, we’re not receiving any feedback that the level of service is inadequate. In fact, it just keeps getting -- we keep getting busier every year the more we expand our relationships with faculty in -- in the college as well. And the more you have that relationship present, I think the more likely they are to walk a student down when a student is having a particular difficulty”

“Yeah. It’s kind of like the metaphor is the need is like a tidal wave, and we’re one bucket. So all we can do is make sure that we get a really good bucket-full, but we know that -- I’ve been here for over 30 years and I don’t think we’ve ever been able to handle the tidal wave, and the tidal wave is much bigger now than it was back then.”

7. Outsourcing to meet student need

There were some interesting observations about utilizing the services of EAP providers.

“Or else will use the Student Assistance Plan quite often over the summertime, and they would get referred external to the Student Assistance Plan for support... it operates just as an EAP. So we have an external provider that we have contracted with and the students are entitled to six external counselling appointments. They’re sort of the portable counselling, so it’s... We have just switched providers. We were with Provider A; we now are with Provider B. So we can’t really say how they’re doing. I haven’t heard; I’ve only heard one negative complaint with our new provider. With our old provider I heard endless complaints and issues.”

“And a Student Provider can’t necessarily do that with just six sessions. So often I start in the spring connecting students to the Student Assistance Plan because they go back home and that... when I started here [the college] had the philosophy of your crisis does not happen while you’re just at school. Your crisis could possibly happen at any other point in time. So it’s very important to connect the individuals to the community because this is where they may or may not be living. So that way you’re providing them with future help and assistance, as opposed to just seeing the Counsellor here, which is, when they graduate, they then are no longer connected here and, hopefully, they can find their way or struggle out there. So the philosophy worked well and I believe it really does work well in the sense of connected with community services. But on the same hand, community services are also stretched beyond limits. And it may or may not be fitting. Because I’ve made referrals to community services, agencies that I myself worked at previously and that I thought would be a good fit. And then they’ll send them back my way, partially because they’re overloaded, and then secondly they’re like well they’re a student, they can come
there. So then they end up coming back. So ideally, I suppose if we could see them for our own length of time, at our discretion, ongoing with more of us on staff, would be ideal.”

“We’ve developed very positive partnerships with our community and they seem to be very supportive of our needs…”

### 8. Structural elements of the system

This is a catch-all theme which summarized a number of “structural” elements that counsellors saw impacting the delivery of service: structure of the semester; lack of integration with the “academic” side of the house; not enough contact with faculty; physical characteristics of the counselling venue itself; management philosophy and practice; counsellor complement not keeping up to the growth in the system and; the exponential growth of a select number of colleges.

“And even if we get to them in the first month, then they’ve usually failed a bunch of classes or have had trouble, and they’re already – many of them – so far behind, it’s going to be difficult to pull it through. And then the way our college system is set up, it’s very rigid and dysfunctional. The way the college system is set up, they can’t take some of those courses they blew until the whole next year. And so we’ve got rent stuff going on, we’ve got OSAP stuff going on, and a whole bunch of other issues. And they’re dealing with severe bipolar or whatever. I think the structure of the system makes it very difficult. It’s different. You can take a month out of university on the year-long courses and still pull it together. You’ve got another month at Christmas, you’ve got one at the reading week, and I find our timeframe really is difficult.”

Yeah. I think one of the things that took us a long time to get there was when we developed what we called triage, or the same-day service. For years and years students were assigned by division to a counsellor, and it would take a while. And kind of had to wait until the old guard retired before they would let that go. So we’ve – about 10 years ago we started same-day. We wanted to see crises and other stuff as soon as they walked in the door, at least have some kind of triage. And we’ve tweaked it over the years in different ways, but I think that’s been extremely helpful.

Yeah. I think it’s probably the star in our service right now. The fact that we can see high-risk students very quickly, we often have two counsellors on call every day seeing students for half an hour appointments. And we’ve been able to catch a lot more people. Just the number of suicide risk assessments that happen on triage have really been increased.

“I don’t think that we’re integrated enough into the academics to do the best job that we can. It is timely because this time of year, the students that were unsuccessful in the fall semester, need to be their coordinator in order to get a timetable for the winter semester, and it falls to the counsellor to pick up some of those pieces. B They will get referred to counselling to deal with whatever issues caused the
failures in the first place, or map out a course for them, but the counsellor wasn’t involved in the progression discussion in the first place and so there are gaps there.”

“Oh it’s much more customer-driven than the hospital, I would say. Yeah, the hospital, they would wait for me to come to them. Here, the students come to us. I mean they drive the service far more than patients in the hospital would. Patients in a hospital wouldn’t know enough about what we do to come to ask for us generally.”

“... we [used to be] actually housed in some of the divisions, so I have a lot of connection with faculty that would hear issues and then that would stir my mind around, you know, possible solutions or groupings or responses that we could make both as a counselling department and coaching a little bit of the faculty. So I rarely see faculty. I hardly know any faculty now. Most of the ones I knew have moved on. But there’s no opportunity to meet and connect. I used to attend meetings, divisional meetings. Coordinator, orientations. So we were visible to the students. We were visible to the faculty and the admin. And there was a sense that we were all trying to move – these students forward and how could we do it in a coordinated way with our services? Now it’s basically, they – you know, faculty still know we’re here and they’ll come down with crises, students in crises, but I don’t think any of us have any major department school that we kind of target programs for. And in fact, I don’t think we’re doing many programs, the things we would do for groups. We’re slowly withdrawing.”

“We have set drop-in hours when all three of us are available and have been for been 20 years. This is now new for us, so when the other colleges talk about how do you deal with a crisis, for us it’s like...it’s a non-question.”

“...no, I don’t think we’re meeting the needs of our students and there’s a real disconnect between what the province is doing and the initiatives in terms of mental health in the communities and post-secondary and the hospitals to what’s actually happening here at [our college]. It’s a service that I’ve described many times as, we’re like a car wash. The students get all messy out there, they start causing problems in the classroom, they start causing problems for the VPs, they just run them through the counselling car wash and then they’re all shiny again and they’re happy when we’re there just in time but then it’s constantly like ‘We don’t do that type of counselling. We don’t work with those kind of students.’ When I was arguing for private, confidential office space, was told that ‘Well, this is the Facebook generation. They like to tell everything to everybody.’ That’s what I was told by one of our [managers]... And that we don’t do that kind of counselling and maybe those kinds of students need to not be here at [our college]. So, I don’t think we’re meeting the needs.”

“We have a common waiting room now for students that may be in distress or, you know, other mental health issues. And they are waiting with people that are finding out about financial aid. They’re there waiting for, you know, courses and stuff like that. It’s very insensitive to the needs of students in distress. I’ve had several of my students email that have social anxiety who won’t come anymore to counselling because it’s too anxiety-provoking to come wait in that kind of waiting room.”
“I’m going to pipe in and say we try our hardest in every mode of delivery we can think of, in every individual, group, drop-in, outreach, creative, resourced, online way we can think of but, no. We’re not meeting all the needs of our campuses because there aren’t enough of us – there isn’t enough of it – to meet the demand that we’re seeing. The increased demand.

INTERVIEWER: Why do you say that?

Because we get that feedback. We get that feedback from our colleagues who refer a student and say, you know, ‘We walked someone down today to the drop-in time’, because we do daily drop-in so that we always have times open for students who’ve never seen us to try to catch the immediate needs, ‘But your drop-in was already full of people who had come first service by 10 o’clock.’ So, I’m seeing, because I’ve been in this environment and I’ve worked at all of the campuses as well, except for the new one, I’ve seen a huge change in the past 10 years particularly, as we grow our institutions in response to corporate visions and, you know, new whatever. When we morphed from a college to a polytechnic, essentially, when we became Institute of Technology and Advanced Learning, right, as opposed to a college. And added all the BAA programs, that added a whole other component of service, plus all the post-diplomas in our areas of specialization. So, we have quadrupled our numbers in the past 10 years. We have certainly not quadrupled our staffing in counselling to in any way, shape or form keep up with that.”

“Flash forward to our current work, out of one office, where we’re all generalists and we’re all expected to know everything there is to know about all of our colleagues and all of the programs and everything that’s integral to really being able to deliver the therapeutic support in context here, right? We have to then navigate a much broader, more complicated system and because we have grown so rapidly, I’m at the stage where I would say, hm, I probably still know more faculty members than many people around me, just because of experience, but now constantly I’m thinking ‘Who is that person? Where did they come from? When did they get hired? What are they teaching? What’s this new course? What’s this new program?’ So, even keeping on top of the context of the institution is a much bigger demand, right? And to do the work effectively, right, you can’t do it out of context. Right? So, that’s really a challenge for us. In a good way! It keeps us on our toes. Keeps us learning constantly.”

“Well we’re booked in with students thirty-five hours a week so if a student calls because of … it’s even hard to return their phone calls at times or sometimes you just want to make sure they’re okay and it’s hard to do that, to make contact with them because we’re so busy because someone else is waiting in the waiting room to see us.”

**Question 2b** - If not, what policies, processes and resources would be required to do so?
1. More counsellors/designated to handle crisis/do proactive work/establish a standard

A number of counsellors predictably saw an increase in complement as necessary, but in retrospect it was surprising that it wasn’t a more commonly expressed remedy. Frequently the proposed additional hire was seen to play a specific role (i.e. handling crisis, doing more proactive work). A few counsellors called for the need to establish practice standards to ensure service quality for students across the system.

“Well, I would say you could have resources of more counsellors and maybe a couple just dedicated to doing crisis, could help.”

“I would say that we need more counsellors to actually address the needs that our students have and to be able to offer some proactive efforts as well as do the reactive piece, because we ... that’s one thing that we do ... want to be able to do, is to get out there and reach students who are relatively healthy and help them to understand what’s available to them so they don’t, kind of, spiral and get here.”

“And working with groups as opposed to seeing them all individually. Because, as we’re seeing them now, they’re all coming in with basically the same issues. And so if we can be a little bit more proactive, do more of the group kind of thing, I’d like to be hopeful that it will reduce the number of students .. this is something I think we’ve needed to do for a while and I think, from our manager’s perspective, we have the support to do that. And the programs are eager.”

“We definitely would need to increase the number of counsellors to meet the students because we’re talking about a two or three wait list. And are we doing much outreach and so forth? I mean if we had those resources, I think we would be able to diversify our skills and do other things as well that would be beneficial to the students, and reach other groups as well.”

“Yeah, there has to be some kind of standard and we -- I think it exists out there, the ratio between counsellors and enrolled students, and they have to meet that standard. I don't care if they meet it low average, they've got to get somewhere near -- just some -- you know, establish-- they're always talking about best practice, which, you know, is a term this bothers me because it often gets used for what someone else is doing that's saving them money, as opposed to what people actually need and what's been proven clinically to work in more than one site. So, I mean, if there'd just be -- if there'd be a standard and we'd keep up -- just keep up to the standard, that would be a beginning. There's been a gradual erosion on the one hand of support services, counselling, and accessibility advisement on the one hand and a doubling or tripling of demand. And then complexity, there's no way to determine just how that's increased. So the ratios of, you know, resources to need is going completely in the opposite direction. So they would need to have a policy that would say we will meet minimal -- minimum ethical and practical standards.”
And I think, same as in terms of ratio of counsellors to students, also it would be nice to have some kind of policy or ratio in terms of how many appointments per day -- is deemed reasonable. So, for instance

“Yeah, in terms -- so ... Because I find sometimes you cram --

Sorry, I just added, you know, how many -- standards of practice including how long a student is expected to wait to get an appointment and follow-up.

And just so you know, I mean if you look at our calendars, sometimes -- and particularly ____ and ____, I mean there are times during our busy times that sometimes I have seen 11, 14 people in one day. And the kind of care that you can give also in terms of wear and tear, in terms of use, switching gears with every -- it's -- it's not great.”

2. Need to clarify the counsellor role

The need to clarify the counsellor role was very commonly discussed: the need to distinguish it from the advisory roles which have proliferated over the past few years; removing functions from the role which are no longer relevant and; particularly in light of the burgeoning demand to support students with mental health issues, considering what limits should we put on the service we provide?

Yeah, well students don't know the difference. You're an adult, you're there to help, to them you're a counsellor. Like they don't, you know, they're academic advisors, student success specialists, academic coaches and on and on and on. So it gets very confusing I think for the client to know, well what's the difference between you're a nice guy and then she's a nice woman so what's the difference between getting a service from you and from you, if you're saying that you do the same things, right.

And yet we have very different levels of education, very different colleges that we report to, so I think, and those people are hired as staff and they're much cheaper, right. We're faculty; we're quite costly for the college. You can hire two student success specialists for the price of one counsellor. And our old manager even told us, oh well, you could just train as student success specialists to do a lot of the work that you used to do and then let them do it, so.

“And so in terms of, we're still on this question in terms of policy, about a job definition and job role. And I mean you started by talking about the delineation of ministries and who’s responsible for what, but it’s within your own college you’re talking about it’s not clear for students and it’s not clear of you in terms of the delineation of job roles.
Yeah, so I think they should be clear with that. Like if we're the counsellors we do counselling and then other people, like I think they need to be clear that a student success specialist, this is your job, it's not, hey, come to us with any personal, career or academic issue and we'll help you. There was a description I think from the [regional] Campus and it was really great. It was like I will help set you up with the right services on campus, which is what they do. They're like a case manager is what I find.”

[the counsellor role in retention] “But then again, you know, if you're going to be dependent on numbers, we're not truant officers here, these are adults. We're at a college institution, we're not at high school, so you shouldn't be allowed to take this personal information and then call up the student and say, oh, your coordinator called me and told me that you were absent. If I was a student I'd tell her where the hell to go, it's none of your damn business. We're not, you know, they should not be truant officers and if it is about data collection, there you go again adding to the disservice.”

“And I know that a number of years ago, with the addition of student success advisors, you know, when we had to work out all the kinks with that relationship, that without them here now I could see that we'd be absolutely swamped, because they've taken on a fair number of ... sort of, the academic guidance kind of stuff that we used to do.

You know, I call it academic progression.

And so what that does is it does open us up for more availability for personal counselling. But even that availability feels like it's ... it's wanting. And, again, I'd say ... well, more counsellors would be wonderful, more people specialized in dealing specifically with mental health issues.”

Yeah, Ministry of Health or whatever, but I just think that we need to look at how we can provide support to people who are in need and specifically the college needs to look at it, but the college also needs to get financial backing for that.

But I think there also needs to be clarity maybe between the Ministry of Health and TCU to say what do you expect us to take on here, we're a college, our primary goal is to provide education not treat people for mental disorders.

“I think the conundrum is that you have professional staff- you know, we're all part of different professions – and I think sometimes they don't know what to do with us. They don't understand that we have professional obligations that go beyond what they expect of us every day. They don't realize that I, as a social worker, have to advocate for certain things, whether they support it or not. And so they don't understand some of those things.”

“I think that there are also a lot of administrative things that have just defaulted to counsellors. And it would be so helpful if there was a total review of what -- you know, what is it that we really need to do in
terms of priority activity and then maybe a sharing or a downloading or uploading of some of the administrative work that we do to more appropriate staffing groups. I mean, we do things that could arguably recruit -- be associated with recruiting and, you know, many, many other things. So --

INTERVIEWER:  Do you see people off the street?

Mm-hmm. We have far too much involvement in the BSWD. Just the paperwork and the money and the quotes and all of these things. I mean, surely somebody could do that better than us. We've got as ton of things to do with students who have genuine need. This clerical stuff needs to go to clerical people.”

“I think the sense is that we have all gone through this mushrooming of students with mental health needs that are time consuming and really energy consuming, and it is just taking a toll on Counselling Departments. It is kind of like the health budgets across Canada. They can grow exponentially, they can grow until they have no money except for what is going into healthcare, or you can set parameters and this is what we do. I don’t know whether colleges are in that phase right now, but that is where we are at, it is like we can just keep hiring more and more counsellors and never meet the demands with the students with mental health issues. What is it that we are doing and how do we do it in a way that is humane and ethical and responsible in a college environment. “

“I’m trying to be tactful. So, I think that’s another issue. I think if the college admits a student, then the college is responsible for supporting that student. But if we’re admitting students with very serious issues -- and, by the way, in the community I think we’re seen as being – and I put this in quotes “cheap therapy”. Because when you’re past the age of going to school with ODSP or whatever, you can come to a college program and get wonderful supports. But is that the right use of our resources?”

3. The capacity for clinical supervision

A call for more regular, clinically-focused supervision was commonly expressed.

“Ideally I hope we would have a director with a clinical background and so our previous ED, she was hired maybe ___ years ago, so that was a new position. We had had the coordinator model similar to now, reporting directly to the VP. So, we were very pleased to have an executive director with clinical skills.”

“Also, I think ... for question two, it would be great if we could have clinical supervision. We have peer supervision, which is wonderful. It would be nice if we had a clinician who could provide semi-regular supervision. I have to admit I was very surprised to learn that wasn’t part of the structure here.”

“I would love to see a policy where we are actually provided clinical supervision; supervision by someone who is trained in our area. We lack that. Yeah.. just that. Someone with the understanding and
the knowledge and we don’t have that and that is a huge, huge barrier to our jobs. It’s a daily stress for me. Daily."

4. Developing working partnerships within college/with community agencies

More effective partnerships within the college and with community agencies, was mentioned by a few counsellors as a way to better meet student need.

“...being able to have the time to partner with the community agencies, to be able to say, “This is what we need from you.” We really do have to ... we would have to take that initiative and say, you know, who would the contact person be from some of these places, even partnering with our health clinic here, the ______ health clinic. We are, you know, entering into some discussions to further link our services.”

“Disability Services and Counselling Services are separate, and we would like to be able to have a more seamless relationship with them. If we want to consult or refer to Disability Services, we need a signed consent form... And we can’t have full disclosure between counselling and disability services. They’re separate. And if a student wants to see a counsellor, they may want to see a counsellor without the disability being known, which I think most of us have felt is actually not in the best interest of the student and doesn’t facilitate really supporting them in the best ways possible.”

“But I do think that what we need is more support from, sort of, the upper administration and more cooperation across the college. “Cooperation” is probably the wrong word but I think ...

Collaboration?

Collaboration. And in the past I think there has been a tension between counsellors and faculty. And part of that, again, I think, has to do with doing the disability work, that there’s more advocacy in that. And I think that ...there really needs to be, sort of, this more support from the upper administration and then down about the role of counselling, and the importance, and trying to have everyone on the same page about working together.”

“... the role of the disability counselling, there is advocacy built into that. And, you know, we need to be doing that and there’s laws around that. Whereas with personal counselling it’s very much about supporting the students self-advocating, right? And maybe you get involved a tiny little bit, but that’s not really part of it. So when you bring the two roles together that, you know, becomes a little bit messy, right? And I think that that might be part of some of these issues.”
“I would like to see more faculty – especially… I’m more familiar with kind of the departments at the ___ campus because I’ve been there… but I’d like to see faculty involved more and I don’t know how they have an avenue … it’s not even part of their SWF to doing something of that piece. But they have such knowledge and ideas and to kind of move that bus along with us and develop, also, partnerships. So, sometimes I think the complexity for us is also developing partnerships out in the community, developing partnerships with our faculty, developing partnerships with our student services.”

“I am a liaison, for example, with a high-risk group of crown ward students planning to come to [our college]. I work with them once they’re here, but I… we also do workshops with both grade nine and ten crown wards and also with eleven and twelve crown wards from that area, couple of times a year. Plus, I’m the contact for the local Children’s Aid Societies, “How do we do this? Who can we hook up with? What comes next?” We provide all kinds of things about OSAP, and financial planning, and applying to college and career assessments prior to getting here.”

“We actually have a student residence here as well, for students. And so there’s an uneasy kind of interplay between them and us and we’re not sure how to support students back and forth. And so a lot of times… because we might have students there that are engaged in illegal activities, they might be suicidal, they might be at risk of harming someone else. We always have battles about how much information we are supposed to be revealing around those sorts of things.”

“We don’t have a nurse or a doctor, or a psychiatrist on staff, so it’s hard sometimes for us to facilitate a student getting accommodated through Disability Services. They will come to us and then they don’t have a doctor or they come from another city, another town, and then finding them a doctor then they need to get a referral, and then by the time they get to see the psychiatrist, they’re finished their programme pretty much, because it takes so long for that. That’s a challenge that’s something we’ve been talking about the last few years, how to deal with that. We haven’t figured it out yet.”

5. Policy development

The most prevalent theme in the focus group discussions surrounded the need to address what most see as a distinct lack of formalized policies and procedures governing the practice of counselling in their respective colleges. Comments covered a broad range of sub-topics, including: the need to counsellors to be involved in policy development; policies that need to address the complexity of providing mental health services within a post secondary environment; the need for consistency in providing services to students; risk assessment protocol and; accommodation processes.

“We have no policies and procedures manual and we have no operational guidelines written.”

“I don’t think we even have opportunities to comment on policies. And this is my own personal feeling. Now I don’t think we have input into how we might – we structure here in the way that I recall. It used to be more like an understanding that we were frontline and that we were grasping things and needs that admin would benefit from, and that we had a voice to communicate some shifts that we were noticing,
and then make some recommendations in terms of directions, policies, curriculum. I’m not sure that that information is being asked of us. And I’m not quite sure why that is not seen as important anymore. I have a sense that we’re not seen as a source of knowledge in the way we were at another time.”

“I’m also seeing in combination with, again, either of those, there’s been a political – is that the right word? - or value shift perhaps in terms of what – like certainly, my impression is right now, our areas, student services, is very much focused on inputting a lot of effort energy and attention resources into student development areas, into proactive and growth and leadership and developing leaders and you know, developing students, like you know, that area. I think we’re seen as more of a – well we are a reactive service. But we’re very – our role is much narrower in that – you know, of the students in crisis or having a problem. But we’ll take them off to counselling, but that’s for the students who are having problems. And that’s kind of what our role is rather than, like you said, we might have access to information or a unique perspective because of the way we interact with the students that other parts of the college don’t get.”

“...I think there needs to be a collaborative work between the practitioners and those that are developing the policies and practices to make it happen .. Because I don’t think we can expect administration and management to fully understand. I mean, they’re not trained in all aspects of the practicing role.”

“I think students also need to be brought in to the policy discussion, the policy and procedures discussion, and I haven’t seen that or heard any talk of that while I was here.”

“Give it a different perspective that some of the policies from the college that doesn’t necessarily mean that counselling services needs to own but in terms of our client base, needs to be there, that we don’t have. And some of that is a safer bars policy or alcohol policy, like a national suicide policy, drug-free wellness, all of those things that, in a way, was part of the prevention piece. But just recently I was in a meeting with Peel Public Health and their addiction services has moved on to a policy piece and she went onto our website and said, ‘Well, your alcohol policy for your pubs are not online and they need to be transparent for liability issues’. So, there’s a lot of things that, based on the students that we see, some of these policies from the admin from different levels need to be there.”

“...we start to do these working groups that we are all a part of, we can communicate with other counsellors from all the other colleges in Ontario, and it is interesting because I think something that is consistent across the board is that colleges don’t seem to necessarily want to zero in and make specific policies and processes around things. There is some hesitation to do that for some reason. I think that is maybe where we struggle a bit, in that we would like it to be more consistent and clear for all of us to sort of know what we are doing and what our role is.”

“I will give you a perfect example – I had a contact from a student who wanted release of their file information. The student has attended for five years, the file is extensive, and so I contacted the manager saying, “Okay we need a procedure, what is the procedure?” I know from working in lots of organisations what the standard procedure is – what is [our college’s] procedure, because I want to make sure I
communicate to this student precisely what I would communicate to any other student around – this is a procedure. This is why you charge them this – we don’t have the infrastructure to charge them money. If I am telling this student that it is going to cost them X amount of Dollars, is [my colleague] telling her students it is going to cost X amount of Dollars. We don’t have a procedure. It really opens us up that we could be open to lots of questions down the road, and the same is we have been seeing much more litigious clients about how to do a few reports for court, and it is much easier standing up in court and saying, “You’re following a procedure,” and clearly stating what the procedure was and that your actions were consistent, or if they were inconsistent, rationalising why they were inconsistent with the procedure, than if you have nothing. That is just how we have always done things.”

“I think it has been stated before that part of that dynamic maybe that historically counselling has been a very small fleck post-secondary landscape basically. It hasn’t necessarily been given the priority, but I think now as we see the research and we see the incidents of significant increases in mental health, people are realising – we have counselling. What is it exactly that they are doing and what is their responsibility. As we are seeing more claims around human rights, it is higher on the radar now. It behoves us to get in line with the standard practices that are out there in the community around policies and procedures, because if you want to protect your staff, you are going to have to have policies and procedures.”

“On several occasions we’ve had to have students removed or the police involved or whatever and there doesn’t seem to be a policy in place for us to follow, like who’s our contact person, who phones the police do we phone the police and you know just with that one incident that [my colleague] had recently where the student was hospitalized who decides when the student’s able to come back to campus, is that the registrar like he was involved … who says that this student is fit to come back, who says that the student can’t attend right.”

“But also we have had violent outbreak scenarios at the college they call counselling right. Even before they call security in some cases they’ll call counselling. It’s almost like okay this is what you guys do kind of there you go. And I remember one myself like Lyn I was no kidding running from office to office and department to department in the college trying to find out how do we deal with this and was kind of just told well it’s not our thing, it’s not HR and it’s not safety and it’s not human rights so finally I just called the cops myself right (laughter) I’m sorry.”

“Just institutionally, we don’t have good policies and procedures in place and that’s been an issue ever since I’ve been here and I think our new director, that is one of his key functions and he’s started to work on that. But we don’t have basic things in place around suicide protocols, students at risk of harming others… We don’t have a consistent team of people that get together to identify students that are in high need. It kind of changes and so we tend to kind of shoot from the hip and we just kind of ad lib as we’re going along and that is going to become problematic if we have a case that’s very serious. I think if they did ever a forensic audit, we’d be in big trouble because we don’t have proper systems in place. But I know we made that clear that that’s one kind of priority and hopefully that will evolve. So, I think there’s this need but then there’s also, you know, at the Dean/Director level there needs to be some support around some of these kinds of processes.”
“And I think the other thing that would really be valuable at this college is for our President to support students with disabilities. I think one of the things that happens is our counterparts in the Accessible Learning Services, they make all sorts of academic accommodations that they then try and negotiate with faculty, and that is a very hit and miss process. And so some students I don’t think are given the right academic accommodations because it’s always left to faculty discretion. And I don’t think we can do that anymore. So, I think our President needs to have an edict which says, you know, when this is presented to you, you will provide the support. Because we need to trust our staff are properly assessing and supporting our students. And so I think that would actually go a long way to support of students in a very real academic way. That isn’t happening right now.”

“...we’re working on developing consistent policies and procedures because we have been -- we have had a process of dealing with issues as they arise. And we will consult with our colleagues and we may put out something on CCDI or OCC [listserves] to get a response from our colleagues. But having that consistent response to how to deal with someone who wants whatever kind of accommodation, open book or memory aid or they want a referral to someone in the community, we don’t -- or how to deal with a crisis, we don’t have -- we know what our policies and procedures are and we chat with each other, but there’s nothing formally written down.”

6. Service philosophy/physical layout/service organization and process

Comments within this theme concentrated on various “structural aspects” of counselling delivery including: service philosophy; the physical layout of offices/waiting rooms; discussions advocating the blended versus unblended models of service delivery and; the “one stop shop” structure.

“...but I guess it just depends on the college. Like, colleges used to be so much more community colleges and now they’re more post-secondary institutions.”

“We made a decision a number of years ago that we want Student Services to be upfront and centre at orientation, and then I give the sales pitch and say, we are here to support our students. And what I always say is, we’ve given ourselves a very simple job description: our job is to be helpful to students, so this is the place where you can come in and ask anything about anything and we’ll talk to you and answer your questions. And to me, that’s a way of promoting that open door policy, demonstrating that we can be helpful people and getting to the students that really do need the help, because we’re seen as open and approachable and they’ll come in when they need the help.”

“I would like to see us have one-stop student services, whether that will ever happen finance-wise. I like what [another bigger college] has. I think that that’s where we should go. I think from a student’s perspective, that’s the best way to organise things, but small colleges and big changes like that don’t happen easily and I don’t think we’ll get money to reorganise that. The items that I would put on our list of things that I think we need are housekeeping items. We need a little more privacy perhaps, we need a bigger waiting room, and these are things that ain’t going to happen.”
“Our model is a one-stop-shop model for customer services out of our fairly new advisement centers. But we were one of the first colleges to go to the advisement center model and our slogan here has been, to students: Got questions? We’ve got answers. So, our advisement center, which is right outside this room… is the place where every student is encouraged to start, with any question about anything to do with their progress in the institution.”

“I just want to mention two other factors that I don’t think we’ve brought into this. One is the diversity of students we see, which I think is just huge at [our college], but I don’t mean just cultural/religious. I mean sort of in terms of sexual orientation, gender, you know… anyway, that’s just so big now and so difficult to.. I mean, even the mental health part of it, where different cultures respond so differently and we’re having real issues around that. But I was also thinking in terms of providing support for students – the timing and the way we do it. You know, students don’t live in face to face contact anymore, from 9 to 5. In fact, many of them, it’s a whole different timing when they go to school. They’re doing hybrid online courses. So, I think that whole issue of how are we delivering service, should we be… you know, we deal hugely with email but in terms of things like Facebook where students are… I’m not saying what we should or shouldn’t be doing but I think that’s raised a completely different dimension. Students are not necessarily coming to college from 9 to 5, the way things used to be, and doing it in person.”

“…we’ve done a number of things around processes and resources that are moving in the direction of being helpful in two ways; being helpful to allow us to keep the statistical data that we need to keep so that we can look back at our activity over an academic year and look at the trends and presentations. That’s been the internal research that we’ve always drawn on to figure out right now what do we need to try to do more of this year or less of or what do we need to change and decisions at the management level have always been based on those statistics. So, we’ve implemented an online system – we’re using Clockwork – and it’s a flawed system in some ways because all the kinks on the counselling side have not been worked through yet and the technical support hasn’t been as good as we had hoped it would be but, never the less, it is a system that allows the support service officers in advisement to go into any of our schedules, see who is free when and make an immediate booking.”

“I think part of the… part of the rationale for splitting the two services is that when you have the two services together that sometimes we’re just seen as doing disability. This is some of the input that I’ve… I’ve heard, or rationale that’s been provided, in terms of why they feel the need to separate the two. And so I think the thinking is that if you separate them out you’ll have people focusing in different areas and then there might be more opportunities for counsellors who are just doing personal counselling to be involved in different things, doing more outreach, doing more workshops, doing things that we haven’t necessarily focused on as much because the … of the disability component. So I … you know, whether or not that’s true or how that will play out, I don’t know. But I think that that is part of the thinking, is that we’re not reaching enough students and perhaps part of that is because of the fact that we’re doing everything and not… people aren’t seeing that we have these separate pieces. And also, because we’re so general, we’re not … we’re not having, like, time … or it hasn’t been a big part of the role here to do some of the stuff that … I worked previously, just for a year, at [another] College. And they are… like, there were a lot more workshops involved, and a lot more outreach activities and things,
and that was a split role and I was just doing the personal counselling. So, I mean, there’s pros and cons to both models, and I’m not sure necessarily that I agree with all of that, but that’s something that’s been discussed here.”

“Well, I -- you know, I mean from my perspective you can call it disability or accessibility work and try to pull them apart, but it’s very rare that someone comes in with a learning disability or mobility issue, vision, whatever it is that doesn’t have concurrent issues that are affecting their psychology, their emotional life, their ability to function day to day. So it’s very hard for me as a clinician to pull those apart. Some of the paperwork things, yeah, sure, we can download that to somebody, but it’s hard to say that somebody who has attention deficit and has been banging their head every day for the last 18 years in school doesn’t have issues with self-image, doesn’t potentially have mood or anxiety issues. I mean, it just -- that’s not what we see. On the contrary, we see that it’s a part of their experience, their mental health, as it would be for anybody. Mental health is a part of everyone’s life. So very rarely are they actually discrete.”

**Question 2c - Who are the key individuals necessary to implement these changes?**

This question wasn’t addressed by all of the focus groups; the flow of conversation, which was often passionate and fast-paced, sometimes blurred boundaries between questions and some, like this one, tended to receive less attention as a result. The responses were widely ranging, but tended to focus on the senior management level.

“...educating upper management about mental health concerns in this population, and it doesn’t have to rest on the head of our manager alone, who is new and great and ambitious and who does get it. It’s sometimes harder to shake the tree when you’re at the bottom of it, but I’ve often said bring them in; bring them into a meeting here and let us all take the responsibility of educating them around... you know, you’ve got a lot of people in this building. This is the percentage that is going to have mental health needs, this is the percentage of disaster that can happen, and why not put resources here?”

“As we begin to look at the big picture, because we’re not this insulated little silo in the community, we need to be working with our community partners around changes because as we process referrals, the reality for us as my colleague would say – we live with that. Many, many times we are referred out to community agencies, students are there in the community agencies, but when they are in crisis — where are they? They are in your waiting room waiting to see you, because we’re there. We’re immediately accessible and it is a different dynamic.”

“I think the community individuals are support staff are another key because they’re the first line of defence. Our administrative support staff who are getting that first eyes on a person or filling out forms or navigating schedules, I think they are critical in terms of some of these changes happening that they have involvement in that and feedback.”
“... Because [our past president] was pro-counsellor and that was really helpful. You know, there was no cuts going to happen while s/he was around.”

“Until very recently, the college has been run like separate suburbs and everyone had their kind of power or whatever, and in fact, that’s just being changed right now. Deans used to kind of run their own ship kind of thing and now they're finally going to have to answer to someone, which hasn’t happened in a very long time at [our college], so there have been times where, with the support of the Dean, we’ve kind of connected and there have been times where they wouldn’t look twice at us or consider us for when issues were going on, so it always depended on the Dean...”

“Well I’m going to say something very frank, which is, you know, well I want to say it has to come from the ministry, that then the president can then – you know, it’s going to be – it always seems to be an issue of – the stated reason is you know, it’s not in the budget. We can’t hire another person. It’s not in the budget. It’s become very obvious to me, and I’m sure it’s been obvious to everyone else for years, but I’m sort of slow when it comes to financial things – that when there’s political will, there’s enough money to do whatever is needed. So it’s not a budget question. It’s a value or political will question.”

“My sense is that if I understand [our former VP’s] frustration at times, that there were some VPs that do not value counsellors and work and some that don’t understand it. Now [the president] was always pretty good. [our current VP] is more silent and I don’t know if that’s because s/he’s in that holding place. But I think the – some of the other people in the VP’s roles have an influence on anything. When [our former VP] was fighting for positions, I think s/he was minimized. Our area was minimized. And I think we’ve suffered from that attitude.”

“...it has to happen at the level of the dean and that’s a huge challenge in any institution these days, I think, because a dean of student services has so many divisions reporting through him or her.

INTERVIEWER: Is your dean pro-counsellor?

Um.. is our dean pro-counsellor? Well, our dean has not stood in the way of well-researched pleas for support.... And, on a manager level, too, I think that plays a significant role. For instance, our new manager has done – since I’ve been here, the short time – has been ___ to really channel through some of the impossible things, communicating and just networking... She’s done an amazing amount. And it’s because she was able to draw on external research when there wasn’t any internal research. And she was able to draw on provincial and national trends in a very clear way because it’s one of her tremendous strengths, is that she is a good sort of researcher/resourcer in that area. So, yes, she’s been at the right place at the right time with the right skills.”

“This is... well no, I’m not being political today; I’m being honest today. This is a college where only two people are allowed to make decisions, right. The President and the Senior VP, right... everybody looks at
the President and [the Sr. VP] and waits for them to make a decision, so nothing gets done without them saying its okay.”

“I think also it's been my experience that the culture here is -- or when you talk to management, senior management sometimes, and you say -- their response would be, well, everybody is busy. So the idea that we're not the only people -- and we rea-- I certainly realize that we're not the only people, but the idea that kind of suck it up because everybody's busy. You know, we don't have enough space, we don't have enough this, enough that, so your issues of wanting more people is really small potatoes because there's all sorts of other people who would like stuff too and wouldn't it be nice if we could all get it.”
Question 3 – Counsellors are seen as providing support to students for academic, career and personal issues. Which of these three areas do you believe has the greatest demand?

With few exceptions, counsellors identified personal as presenting the greatest demand in their work. Although some distinguished the intensity of the work from the volume (a few counsellors indicated that volume wise, academic met or exceeded the demand for personal counselling, but that personal was much more intense and took more time), the vast majority of counsellors indicated that personal counselling now constitutes the majority of their day to day work. Academic was seen by most to be in second place, and the demand for it had much to do with the time of year, the campus location/program mix and whether the students were international or Aboriginal. Across the board, career is characterized as a distant third by most counsellors. Although there were a few counsellors that indicated that career is somewhat of a specialty, the amount of career counselling, even at colleges when it was advertised that counsellors provided that service, is perceived to be “way down” from what it used to be. Three large themes can be teased out of the focus group discussions: proliferation of advisor roles, time of year/academic cycle and the “holistic nature” of college counselling.

1. Proliferation of Advisor Roles

Depending on the college, the “advisement role” is fulfilled by a myriad of players, with a variety of job titles, across support, administration and faculty lines. In some cases, advisory capacity is also entrusted to students in their roles as “peer mentors” or “peer advisors”. The advisement function will be explored later in more detail, but the point to be made here is that at most colleges in the system, aspects of academic advisement have been “carved” from the counsellor role particularly over the past five years at least partially in response to the upswing in demand for personal counselling.

“I do very little academic, it gets “siphoned off”… I do 85% personal..”

“...students are being re-routed to the academic advising centre for other issues. I’m seeing far more personal issues now, far more. I saw them before, but I saw a mix... “

“... the Student advisement centre, which looks at the academic issues, is probably the biggest and largest growing department around the student advisement piece...”

It is instructive to hear from a counsellor, more at perhaps the beginning of the “carving off” process. The following comment is from a counsellor, who has a more “generalist” work load at a smaller college that doesn’t have “advisors” per se on staff:
“We provide an awful lot of academic advice and academic counselling for our students, but we have
gone to a new information system [on line], which allows the students to do a lot on their own. Students
still prefer to come to us. We are beginning to prefer for them not to do that, because it’s overload; we
can’t cope.”

2. Academic Cycle/Particularities of Student and Program

A number of counsellors responded to the question by observing that there are shifts in demand for
the different core services depending on the time of year.

“In terms of numbers I would have to say depends on the time of the year. I mean, beginning of the year,
I think the first couple of months you’re seeing a lot of academic stuff, a lot of career stuff, you know, just
transitioning into college. They’re from out of town and so on. Changing programs, wanting to drop
courses. And slowly you start seeing those personal issues coming in and now it’s like all personal it
seems…”

Counsellors that work with ESL students and those enrolled in General Arts and Science programs
indicated that they are more likely to experience a higher demand for career counselling. Some
counsellors suggested that with international students specifically, that the legitimacy of seeking
“career coaching” enables them to see a counsellor for what turns out to be more personal issues.
Counsellors proferred a number of thoughts on why career is becoming such a small part of the job for
most; at some colleges students don’t have access, or full access to counsellors until they have
enrolled in a program; there are a number of free, on-line resources available that students
independently consult; the career advisement role, like the academic advisement role, has grown at
some colleges with pieces of the career exploration process “carved off” similar to that experienced
with academic advisement; that college bound students are not “as likely to explore options” as
university students would for example and; for some students who come from a more “collective
family style”, more notably some international students, abiding by a parent’s wishes would preclude
the need for any kind of career exploration.

3. The “holistic” nature of problem definition

By far, the most common comment from counsellors related to the “co-morbidity with a spectrum of
issues” that impacts academic success, and the corresponding difficulty “teasing out” academic from
career and from personal. It was very common during the focus groups at almost every college to
describe that students will often access counselling based on a simple declaration that they are
“having trouble in school.”

“... and nine times out of ten, it may present as academic, but of course then you realize it’s personal
issues that are creating academic issues.”
“[our involvement] is limited to the career exploration, which is... you know, some of the assessments, 
Strong, MBTI. And even in that there seems... tends to be a personal flavour to it. There’s usually some 
background of why people are in the current program and, you know, why they’re moving to something 
else.”

“[I am doing] like 90% personal... even the people that come with academic and career issues end up 
checking off personal issues on their intake.”

“I agree that personal [presents the greatest demand] but I really think it’s more of a kind of holistic 
thing. I mean, you can’t really.. You know, we talked about being in a vacuum. You know, some people 
might come in for academic reasons but then you realize that there’s so many different levels. They 
come in saying ‘Oh, I’m having difficulty with time management.’ And you realize that they have X, Y and 
Z kind of going on at home, so it’s more personal in addition to academic or career and all that stuff. So, 
it’s really kind of hard to tease apart. I think if we just looked and said ‘Oh, we’re only going to treat the 
personal side and forget the career and academic’ then we’re really not doing a good service because 
they are here to be students and graduate.”

Although there was significant discussion about the need to be “holistic” in both assessment and 
approach, the overwhelming majority of counsellors described personal as the category comprising the 
majority of their work. Themes which will be explored later include the higher rates of crisis, trauma, 
anxiety, depression, more serious mental illnesses (both diagnosed and undiagnosed) and the increased 
complexity and intensity of the situations.

“It’s nice to see someone who needs a career or academic service... it’s a nice break.”

“I do private practice as well, and my work here is I would say more intense almost all of the time that 
the private practice part.”

“And you know what? I’ve worked in a lot of different, like, universities and college systems and a lot of 
my peers going through grad school were, like, ‘Gosh, why do you want to work in university and 
college? That’s just, like, so easy. Relationship breakdowns and blah, blah, roommate issues.’ And I’m, 
like, well, honestly it’s like you’re working in a community mental health center. Like, you see so much 
stuff. And I think that’s been pretty much the same. You know, I’ve worked in the States, I’ve worked in 
eastern Canada, I’ve worked in Ontario and it’s not just your roommate, parents, relationship issues. It’s 
severe mental health issues that we’re dealing.. well, that I see kind of come in, that I’m, like, Oh my 
gosh. From personality issues to, like, early psychosis to depression and anxiety... I think we see it all 
and we’re often times the first line of when they come in because, you know, we’re dealing with folks 
that are 19 and upwards. That’s where the prevalence of mental health issues usually kind of starts... 
you know... shit hits the fan, pardon my language. So, we do see that. I guess it can be almost more 
stressful probably working in a college where there’s not as many resources because you are meant to 
do, kind of, all of that...”
Question 3b - If you have seen an increase in the incidence of mental health issues on campus, can you explain why?

This question was added to the focus group question outline for the final five colleges. The discussion is sorted in point form and quotations across six themes.

1. Less stigma/more openness in society in general

Generally, there appears to be less stigma in society towards mental health issues, and this has resulted in more open disclosure, less reluctance to seek help from counsellors, more self diagnosis and self referral and better medication and treatment.

- Society has changed, more aware and alert as to what mental illness is
- General comfort in naming things, it has “entered the common lexicon”, people say I’m depressed or I’m anxious
- See an increase in my practice of men coming in
- There are better treatments now
- Less stigma
- Better medication, better treatment

“And just general anxiety disorder too. It’s just we’re seeing so many more students that will walk in and say you know something happened to me and it you know was this physiological response when I walked in to do an exam and then they don’t even know what’s happened where as before I don’t think a student would have come in, they probably would have gone home. I don’t think they would have accessed the counselling services. So we’re seeing more of just general anxiety disorders.”

- More likely for self diagnosis, self referral and teacher referral... it happens more
- Not as stigmatized, not as avoided

“I think people are more mindful... students think that it’s a reasonable thing to seek help... professors may support that as well, friends may, peers may support that as well”

- Supports in high schools and elementary are better, huge influx of Aspergers, we are better at diagnosis and support... post secondary is so accessible
- Lifting of stigma, better treatments which enable school as an option in more cases
- I think that there is over-diagnosis... if they come in with a note, they can get accommodations... it seems to me the only explanation for the astronomical increase in diagnosed anxiety disorders
- Not so much stigma anymore especially with ethnic groups
“I was talking with someone yesterday, and they sort of looked at me and said “who DOESN’T have mental health issues… I mean, if you speak to a student for more than 10 minutes, your going to find something is going on...”

- I think it is over pathologized
- The influx of mental health reminds me of the influx of I/d we had years ago

2. The college is a more accessible place

Many students with mental health issues wouldn’t have considered post secondary as an option even a decade ago. Improvement in accommodations, seeing attendance at school as a “normalizing” part of a treatment plan and an ambient improvement in the “student centeredness” of most colleges, has provided more opportunities for those with disabilities, including mental disabilities, to attend school.

- The college is a more accessible door
- Greater accessibility for people who have mental health problems
- Our student population has increased... so mental health issues have increased...When I started a number of years ago, if I saw one student a day with mental health issues that was a lot- it was because I was doing so many resumes too.
- We are better at accommodating people
- We have developed an infrastructure that is welcoming and accommodates people... they have arrived
- More pathways for people to get into the education system
- We’ve told people... don’t let barriers stand in your way
- Education is now seen as a rehabilitation tool by students and professionals, part of the treatment plan

3. Students are coming to us with more complex lives

- More trauma, less supported by their families to be here
- Students appear to just have more on their plates... some are almost working full time hours
- Complexity of their lives
- Financial issues more serious now that ever
- We’re more likely to get WSIB students, tons of loss issues... status, family, chronic pain issues... more and more immigrants with settlement issues, depressed because they can’t find work in their field
- Whole different population in school, more mature students, trying to deal with all sorts of issues all at once
- We don’t deal with as much developmental stuff anymore... now were dealing with political refugees, incest, etc., etc.
4. **College counselling departments are viewed by the community to be more accessible points of access for students to receive mental health services.**

“...perhaps there is a misunderstanding about our roles, right, so I mean we send someone to [the hospital] for psychiatric services, well say an outpatient program, they find out that they’re in college and they’re like, oh no, you can just deal with [the college]. Like whoa, wait a minute I don’t know how to treat BPD, it’s not part of my training...”

“...or should it even be a college counselling centre’s mandate to treat severe and persistent mental health issues?”

“And, with that, I think there’s more counsellors actually talking about the stress they’re experiencing having to deal with mental health clients”

“We have one psychiatrist in the hospital here and we have no psychologist in the hospital. So it’s just really difficult. Students aren't getting diagnosed by psychiatrists because we don't have access to them. They're getting diagnosed by GPs and they're being shipped back to the school because it's the only place they can get service within the next six to eight months. So that to me is why I see a huge increase and it is the bulk of what I do.”

“So your saying that part of the reason is not necessarily greater understanding or opportunity, you’re saying that we’re the open door? We’re a place where people can go, and it doesn’t exist out in the community”

- Easier access in the college... in the community there are massive waiting lists... students get solid support in the college system and they don’t have to pay for it...
- They see the psychiatrist for five minutes for their meds, and that’s it, and there is no talk therapy

“...it’s hard when students have been using our services and then come to graduation you’re trying to connect them with other support, you can really see that it’s just not out there”

5. **This generation of students seems to lack resilience, has fewer coping skills and has more difficulty dealing with the stresses of post secondary education.**

“I think we’re getting a lot of students who aren’t prepared to deal with a challenge in their lives like they were before, so I think a lot of anxiety is coming out of that, so now today I get... on a given day I will get four high anxiety cases at least, sometimes it’s all six...”
“And another issue is the high schools, the McGinty government over the last ten years-- well, sorry, the last eight years has basically said graduate people from high schools or don't get your funding. So I think you see a lot more kids who wouldn't likely have gotten through school if they just didn't get an IEP, they're put in a resource room and sort of passed along, who likely have mental health issues that -- which are unaddressed and will end up getting into college because of that practice.”

“...and I say could it ever be that you’re maybe excited or maybe you’re sad and dealing with a bit of sorrow in your life or grief? Like, we have overpathologized it... maybe this is just a part of a fully functioning human being that you’re dealing with some anxiety and depression”

- A lot of them are underprepared, they haven’t been given a very suitable career assessment, second career funding for example

6. **What is happening in the college is simply a reflection of socio-economic conditions**

There is a lot of anxiety, unemployment, uncertainty, families struggling with the highest levels of indebtedness we’ve ever seen in Canada and a fairly gloomy economic forecast for the immediate future. And for young people in post secondary, the high unemployment rate looms outside the doors of the college after graduation quite possibly with a student loan to repay... the perception is that there are increasingly fewer jobs for them, and there is incredible competition for the few opportunities that exist.

“This is simply paralleling what is happening out in the community agencies... there is an increase in complexity of problems and mental health issues as well.”

- More anxiety and depression in general in society
- And to get into university... used to be a 60% [average]... now it’s 87%... more stress, used to be easier to be mediocre
- Increasing expectation that in order to get a job you need postsecondary, so there is a totally different population of people here
- Moving away from home is a big trigger, and if they have pre-existing mental health conditions, away from their community support
- Third party funders sending people to school with significantly more disabilities and mental health problems
- Society is changing, more pressures
- Huge structural changes in the economy.. it has an impact on people’s mental health
**Question 4** - On a scale of 1-5, 1 being low and 5 being high, how diverse (cultural/linguistic, age, LGBTQ) would you say your student population is? How does this diversity impact the delivery of counselling services?

1. Different campuses have different constituencies

Most colleges have multiple campuses and almost without exception, the campuses had unique characteristics when it came to describing diversity. Some counsellors described large ranges between their main campus (that may be assessed at a 4-5) and smaller, more rural campuses (assessed at a 1-2).

“Speaking for the situation at [my campus], it’s very diverse. It truly is a diverse population. But, it’s kind of temperamentally homogeneous because they’re all school of business. And that’s a certain temperament. You know? There’s a sense that school of business people aren’t going to use a lot of counselling because they will solve their own problems. They will work their way through it. And yet, at the same time, the counselling population is definitely growing. It’s interesting, too – you ask about age, because one of the other things that we note at the school of business, lots of post-diploma, a lot of university grads. So, I think that’s the population we’re going to be seeing at [our college] as we become a university, because a good number of the people are mature and [have] a real work ethic. We have classes .. every student at school of business goes to school at night, as well. So, it’s a different kind of learning and they’re working outside of school and there’s just a real work ethic attached to it. Even the way they dress is kind of more professional, if you will.”

2. A smattering of diversities… socioeconomic conditions, academic ability, drug use, mental health, autism

In order to promote the broadest possible discussion, we were open-ended in our “definition” of what comprised diversity. Culture/linguistic, age and sexual orientation were the three most commonly mentioned. What follows is a survey of some of the less mentioned diversities present in the colleges.

“And I think that another huge thing is economically. [Our city] is one of the poorest communities in the province and that has a huge impact in terms of counselling, in terms of the supports that students need financially and in other ways in order to be successful. So, I think from that standpoint that’s a fairly significant issue.”

“So this is just a few examples but there are other aspects of diversity for example academic ability, you see more diversity of that in college than you would in a university for example.”
“I still think though that it has created for me anyway some additional challenges in terms of keeping up with all of the issues that the students are presenting. Just if I even look in terms of drug use, I work with a very high male population of young students. I mean they’re throwing at me things that they’re taking and doing and whatever that you know ten years ago again I wouldn’t have had to been thinking about okay what does this mean, you know does this warrant a referral, is this common I mean you know are all your peers doing this ...”

“And the other thing that I find is mental health -- the spectrum of mental health issues, from mild anxiety to Mr. Peepers, my cat, died, to full PTSD from sexual assault as a child to everything, to schizophrenia. So that is definitely the biggest single diversity is a range that you have to cope with within seven students in a day, all the diverse -- you know, every type of mental health issue comes up, plus crisis and risk assessment and those sort of things.”

“One other group in terms of diversity is students at the higher end of the autism spectrum... Asperger’s. We have a very successful group that runs here. Because those students have – which you know – their social skills are somewhat limited in some ways, or at least are possibly different. But in our art programs we have a large number of students who would fall in that spectrum.”

3. Knowledge of/Forming partnerships with community resources essential

“Settlement issues” experienced by new Canadians is not a new phenomena. But for some colleges experiencing a sharp rise in the number of international students bringing with them a host of “cultural issues” makes community partnerships with organizations with years of culturally sensitive experience an important component of cross-cultural counselling.

“When they first arrive here... they require a lot of assistance in terms of housing, in terms of just... day to day, like... their banking, bus routes... housing...”

Matching a student who has experience in the college system in Canada to someone that is new here. We match them and I think they have to meet for at least two hours a week and it’s a large program. So, they could show them how to take a bus or to be - it could be within the college or outside the college.

Life skills.

Yes. Anything to help them adapt to this new environment. So, that's what twinning is... intercultural.

“I see all kinds of students, right, but that was one of the reasons I was hired. We've tried to put in place a counsellor who is a partnership with a local immigrant community agency. We've put a partnership that’s been stable so that person sees our settlement need’s folks, and that’s a partnership that involves no money for, so that’s been stable. So when we’ve had other monies from the government on diversity
issues for us that dry up and there's nothing to replace them with, then that falls flat again. We've had things like that happen here.”

“There are newer communities transitioning in a new country. Language, adaptation, and -- and sometimes they need more help outside here... so linking them, knowing those community resources... Interestingly enough though, I have had students of a certain group and I've said, oh, there is this, you know, cultural centre or that one, and they don't want to go there because that means --

That's quite -- that's common, yeah.

That they're showing -- you know, the shame thing.

They're -- they don't want to go to their own cultural centre. They feel more comfortable with an anonymous Canadian than with their own.”

That happened the other day in -- in my office. A guy came in. He had run out of money. He was 18. He was adopted because his -- he was Indian, couldn't -- East Indian. The family couldn't conceive, adopted, and then subsequently had two other children, a boy and a girl. When he was 18, they -- they threw him out of the house. So he was out of money. But, I mean, it wasn't -- he had a car and he couldn't pay his insurance, that's why he wanted financial help. And anyway, like I was saying, oh ... And his uncle was helping him. He was staying at his uncle's place. But I -- I said, well, have you thought of maybe talking to -- like, maybe there's a Sikh -- or he said he was a Sikh. There might be a Sikh organization. You could talk to them apart from Financial Aid and so forth.... no interest in the least --

On the other hand, I'm aware that my 'Chinese-ness', people feel more open with me if they're -- Asian... So it works both ways.

Pretty much the individual.

“I’m just thinking of terms of how diversity effects the counselling. So, I think it creates layers to the case conceptualization and, secondly, I think in terms of finding referral sources in the community or extra support in the community, that adds complexity.”

4. Having or not having diversity on staff

81% of the counsellors in Ontario colleges are female. And broadly speaking, the vast majority of counsellors are Caucasian. A number of counsellors mentioned the ongoing challenge of meeting the needs of an increasingly diverse student population with a fairly homogenous staff complement.
“I don't think they're represented in our group very well. We don't have a lot of diversity in our department and sometimes I think it would be nice if students could meet with a counsellor who is similar to them.”

“I think with the LGBT community as well, I see a lot of students who question their sexuality but that also might be they come into my portfolio because I'm also self-identified as a queer counsellor. So, I'm not sure if that effects how I service people or how they get placed into my calendar. But I also see that I have a diverse population within the queer community.”

“I learned how to do counselling for a very specific culture. And what was nice was adopting everything. That wasn’t the only way I learned but in that particular agency, everything that came streamlined from gambling, mental health, addictions, relationship issues, all had a cultural context. And you interpreted everything and there was a lot of, actually, publication on understanding the cultural context. That’s just culture. And so, that’s very difficult to do when you don’t really even have that as a philosophy in your department. So, it’s an extra step that you need to do and go through with a student. So, if a student comes in with LGBTQ concerns or gender identity, then understanding how that intersects with their culture.”

5. Small/medium colleges coping with changes in diversity

It was interesting to hear counsellors of small and medium sized colleges recount their experiences counselling in an increasingly diverse student population. Unlike the large college counsellors who were more likely to describe having a decade or more of experience working within a more diverse student demographic, the counsellors in the medium colleges (which have experienced the most growth in the past five years) describe an increase in diversity that has largely accompanied this growth.

“...Haitians, [students from] Congo, Mondovi, Senegal... It’s very demanding. A lot of them come with PTSD. They’ve had traumatic experiences and these are the students that require some specialized help and we do refer to psychologists or we do have counselling services in the area. I do not do that. It’s not my expertise. But we do have students that require a lot of help with that... I’m in the process of referring two students right now to a psychologist for PTSD and they’re both from Africa. So, it’s challenging. They come in not with “I’m stressed”. They come in with a multitude of problems and it’s very... And I’m just talking about the Africans right now but it’s true for the adult with the young group, trying to fit in. That’s hard, too.”

I think it’s closer to 5, to be honest, and based on, you know, the age, the average age of a student here is 28. So we have people that are heading towards retirement to people that are 17 or, you know -- younger than the normal college student coming here. And we have diverse cultures. We have Aboriginal. We have people from India. We -- we’re signing contracts with China as well and there will
be Chinese people here next year. And in the past we’ve had people from Ethiopia and those countries. And we have gays and lesbians. We have, you know, really a full gamut of what’s out there. We have people that are really religious to people that are redneck, probably more rednecks in [our college] than most of the colleges perhaps. I don’t know, because we’re -- we still live in the bush. Does that make sense? So we’re dealing with those culture issues around bullying, around insensitivities. You know -- -- a redneck -- I had a guy that used to -- we had a daycare out here and he would peel his car up and down the road beside the daycare and there was a complaint. And so I got the licence number and called the student in. I wanted to talk to him. It was the middle of winter. And he said, well, what do you want me to do? I don’t have any snow tires. You know, like, what the hell is your problem? I can spin my tires anytime I want, insensitive to the fact that --

INTERVIEWER: It could kill a kid.

there -- yeah, you know. That -- those are the issues.”

6. LGBQT

Counsellors at every college mentioned the needs of LGBQT students, but there wasn’t a great deal of elaboration of programs or approaches specific to this population. Although a number of counsellors mentioned positive space campaigns and training for faculty and staff and students at their respective colleges, counsellors tended to focus more on the cultural/linguistic and age dimensions of diversity. Sexual orientation and gender was discussed a number of times within the context of culture featured in other sections below.

“I think just from the start, even from your approach, it’s different from, example, having a gay person who wasn’t accepted back home and then that person had to move, and the reason why that person is in Toronto and is studying in Toronto is because he or she is not accepted back home. While another gay person who is well-accepted back home and he’s got a lot of support, and that comes with the cultural issues, right, so depending on the country or the city, or the kind of family you are, the religion within the family, so within your approach, perhaps these two people they really want to talk about their relationships with their parents or they are starting a new relationship, something like that. All of a sudden. All of a sudden, they realise, “You know what? Yes, I’m gay and I love it, but my parents don’t accept me,” and the other one, “Yes, they do accept me,” so the whole approach, even the understanding from the very beginning, with these two people who have serious issues, but with a different variable of acceptance back home that makes a whole range of different approaches with them. That’s one example.”

7. The diversity of age
Besides cultural/linguistic diversity, age was the second most frequently discussed kind diversity within the college system.

“When you take all those categories, we have students across a wide age spectrum. Again, with the second career funding, that brought a lot of older students back into the system. The career and prep, you know, there’s a lot of student coming in there; non-traditional students.”

“I’d say the biggest diversity for me has been with second career and people who are older coming back to school. And I think that that has had the most impact on me. People coming back into a place that they aren’t comfortable in. Not having the computer skills that we assume that everyone has. And I remember a very poignant story – a man telling me that, you know, he was in tears in my office. In his 40’s and he sort of said ‘I passed a test today’. It was a bit incongruous. I’m sort of thinking ‘You passed.’ ‘Yeah. I passed. I passed with a 55 and my faculty said ‘You’re making progress.’ And he said ‘You know, I came from a workplace where I did ‘A’ level work all the time. My expectation was that I would perform at this level and I’m being told to be happy with a 55%.’ He said ‘I don’t think people understand what that takes out of you.’ These people coming into this environment that is very foreign to them. That’s why they went to work. Many of them didn’t want to be in school in the first place. I’d say that that is probably the biggest impact on me in terms of diversity, is dealing with the older learner coming back to school.”

“Well the needs are very different for one thing, and there are what we call – what’s the term now? Inter-generational tensions because you have people who’ve been out, big responsibilities on their job, and now they’ve either been injured and they’re coming back because they’re sponsored through an insurance company, or WSIB, or they lost their job and now they’re being sponsored through second career. Or it’s the time and their putting themselves through, and so coming back into an environment, a closed culture, where it’s not a democracy, where they’re not going be treated as having equal power in a classroom as they were used to having maybe if they were the head of a crew or something like that. And so I run an adult student group, and one of the reasons I started doing that a few years ago, Nicky runs one too, is that the students would come in individually and go, “I’m very isolated. I’m the only adult student in my class. I have no sense of community. The kids are driving me nuts. I’m not used to having a professor who doesn’t treat me like the way” – they say adult, but they don’t like the way they’re being treated. So it’s a very different culture based on school environment rules, they haven’t been in it in maybe 10, 15, 20 years. And also the culture that the majority of the students make, they are a minority in a dominant culture related to age. And so I think we know that with retention strategies you have to engage the student. You have to make sure that they’re not isolated, that there is a connection there. And I think we’re still playing a lot of catch-up in that one. I think there’s some great models out there, like we have a First Nations centre. We have an international student’s office. We have an accessibility service office. I think we really need to be looking into maybe an adult student centre. Kind of like the village model where we’re all integrated, so you don’t want silos happening. So you got integrated, but each subgroup, each minority has their own place of community where they can go and have those specific needs met, at the same time a balance of being integrated with other services.”
“The one about not being treated as adults I get a lot. I’d like to see the college as a whole spend more
time in looking into the teaching of adults and teaching teachers to teach adults. I mean like social
service worker. We have a lot of older students in there who have been through the mill, and their
experience is extremely valuable. They lived on the street, or they’ve done all this stuff that their clients
are going to have to do. And they’re being taught by people who have gone right through university,
ever had a problem. Those students know a lot more in many ways than the teachers in terms of
what’s out there and what clients need for help. But I think that’s discounted in a lot of ways. I think that
it really needs to be honoured and valued.”

“… and half of them have lower back pain... that’s why they’re going back, and the stress of that... that
just adds to unbelievable stress to somebody. Just lower that pain. Constant pain. And you’re in a
sitting environment. Our chairs – they’re the plastic things – are really uncomfortable. But I’ve noticed
that in the stress levels of them. They’re just – it’s causing marriage issues, and issues with their kids
because they’re constantly in pain.”

8. Challenge of Second Career

Somewhat related to “age” were the particular challenges of working with students sponsored under
the provincial “Second Career” program.

“...what impact does [Second Career] have on counselling services?

Very hard, they are angry students because they were laid-off, they didn’t want to come here, as opposed
to a lot of mature students choose that but then these were...

I think too, the Government started with providing huge incentives and then once they realised how
popular it was the incentives decreased and yet all of a sudden these people are meeting each other and
saying, “Well I got this, well I didn’t get,” so there was real difference between what was offered.

The other huge difference with that population was most of those students have huge family issues,
stressful situations. We have with the personal coming in, so you looked at from the violence at home as
a result of stress, so you saw huge complicating factors on top of the academic piece. That was another
big component.

The Government paid for them to come to school, so paid their tuition and that kind of stuff, but their
rent wasn’t curtailed at all, or transportation, day-care, so yes there was a whole gamut of other issues.

Far too often they didn’t get enough notice right. The week before classes they were told that they have
been approved for funding...no time to adjust to the family needs.
A lot of them coming back played out in the disability sector as well, because a lot of them had gone from...they were older, more mature, so they didn’t go through the same types of testings that maybe the students who are coming right from high school now maybe would have received. There were undiagnosed learning disabilities.

9. The diversity of the Aboriginal students

And that’s [the Aboriginal population is] diverse. Very diverse, as well.

Tell me what you mean by that?

Well, we had a discussion in the class. There’s diversity in spirituality. There’s diversity in tribal groups. There’s diversity in language. There’s diversity in just general beliefs, cultural beliefs...religious beliefs... Off reserve/on reserve... Urban, remote. The remote northern communities versus the southern communities, the Six Nations, the Mashonee. Very diverse in practices, traditions, beliefs, even ceremonial beliefs. One culture will say a woman can be a pipe-carrier, another will say that’s absolutely forbidden. A women... you know, with the drum... she can’t drum. And other places they can. So, there’s just a lot of diversity. High remote northern communities, Evangelical Christians. Within some of the same communities, they’re practicing traditional beliefs. So, very diverse. Even among the Christianity, there’s the Anglican... high population of Anglicans, Catholics, Evangelicals... Sometimes communities have five churches. All different denominations.

What? These small communities have five churches?

Yeah. Of 400 people. Yeah.

INTERVIEWER: So, the second part was how does this diversity impact the delivery of counselling services?

Well, you need an Aboriginal counsellor to be able to educate us in that, especially if we were seeing an Aboriginal student where we didn’t know about all of their diversities and the issues that they might be experiencing in their home community and how do we make connections with those students properly. Because often we’ll see – I think it’s a question that comes up –

INTERVIEWER: Yeah. There is one.

Because often I do have.. I would say 20% of the students that I see are Aboriginal. So, I often go to my colleague and say ‘I’m stuck’ or, you know, ‘What direction should I be going in?’ and it’s interesting to know the different diversities because, yes, then you’re dealing with a whole complex individual when
you thought you were dealing with just academic and you realize the multi-layers of the individual within that.

“I’d say five for us because you never know where a person is on their personal path. So, thinking from that perspective, you can’t .. you have to get to know about the student – whether they’re from one culture or .. because it’s about where they are in their culture, where they are in their understanding. So, I can’t categorize that besides saying five, even though I only see Aboriginal students.”

10. The respectful environment that can result from the diversity

Two interesting themes were evident in this section; the cultural influence of respect for elders and the educational level attained by many international students previous to immigrating to Canada.

Actually, we have an incredibly ... This is an incredibly respectful student population. It is staggeringly -- respectful. Sir and -- boy, in class, walk down the hall, it is amazingly respectful. I -- I have had --

Yeah, agreed.

-- it's -- yeah. Yeah. Yeah.

INTERVIEWER: And is that because of --

-- the international and the immigrant students are taught to respect their elders, us.
Even the domestic, though. The domestic students -- Domestic students are good. -- are incredibly respectful.

Can I share a story related to that and it blew me away. I'm glad you're mentioning it, because I'm here maybe two months and I just saw the -- my first copy of the student newspaper. So I picked it up off the stand and a piece of paper falls out onto the ground just when a guy in a wheelchair is coming along and he's just about to run over whatever just fell out of the newspaper. And it all happened (snaps fingers) so quickly. So I grabbed the paper, the paper slides out, it's just about to get run over by the -- the wheelchair guy. He stops, hits the brakes, and then some other international student I didn't even see swoops in there, picks up the paper and hands it to me, and all in about (snaps fingers) a second --

-- and a half. And I (laughing) Just went, "Thank you." And -- and --

-- and that was it. And I just thought, man, that is new for me. And --

And -- and people are holding doors. They're very courteous.
[I remember] a cohort of Asian women, who were all friends, all in the same program. And these are -- these are people with achievements from their own country. Like, university professors, Teachers ---- journalists, you know, and they come over here and they have to kind of start again, right? And I -- what I find interesting is they -- they're smart and -- and they can see when they're not being served properly either. They're respectful, but they don't like it when the system gives them a run around.

And -- and one student in particular has had a -- a terrible time in the past two months. She's supposed to be served by something called the Student Relations Office. See, we --

INTERVIEWER: Is that like an ombudsperson?

Well, yes, except they work for the college. When push comes to shove --- they work for the college. (clears throat) Excuse me. And, you know, we -- we kind of -- some years ago when that office came in, we got pushed out of the -- the role of advocate for student.

It's very difficult for us -- when -- when there's a serious issue with whether a student has been mistreated by a department, it's very difficult for us. And if that department gets -- the Student Relations Office gets called in, it's very difficult for us to get in there and advocate for the student. As a matter of fact, I just -- I pulled out because it's improper, you know, for me to intervene. Anyway, I don't know if I'm quite off topic, but with -- with these students they're -- they're intelligent and they know if they haven't been served properly.

11. Cultural/linguistic diversity

“I would say that it’s a complex mix because we have different fields. We have the international students who are a whole different kettle of fish, their needs are pretty well decided - give me a programme, I want to learn about the culture, I’m dealing with isolation and maybe not coping with my academics, but I’m here for a positive experience. Then we have the whole new immigrant group who we do try to support and get into programmes, whether they be college or university. And then we have these children of first of second generation immigrants who are dealing with competing values, bicultural values. So we’ll get issues like I don’t want to do an arranged marriage, or you know, I don’t want to go into this profession but my family wants me to. Or abuse issues that are very complicated and not wanting to leave the... go into a shelter, and the implications of standing outside your culture and being isolated or disowned. So it is very complicated; there’s a whole bunch of different things that happen here.”

12. The need to use language carefully
“Oh, I was -- I was just going to comment on the impact -- you know, diversity impacting on the delivery of services. You know, one thing I'm -- pay a lot of attention to is my language so that I don't use cultural anachronisms and things like that and I -- I spell it out and I'm as clear as I can possibly be. And I find even reading our manuals, like, our -- I'm sorry, our calendar, sometimes it's a little bit mysterious for students. And so when I'd be reading calendars with students, I'd -- I'd read a paragraph and I'd say, well, now, do you know what that means, or do you know what that is if they're making reference to a specific thing. And often they'd say no. And I'd say -- and sometimes it wouldn't be clear to me because I'm the new guy. So I'd say, well, let's find out. And sometimes it would be, sometimes it wouldn't be, but I'm careful that way. You have to be; otherwise, your message just doesn't get across.”

“Sometimes. Sometimes I find...sometimes some students have difficulty expressing how they feel, so you're asking them about feelings or about...or even stress. There are certain cultures that don't understand the concept of what does stress mean or what does depression, or...so, yes, sometimes it can be...the communication can be a challenge.”

13. The challenge of functioning in a second/third/fourth language

“With the thing of the language as well, I also know that sometimes, yes, it can be an issue; sometimes it’s not an issue, but sometimes the student, himself or herself, has a barrier or a perception that language would be a barrier, so one of the issues of a student would be, “I don’t know why I’m studying if I’m never going to get hired, because my English is not good.” Even if you're communicating with that person in that level of English, you're understanding perfectly everything; the same student may have a perception of a ‘not so good language’ and that would be a barrier as well for that person because of personal perception, so that’s very interesting as well.”

“I think I notice the language issues more when I go to do the workshops, because there are students in the learning skills workshops that I conduct that when they're contributing something or answering a question, I have actually a hard time understanding what they're saying, that their language is broken that even a simple interaction is made difficult and it makes me wonder how they're dealing with high-level concepts and discourse in classes, and how they're reading their textbook if they're having that much...that level of difficulty communicating.”

14. Ongoing p/d to stay on top of the demands to offer culturally congruent support

“The need for increased professional development to stay on top of proper intervention. So, I think about, like with transgender students, like working with gay and lesbian student – really understanding that culture and understanding how to help that student in terms of possible mental health needs and medical services that the students may need, proper referrals, as well as in terms of cultural diversity, the professional development needs for counsellors.”
INTERVIEWER: If you’ve been in a situation, if I could just ask, like where you were sitting with a student and you’re, like “Where do I go with this?” You have?

Sure. Well, there’s think like if you… this wasn’t in an individual session but it was where there was an international student, a female, and I think we were going to do a workshop – because [my colleague] and I do workshops with cultural adjustment. Culture shock workshops. And so there was this woman and I went to shake her hand and she said “I don’t shake men’s hands” You know, like, just not even.. just not even being aware. And I don’t always understand, I don’t think, or appreciate what it means for an international student. Like, intellectually, you know that for some of them coming to counselling is way outside what they would normally do in their culture. But, you know… So, we’ve tried to kind of learn some things on our own and we have learned some things but, again… And we brought in someone from the multicultural center to do some education around that.”

Yes and my background is in applied psychology with a cross cultural focus so I did … that’s why I was mentioning that factor that we’re seeing so I did a lot of the cross cultural counselling. So when I’m dealing with a student I’m dealing with a student very differently than my colleagues do yeah because I’m coming out of a totally different set of …

INTERVIEWER: So there’s a different skill set required?

Oh definitely.

I think we have to stay current. Stay current in terms of how – you know, you’re going to – like where in school, you know, there’s this model of how you approach counselling, like I always think of the example of gifts. Do you accept gifts? And there’s a discussion around gifts like what does this mean? And so we have to stay current and like aware of diversity for the example of, you know, some cultures - they like to give presents. I mean I had a student who brought a doily in. It’s not the cutest doily. That’s not the issue. But I mean there was no need to go into –

Someone brought pants...

Pants?

Yeah, from Africa. They’re beautiful. It’s like they went to tremendous effort to give that.

Interviewer: And your point being that you were told you don’t accept gifts from our sort of ethnocentric approach. But –
You analyze gifts. You make that into part of the therapeutic process. You use that as a tool. And sometimes it’s you know, when Freud says a cigar is a cigar, you’re just, “There’s not a cigar is a cigar with a cultural underpinning,” you know. So it’s like we have to stay current. And also be really aware of the student population. And I think once you’ve been working at [my college], I mean I feel like I’ve grown so much in terms of knowing different cultures, not only cultures, but – like for example, trans-gendered issues. I feel you know, working with – or Aspergers students and just different disabilities, because it’s such a highly diverse campus, you do learn.

“Professional development, knowledge, nonstop training of understanding. Yeah. Certain populations will come, depending on where the war is in different parts of the world and then there’s a new population that comes and getting to know different African countries... So, I've found that it’s constantly learning

And knowing the cultures and the impacts of those traditions and .. so you don’t put your foot in your mouth too many times.

And as it actually effect that individual person, too. Because they’re also living two worlds. You know, they’re living in Canada and they also have their culture and it’s what war means to them, which is .. you can’t.. there’s not enough multicultural training that will help you with the individual experience. Good counselling, I think, always goes back to the client and being client-centered and what is their experience.”

15. Challenge of marketing to students who see great stigma in coming to a counsellor

“I think we do a lot of outreach. So, we’re targeting, say, international. We’ve kind of targeted the international student population with knowing that there’s stigma in accessing counselling. So, going and offering workshops during orientation week for international students, going into the English language studies program, offering culture shock workshops, knowing that when they see a counsellor, then that can help them feel more comfortable to walk in the door.”

I work at [this campus] as well – [most students] are of an Indian background. But I would say my caseload doesn’t represent that. So, then, kind of when we think of, like, where are we missing the boat? And I know that historically and, like, globally, that population doesn’t necessarily tend to come in for counselling services, but what are we doing wrong that most of my clients are Caucasian based on kind of the population, that they might only be a small portion of that. So, what’s missing? Where can we actually reach out for certain students that are in need. I don’t think it’s that they are more needy students but it’s just.. where are we missing that aspect?
INTERVIEWER: So, what is it that... the missing demographic that isn’t accessing services. When you do work with someone like that, how does that impact the way you do counselling? Like, do you do a different kind of counselling? Is

I think it really depends. I mean...you’re not necessarily going to do insight-oriented kind of therapy or counselling. Whereas if you have someone come in that might be of a different background, maybe they want more kind of advice-giving. You know, you’re seen as the expert so actually they don’t like you just saying ‘Well, what would you like to do?’ It’s less collaborative, more kind of you being the expert. So, I think it really does.. you do need to kind of shift the way you do your counselling based on who you are seeing and what they want. I mean, I saw an individual from Jamaica yesterday who says ‘Do you know anyone that’s Jamaican?’ and I said ‘Well, not, like, personally but I’ve had some students.’ He’s like ‘Well, we don’t come in for counselling. We just internalize it all.’ And so.. but he’s like ‘But I need you to do this for me.’ Okay.

INTERVIEWER: What was it that you needed to do for him?

I think it was more just kind of being there as a listening ear to support.. more on the academic side. Like, ‘I just got a couple zeroes and I need you to help me figure out what’s the next step’, kind of thing. Not... of course, in our conversation he’s like ‘I’m severely depressed and blah, blah, blah, blah and I’m having a hard time getting out of bed’ but I internalize that in my culture. We don’t deal with that.’ I’m not going there with you.”

“Like, ‘I don’t need counselling. My grades are bad’ or something like that. You kind of have to really repackage, almost, what your job is. So, what do we do here. Well, typically people cry and talk about their mothers. Like, you don’t want to say that, right? So, you have to package it.. ‘Well, I help remove whatever barrier is stopping you from being successful.’ Right? So, they’re not going to call it anxiety. It’ll be ‘I’m getting stomach cramps and there’s tightness in my chest and it’s blowing my interview, it’s blowing my tests’. Okay, so we won’t call it anxiety. Let’s just help you get rid of that. Right? So, really what I’ve noticed is they really do want the advice-giving. And what’s really great is they actually follow it. <group laughter> No! No! Without a word of a lie, they’ll say ‘[my name], you gave me three things of homework. I did it all and, you know what? It worked!’ I’m like ‘Great. Will you talk to the rest of my clients, because they don’t believe me’. I give homework and they don’t do it.”

“...our experience is that the stigma with students with some other cultural backgrounds is much greater than the stigma in North America, which is not so great in and of itself. So, that’s a real challenge for us, in terms of the resources they have, you know, can they talk to their family about it, you know, even the attitude towards suicide, which can be honourable in some cases if you’re going to fail. That sort of thing. So, I think it’s very challenging for us as counsellors to keep up with the tremendous range of diversity around various things. And doing solution-focused certainly helps because we allow the student to be the expert on themselves and we don’t have to be on everything.”
“But we do try to do a lot of outreach to try to reach out to people who are diverse. But then that... we’re always in this balance in our office because, you know, all of us could be outreaching all the time, too, and so you’re balancing being there for individual appointments, which is your prime work, but also we’ve got to be reaching out to people in different groups.”

16. Situations outside of mainstream Canadian experience

“So, the increase of Muslim students, I’m thinking of a Muslim male I’m working with this semester who presented with depression because he could not follow through with two arranged marriages, so his family – and we often hear this from women – but his family, his uncle wanted him to marry his cousin and he didn’t want to and he saw that as a real failure on his part. And it’s been fascinating. So, I referred him to the campus doctor and he [the student] didn’t want to go on medication. He really felt like this was a social, cultural issue and he was right. Just the meaning for him of ..

And I did that depression inventory – severe depression and wanted another professional to meet with him that made the referral and he’s saying “I really don’t believe it’s medical. I really believe... “And he’s a very articulate young man but very depressed about his situation and so he met with the doctor, he didn’t want to go on medication, so I’ve been working with him and it’s been interesting. He’s a success story in that he’s much less depressed now.”

“...there are other situations that we feel a lot of responsibility in terms of helping someone when their needs are so complicated. Or their situation is complex. I had a student just this past week. She is in true fear that her father may kill her as an honour killing. Like, when you say ‘Okay, what do I do with this?’ So, she said to me ‘If I don’t leave the family, I think I’m going to die by suicide. I don’t think I can live like this. If I leave the family, I’m pretty certain he may kill me. So, I don’t know what to do.’ Yeah. You know? So, those kinds of things. We think of that... honour killing and things like that aren’t in our day to day things but violence against women certainly are, so, I mean, it’s not that different. In terms of the culture stuff, it’s like, men kill women here, too. It’s just that you don’t think of that so much that because of these reasons. She’s a very successful student. She doesn’t want to return to her home country. Last year they did go back home for a while and her father made her get married. She’s going through a divorce from that. You know, so it’s arranged marriage stuff. Her younger brothers now are violent towards her because they’ve learned violence. She’s a 25-year-old woman, stuck. Stuck in this situation. So, those kind of things. And I think part of how it impacts our services, other than personally.. I think of another situation I had, and you’re hearing of people being tortured, what they went through.

And, again, outside of our realm of what Canadians would experience. So, our immigrants who have been refugees coming from countries that way.”
“I think the difference now is we have to be aware of some of the issues students from Columbia come with. You know, I’ve dealt with students who are traumatized because of kidnappings, murders, death threats, who had to leave because of death threats, and what that’s done to them.”

“I just had another thought. You know, for some people who are coming from different countries, depending on the experiences they’ve had with police, with government, with ... you know, systems, that can also be problematic, ’cause they can ... you know, there could be a situation where there’s a lot of violence in the home but the ... just the thought of involving police or any kind of system is terrifying to people because of their experiences from where they’re coming from.”

17. International students mean big money to college budgets... and their lives in Canada present incredible obstacles

“I think one other... we’ve got to get on with this, too, but one other comment, just what [my colleague] said, about how the college is. It’s big money with international students, what they’re paying in tuition. But we have had issues where, sure you might be going after a certain group because, boy, there’s some money, but the whole needs of that group were not being looked at. So, we had a huge counselling impact last year there were a number of Indian students brought here who were nurses there who want to become RPNs here and there were just so many pieces with that where they didn’t instruct the students properly in terms of their work visas. So, they weren’t rich students coming here. It had been like the whole village paid for this guy to come and so we had many students... and then they academically did not do well. So, the assumption of the college was ‘They’re already nurses...like, this is just sort of a little Canadian-izing it’. Well, the teachers are going ‘No! Their level is so different!’ And so these students were failing and then they’re coming in our office and they’re having thoughts of suicide because you can’t just go home and say ‘That didn’t work out for me’. Everybody put in their money for you to come. So, desperate. There was, like, eight of them, nine of them, ten of them living together in, like, one or two bedrooms to try to save money because they thought they could work here, and they can’t until they’ve been here for six months. They brought them in in January and if that six months is interrupted by the summer, you can’t work. So, there was all these administrative things. Like, people were just going ‘Oh, here’s a whole group of students who want to come to Canada’ You know, and not thinking about all the implications of this.

And the students are recruited by recruiters who aren’t college employees. So, their primary interest is to get as many students because they get a commission. So, they were promising things that weren’t true. But the college didn’t know that, necessarily, so they come over here with expectations and it’s kind of like what they thought they could do and what they were able to do.. you know, they were basically lied to.”

18. Accommodating academic performance
“I don’t think we have that big of a diverse population. I’d say one to two or something compared to Mississauga. But it has been a very white type of area where people have not understood diversity a lot. Even the professionals outside here, when I read psychological reports on someone who’s come here from Colombia, and they interpret the symptom checklist as if they’ve been a Canadian all their lives, and try to draw the same conclusions and it just doesn’t work. So I think there’s some diversity problems here. They don’t understand second language. We have a lot of second language problems, and it takes five, six, seven years to really get up to speed in second language in an academic sense. Yeah. And teachers don’t quite understand that. And so giving extra time – the college as a whole has decided they’re not going to consider that. I consider that the same as a learning disability for that period of time. They need more time to process the language, and I think they should have the same... accommodations. But the college doesn’t because it’s not on the legal list of disabilities. But until you do acknowledge that, your test results have no reliability or validity, or no meaning to them. You’ve tested language speed instead of physics. So there are some issues.”

19. Family systems/parental control/responsibility for family/free choice

“And every once in a while we’re dealing with the cultural issues there with young women who have to ...who are trying to walk between both cultures... whose parents aren’t.

That’s a new sensitivity to that. So I’m thinking of that. And some of the students I’ve dealt with from China, that’s a different culture. So we’ve had to be more sensitive to that, be more aware of some of the issue --

Yeah. Certainly, yeah, the China, Japan, Korea, those groups ... those individuals. Even if ... less so if the student has actually been born in Canada. But if the family has immigrated or they are international students, there is much to do with ... they must pass. You know, the anxiety and –

Achievement.

-- achievement oriented pressure that they experience and they will come to us for that.”

“I was going to say that I’m ... over the last number of years, I’ve seen a lot of ... lot more first generation immigrants, so people ... kids who were born here who are dealing with culture clashes within their own family, and trying to navigate that, and keep their parents happy, and try and still fit into the culture. And I am seeing, of course, a lot more younger, younger people. Like, you know, when I compare to, say, ten years ago, seventeen year olds who are just like totally swimming in overwhelm, being away from home and ... so, consequently, more parent ... parental involvement sometimes with those people.”

“Marriage and ...to look after their -- I had a Chinese -- guy who was feeling pressured to be looking after his parents -- His parents. and he was 19. I mean, I think it’s very humbling in terms of --we can’t make
any assumptions -- around the reality that they are -- they may look similar to the last student -- you saw, but they're first generation, second generation, they're parents. They have to do -- I have one student who has to do all the talking for her parents, all the appointment setting. Deal with a disability. Deal with the aging grandparents in the home that she's looking after. I mean -- the myriad of issues that -- that get loaded on -- - because of the cultural issues I think humble me -- because I can't assume anything when a student walks in my door about what they're having -- what they have on their plates. And every time I do, it's a big mistake.”

“...the loads they carry in, the stuff that’s on their plate would kill a water buffalo... it’s just ridiculous...”

20. The need to suspend judgment, to be innately curious about others

Some of the most insightful, passionate and lyrical comments were made by counsellors when talking about the “purity” of cross-cultural counselling. This very “client centered” interaction requires the practitioner to suspend judgment, to truly listen to the client and to express a genuine and innate curiosity about another’s life journey. Making assumptions and having an underdeveloped self-awareness, particularly of our own cultural biases, will impair effectiveness when working with people from divergent backgrounds and experiences.

“...very early in my career – and this has always been good for me to think about, because within the culture it’s so diverse within a culture, so it’s about the person who is sitting in front of you, because I had a young Italian man come in and he says, “Oh, you know, Italian mothers. They're controlling, they're this, they're that; they don’t let you out of their site,” blah, blah, blah. Fairly soon I get another young Italian man and, “You know Italian mothers. They’re so passive. You can walk all over them, you can do whatever.” I’m like, okay, so it doesn’t matter that you’re both Italian. They’ve each got a mother ...so within that, you may have a gay man in front of you talking about issues that are completely different than the other gay man and they can both be white or they can both be black, or they can both be whatever, so you kind of have to deal with the person, and so tell me what is your culture like, because it’s going to be different for everybody. If you ever do a family therapy session, maybe it’s at the same family reunion, it’s as if nobody is at the same family reunion, because everybody remembers something different. I think you just work with the individual and you just ask. That’s my approach rightly or wrongly that that’s...

And I think you need to be just very curious; just very curious, as to having that stance all the time.

I agree, yes, so tell me.

Yes, hear about their culture, their experience of it, how attached to it they are, how not, how...just not make any assumptions ever. Which is obviously that’s how we do our work, but I think we have to take it that extra step with cultures.”
“I work hard to make no assumptions, which can be hard at times. I had a woman who just escaped her family home due to … I don’t know what kind of abuse was happening.

And she escaped like … in the middle of the day, kind of, had an apartment set up. But they were from Syria, and there were other issues. She said, you know, “If they find me, they’ll take me back home,” or, “They will beat me up” … but I don’t want to make assumptions, based on … like, I don’t know what’s true or not so trying to be really careful what you hear in the media, not to make that … so there’s … I feel like there’s a little extra exploring, sometimes, that I need to do.

There’s a lot of client educating the counsellor…. So it’s really chatting with these clients about, you know, “How does it work for you,” you know, “where you’re coming from?” you know. And it’s a lot of discussion, what works, what might work, what doesn’t work and, you know, “Explain to me what your culture says about these things.” So there’s a lot of questions … or advising that comes from the clients.

I also try not to assume that they’re okay with what their culture says about it too. Like, they might not want Muslim-specific services outside in the community. Although you assume they do because they’re dressed traditionally, they might not want that…”

“One other thing is with each … with that diversity there’s a lot of different belief systems around what types of supports are acceptable. So, you know, certain belief systems, there’s no way you’d go to a psychiatrist or a psychologist or … you don’t talk about your feelings, or you don’t talk about your family. So in terms of referrals or, you know, “Would you see” … you know, “What about seeing a doctor about this?” “No, I couldn’t do that.” So then, actually, the referring becomes … can become difficult because some of the supports that are there and do exist – they won’t access because of their particular belief systems. So that can be another challenge of, okay, what are alternatives that are acceptable within this belief system a person holds.”

“It also requires a certain amount of thought I think. Well I guess that goes in with what I was saying before. You just can’t make assumptions. But I think even when we are promoting something, it’s like, “Okay, how is this going to read with this group? How is it going to read with this group? How is it going to read with this group? How are we not going to offend?” You know, if we’re trying to sort of market ourselves, it’s not necessarily this one strategy or one message that we need to get out there because different groups hear it differently and have different concerns and different – yeah.

INTERVIEWER: But I like what you’re saying in terms of that whole knowing of reflective practice is more critical now than ever before, and anticipatory as well in terms of – yeah, isn’t that interesting.

And I think I would add the word flexibility, that you need to change with who you have and work within the context of their world. So –

INTERVIEWER: Yeah, but that’s always been there to some degree. I mean you know, we start where the clients are and etc., but it’s even more flexible than we were taught.
I think it’s broader. So as an example, you know, we were taught you would just work with the student. You asked the parents to wait outside. I don’t ask the parents to wait outside. I ask the student, “Are you okay with your parents joining?” And they’ll say yes, and I know they’re going to say yes. And I know that I’m going to talk to the father and that if I’m going to make any offer, it’s more sort of how do I direct this so that he sees what the need to kind of – the questions to consider. And while I respect that he wants to establish his kid in a very good, respectable career - so yeah, no, this is very different than you know just working from the student. It’s like working with the family.”

INTERVIEWER: So what’s it like to work in that environment?

Humbling. Humbling.

I -- yeah. I don't even notice it anymore.

No. No, we don't. I mean, you know, you can say -- We have long na-- we have long names --and we're -- You can say that you're colour blind and -- and literally we are culture blind, I think.

“Well, you have do an ethnographic interview basically. So your regular interview turns into an ethnographic interview, right? And that takes time.”

“Yeah and being careful to allow students the space to explore that, and come up with their own values and beliefs, and not ... you know, not just pushing them or saying, “Well,” you know, “this is the way” ... “It’s healthy to become independent. You should become independent.” Well, that might not work with their cultural belief, so you really need to be cognizant of that.”

“So basically I think the diversity just adds to the complexity of the -- of the cases and the --it just makes -- it just adds. It just adds. But it doesn't mean it's impossible. It just adds to the complexity of the cases of people we see. It adds a different layer to it.”

**Question 5 – How do student mental health issues impact the delivery of counselling services at your college?**

**1. Characteristics of the Students We are Seeing/What characterizes the cases**

“...the influx of mental health reminds me of the influx of l/d we had years ago...”

“Does anybody go to this college who isn’t depressed?”
Across the colleges, counsellors are almost unanimous in their perception that students are presenting with more mental health issues; that situations students present are more complex and serious and; much of what we are seeing relates to de-stigmatization of mental health, resilience issues in today’s youth and as a natural reflection of significant structural change in our economy and communities.

“The trend is towards more complex, more sophisticated issues, and that’s just more demanding…”

“No longer the cut and dried depressions…”

“…more serious, more to the hospital, more severe depression, a lot more anxiety and a lot more marijuana use…”

“There are more severe addiction issues, lots of prescription medication addictions, and cocaine... some very heavy stuff and there is a very “incidental” attitude towards the use of pot…”

The notion that college counselling essentially involves coaching adolescents through predictable transitional issues like a break-up with a boy or girlfriend has reached the status of a cliché.

“Like literally I wasn’t joking when I said I’m not sure that I remember the last student I saw that was here just because they broke up with their boyfriend or girlfriend. It seems to be more significant so and so’s passed away, or mom’s dying of cancer, or I’ve been infected with an STI and now have to cope with it the rest of my life, and things like that that I’m hearing from students.”

Many counsellors reflected on what seems to be a generalized increase in the vulnerability of today’s student. It is speculated by many that for a number of reasons, there are students in college who wouldn’t have been ten years ago.

“I don’t find this generation of young people to be very psychologically resilient, they’re very vulnerable with very few coping strategies…”

“More vulnerable students are coming to college, ten years ago their issues would have prevented them from coming, they would have been actively discouraged by many in the educational and medical systems... now they are here. Some of these students would have been in sheltered workshops, which have all but disappeared.”

“They have poor ... very poor coping skills, adaptive healthy coping skills. I notice I spend a lot of my time with these students on developing a self care plan to help them to cope in healthy ways and I give them a copy when they leave because that’s usually often where I start, because they’re ... they’re not coping ...they’re falling apart. They don’t know how. And a lot of it feels like parenting. It feels like you step back
and say, “Okay. Here’s … I need to teach you some life skills,” because they don’t know how to cope basically.”

“What about your “non true” mental health student, just sort of suffering from a crisis or stress or anxiety, or a crisis of not a mental health nature… and there’s the sense of getting them to do something for themselves feels like pulling teeth a lot of the time…. And everybody has to have a post secondary education... So I think there’s a lot of folks here that wouldn’t have been here ten years ago that are now here and are being encouraged to come because you got to get your college education, not anticipating that taking on a six credit or sometimes an eight credit semester is stressful, and not necessarily good for someone’s mental health.”

“you can’t fail high school anymore. And so everybody’s getting through. Everybody’s got a high school diploma whether they have the skills to survive here or not.”

Many counsellors see the increase in students presenting with mental health issues as a reflection of many societal factors that have contributed to lowering the stigma associated with mental illness. As one counsellor put it, “society has changed, we are more aware as to what mental illness is” and that we have developed “general comfort in naming things, people say ‘I’m depressed’ or ‘I’m anxious’… it has entered the common lexicon.”

“What I see as well though is I think the pendulum as far as stigma and mental health stigma has really swung the opposite direction because of some good outreach and education that we’re providing to learners in high school. And so we have a lot of young people come forward suspecting that they’re suffering from a mental health issue when really they’re just dealing with a life issue. They're dealing with normal developmental transitions and normal anxiety and sort of normal responses to the stressors of the post-secondary environment and managing relationships and living in a -- new place and all these things. But because mental health is so out there, they’re now coming and saying I'm depressed, I have an anxiety disorder, I think I have bipolar disorder and there's a lot of self-diagnosis. And so there's -- a lot of that work is mental health focused, but it's normalizing their experience and sharing with them that it's -- it's okay to feel this way and just because you feel this way doesn't mean it's pathological. In fact, it doesn't mean you need medication, it doesn't mean you need long-term therapy. It's just short-term solution-focused work and -- and they're quite successful with it as well. So there's both ends of the spectrum that we see.”

Students appear to many counsellors to have more complicated lives. Some are almost working full time hours, there appear to be more serious financial issues, we’re more likely to see students supported by “third party funders” (WSIB, Second Career, etc.) who bring with them significant loss issues and often experience chronic pain which significantly impacts success in school. Many of the larger colleges particularly have experienced upswings in international/new Canadian enrolment, and many of those students present with complex “settlement issues”, histories of severe trauma and being unable to find work in their field. Generally speaking, students come from communities, many
of which have not fared well in the post-industrial economy. The huge structural changes we have seen in the economy has an impact on people’s mental health.

“I see a whole different population in school, more mature students, trying to deal with all sorts of issues all at once.”

“We were able to draw on our data base, saw a spike in 2008/09... everybody went ‘ding’ that was the recession... the connection, correlation perhaps causation with socio-economic conditions in the broader community... having a direct impact on the level of service demanded at the college.”

“This is simply paralleling what is happening out in the community agencies... there is an increase in complexity of problems and mental health issues as well.”

“And there’s no jobs for them...”

“I would argue that we are dealing with “global psychosis”; the media to which these kids are wedded, is a constant stream of disaster, economic meltdown, unemployment, terrorism... it lends to the creation of a vulnerable state in our students...”

The level of expectation for service appears to be higher, which probably stems from both the generational tendency to want 24/7 response and college sector’s efforts over the past decade to be more student-centered. One counsellor expressed this elegantly: “We have developed an infrastructure that is welcoming and accommodates people.”

“And the expectation of service of that individual is ‘I want it and I want it now’ Right? And if you don’t give it to me now or if you give it to me in a way that I really didn’t want to get and then I go back to class and interact in some way and my professor’s not happy with what he or she thinks I got, they may walk me back down for more service. So, the expectation... the demand of service is really huge.”

“College students might be more interested in practical ideas for solution to things that are in front of them... compared to university students who tend to more comfortable with an in-depth personal focused kind of therapy.”

2. Departments becoming Crisis/Mental Health Centres

In addition to most counsellors seeing an increase in the intensity and complexity of mental health issues presented by students, many described the increasing need to manage crisis situations and that their counselling departments were turning into “crisis centres”. One counsellor indicated that “crisis trumps everything else... now the system is biased in favour of crisis.”
“If you’re in crisis, you get in… it backs up all the other students who want to see a counsellor… in essence many colleges are replicating what is in the community… we provide quick and ready access for acute emergencies, all others have to wait and who knows what happens to them, some students won’t wait, never come in. Some cancel, some do come in.”

“we’ve become more and more like a crisis walk-in…”

“Crisis. I’m just – I had one word there. Often the mental health crisis, they impact huge because it can be a whole day shot, maybe two days, and you are bumping two days of appointments for – they may have been waiting for a week, two weeks, so you’ve got bump them, which means another week, two weeks…”

“Less serious students can’t get in…”

“Students are using our triage system because they can’t get in to see a counsellor on appointment for weeks.”

Counsellors also described an increase in the number of students presenting with either mental health diagnoses, or presenting with symptoms indicative of such. Some indicated that it as if they need to function more like a mental health facility, without the infrastructure, support and resourcing that community agencies are structured to have.

“And the increase in volatility, we’ve all been dealing with everyone of us have had, been called to or witnessed increased volatility and the increased anger. So that’s why I say it’s almost a mental health unit we’re running down here now and we don’t have the psychiatric and professional support available to us immediately to help support us in this.”

“…most of us weren’t trained as mental health counsellors. And we’re seeing things that are bizarre to our ordinary world and with tremendous high risks for harm. And already that whole area of assessment is not predictable. But if you don’t have therapists here now that have that kind of support training, we might miss things that somebody that works in the psychiatric institution knows. So you don’t want to turn the counselling department into psychiatry. But if you have these students here, we also have to really know how to deal with them – and you know, the idea of either having consultants or someone supervise it…”

“It is different here because you don’t have the back up. I have worked mental hospitals, I have worked mental health. You have got a system [to back you up].”

A number of counsellors shared concerns about what they saw as a shift to primarily managing crisis at the expense of providing a broader level of service to a broader level students. At a few colleges, some are really questioning how a crisis is defined.

“…well, is it really a crisis? Or is it just presented as a crisis? So we’re always assessing.”
“Ok, we are not a treatment facility, let’s move away from that…”

“we’re not a crisis centre, but we accommodate crisis”

[a very experienced counsellor pondering her evolving role] “So, we’ve kind of created a monster for ourselves. Do we have any choice? I don’t know. But... so, the impact is that we now define ourselves almost as .. we’re a crisis center. And the crises has a huge impact because, instead of being able to sort of kind of help students develop the tools to be more successful going forward – I mentioned that earlier – we’re kind of often going from crisis to crisis. Which, to me, does not feel like... Over the long term, does not feel like a good use of our time but in the short term the college is looking to us to kind of make these problems go away.”

3. Connection with other departments in the college/shows up in classrooms

Mental health issues manifest throughout the college, and often the first point of contact with a student experiencing difficulties is in the classroom. Comments ranged from describing teacher’s complaints about how much more difficult it is to meet student needs to teachers being more aware and more prone to refer or directly bring them down to the counselling office for support.

“The other piece is the mental health issues, before they -- they are brought up here they show up in classrooms. So a lot of professors are having difficulty coping with some of these mental ---- and of course they come running.”

“So I’ve had a line-up of teachers come. And of course we go there. Tell them when you notice something unusual, you know, bring -- Bring them in... I wish I hadn’t told them that. So -- so they just -- they came So I have to sit them here, I have to patch them up, and, you know, so ---- I feel like I’m running an emergency ward...”

“Mixed bag in terms of how well faculty understand and deal with the mental issues coming their way. Those teaching in the social services field of course have more familiarity, but many faculty have no background and are frightened of anything ‘mental’.”

Are more part time teachers in the system mean that there is less “relationship” focus with students than 10 years ago?

“A lot of teachers will walk them down to counselling, I sense that is happening more. Teachers don’t have the time to spend “one on one” time with students...”

4. Relationship/connection with Community Resources
The most uniform response across the colleges was in reference to the accessibility of community resources; students were generally able to get access to urgent/emergency care in a timely, responsive manner. This was also true in many communities for students with a specific/focused need. But pretty much across the board, referrals for non-emergency, supportive counselling had anywhere from a few months to more than a year waiting list, a critical period of time when a semester is four months long.

“Some services are easier to access... "early psychosis, eating disorders, perhaps students in a violent domestic situation”, but if you are not a member of a special population, the wait lists are long, non-emergency referrals are taking 14 months in our community.”

“If a student has been sexually abused, the local resources are excellent, very responsive”

“But I think, generally speaking, what we are saying though is that those cases are just more difficult to work, but not just in terms of their realities purpose in terms of accessing, you know, some appropriate services for them sometimes. And, yes, it can be very demanding. Sometimes you only need a few of those that can drain the whole, you know, the whole team because people are just exhausted trying to figure out how to work with even some of those cases.”

“We’re trying to utilize BSWD to get students access to community counselling.”

Referrals to college counselling departments from community agencies are becoming more common across the colleges.

“There is a public perception that if you’re a student at a college, you have free and unfettered access to psychotherapy.”

“Essentially we are seen as a free resource by other agencies in the community.”

“We get referrals from psychiatrists at the hospital... “Anyway, that’s just wrong, I think. It’s a mental health system problem. Just because we could have seen them quicker.”

“Well, last year I called to refer a student to our adult mental health clinic. First of all, they told me they weren’t taking any new clients.

INTERVIEWER: How can they say that?

I don’t know. I don’t know how they can say that. And then she said “Well, the student has you.” And I’m, like, “This student’s needs are more complex than what I can provide. This student is dropping in every single day. She needs more.” “Sorry, we’re not taking any new clients.”
“...perhaps there is a misunderstanding about our roles, right, so I mean we send someone to [the hospital] for psychiatric services, well say an outpatient program, they find out that they’re in college and they’re like, oh no, you can just deal with at [the college]. Like whoa, wait a minute I don’t know how to treat BPD, it’s not part of my training...”

Because of the waitlists for access to community programs, the “bridging function”, namely providing supportive counselling until the student can access the service in the community, is placing demands on counsellors to be able to provide service to a broader spectrum of mental health difficulties.

“...sometimes when we’re working with students who have very serious post-traumatic stress, there’s several examples where there is a trauma group available in the community, but we’re having to wait six months before they can start. So what do we do for the six months? So what it also means for us is part of that nimble means that we have to be doing professional development. We have to keep learning how to fix the bike while we’re riding it.”

A counsellor working in a smaller satellite campus described a particularly successful collaboration with the hospital in her community.

“I was going to just touch on that aspect I guess and I don’t know if it’s because we’re in a smaller community but one of the positive sides of this has been the partnership that we’ve developed with the mental health unit and the crisis centre at our local hospital and you know they are just fabulous and we call that number, we have a contract with the taxi company that takes us for free to the hospital. I call ahead, they meet them at triage, they call back and give me an update, they’ll set up the appointments and it has been like they’re practically on speed dial for me but they have been amazing.”

The reality in many Ontario communities is a shortage of family physicians, so it isn’t unusual for a student, particularly from out of town, to only have access to a physician through a drop-in clinic; which means that students may not be adequately monitored.

“They show up to school, many don’t have their own GP, let alone psychiatric support, they go to a drop in, get medications and they aren’t monitored...”

“Oh, yeah. With no follow up. Like, they’ll be put on SSRIs and not even .. or, from what they say to me, they’re not explained about suicidality when they start taking it .. There’s no follow up with that. They’re not told that it’s not going to take effect for 4 to 6 weeks, so they’re expecting something to happen right away and then it doesn’t. So, there’s just .. yeah. In terms of both community services and medical services, there’s a lack in the community.”

Related somewhat to the observation that students with mental health difficulties who a mere ten years ago may have been actively dissuaded from attending post secondary, students are now being encouraged to attend school as a part of the treatment plan. This can make a counselling department an important part of the support strategy for a student. Although no one we spoke with thought we
were seen as an arm of the mental health treatment system in Ontario, there were many who observed that many college counselling departments were seen as credible, professional and very accessible resources to students requiring psychotherapy.

“...coming to college becomes part of the therapy. So, getting back into school and then we’re expected to pick up the ball there.”

“We're a community resource. And yet we're not funded the way Community Mental Health is funded, but we’re acting as Community Mental Health and there's no doubt about it. I've spent years in Community Mental Health and senior management. These are Community Mental Health satellite teams and we get no Ministry of Health funding. But we are absolutely go-to for them.”

5. The role of the college counsellor

Overall musings on what is the role of the college counsellor.

“There were different waves of college counsellors who were trained in different ways, and I think in the more recent hirers - and I put myself in that cohort - were trained to be therapists who chose to work in a public institution, and so we had a tool bag of dealing with mental health issues - maybe some other prior generations maybe saw themselves as doing lighter therapeutic work. And so I would say that now, as we hire further, we’re always looking for people with very strong clinical skills, like in any of the teams that I’ve been on.”

“... we’re equipped to do supportive, short term mental health counselling”

“I feel like a crisis counsellor here instead of a college counsellor”

“Well, to me, a college counsellor would be someone who sees students for mild to moderate personal issues that are impacting their schooling, like mild depression, mild anxiety, relationship issues, change transition, and then career and decision, unsure what they want to do, not sure of right program fit, maybe want to do something but parents don't agree with it or academic study skills, test anxiety. That to me is the college counsellor, not another suicidal, make sure they don't kill themselves, see them today, see them in two days from now, follow up, psychiatrist consult... “

“I didn’t sign up to be a crisis counsellor...”

“Breathing a sigh of relief when someone comes in with a career issue to talk about, it’s like ah, that was a very pleasant hour”

“... at the expense of the career and academic piece, we are looked at as the crisis workers....”
“some are not coping well so they’re trying ... you know they’re having breakdowns at the front and so we got to squeeze them in you know and again not giving the proper time and service ... We know we’re not therapists but in that moment you know they got to go somewhere.”

The contrast of community mental health counselling and the role of the college counsellor...

“I had to see four clients a day and do my case management. So, in 7 hours I had four hours of direct time and the rest was indirect. So, that was just... that was my job. But if you look at here, I see sometimes 9, 10 students a day – a lot of them, maybe not the majority, but... have mental health problems. Where do I have time to do case management? Because you see someone for mental health, well, you have many follow-ups to do. You have paperwork to fill out. You have case conferencing to organize, this, that and the other thing, and then we have to do the tutoring, we have to do the academic, we have to do the emails to the teachers-- So ... [in a mental health agency the] policy is 60% direct service, 40% indirect service... now I’m coming from 60% is too much, to .. you’re pretty much with students here all the time!”

What many describe as the case management role...

“It's the case management of it after, after the -- I find myself doing more and more. And I don't know if this is true for everybody because I don't -- but more and more you do case management. Like, you have an international student has a psychotic episode, is in the hospital. You're the liaison with the hospital. You're then having to liaison with International Ed. There's an EVAC, medical EVAC back to [international destination]. Like, you're talking to this hospital. So, like --you're case managing it. So, I mean, that's phone calls, waiting on phone calls, and -- and you're -- and the reason you're case manag-- you've got the mental health. Like, you've -- well, and a background, you would have it from Hincks-Dellcrest, too. Like, you've got that background and you can do it. And --Right, so somebody has to do it and -- and it's a logical fit, so but, I mean, incredibly time-consuming. It's off the charts. You -- I mean, you -- you rack up just tons of ---- overtime and because you have to, yeah. Weekends, you know, doing the case management stuff. I'm talking phone calls...”

“...these students require more. They require more services per student. They require more time per service. On an individual level, that might mean you have to reflect or you have to do some research about this particular mental illness or connect with that or this health practitioner. But they just take more time. And generally, their needs are higher, so you can’t say, “Come see me in three weeks.” It might be, “Come see me in three days.” And they just require more. It takes more time. If we’re moving into a case management sort of model, you know, that’s going to take even more time. It’s not about our seeing the student - they leave. You know, it might be, like I said, connecting with all these other people. It also means there’s a lot more of the, you know, issues around, “Gees, we might have to inform the family or the hospital.” There’s confidentiality issues. There’s maybe CAS issues, all those kind of things that are generated by these really high needs students that take time, take energy, take resources. And they’re stressful.”
“Yeah, and it’s literally, it’s like we – or not, because we’re not qualified or trained and that’s not our context, but it’s like we’re providing psychiatric treatment. We might be in some ways case managing, saying, “Okay, have you got your medication yet? Good. So your GP is giving you that, great. Have you talked to your disability consultant?” Almost in the sense of providing treatment and then we sit and do the work with them as well. So it’s maybe case management. But actually I was thinking more, we provide more treatment inappropriately in the sense that that’s not our role. We’re college counsellors. We shouldn’t be the main source of support or treatment for these folks. We should be an adjunct.”

The need for assessment/clinical skills to be sharper...

“we have to be on our game, “so you’ve just got to be sharper.” The skill set we need to do the job has changed...

“Well, you better be able to do some cognitive behavioural. Solution focused is really useful here. You - - you know, single session stuff is -- is -- like, all those concepts, narrative. I mean, you better be up to speed on some of this stuff to be effective.”

“Need for self awareness with the international student...”

“Assessment skills need to be sharper”

“Seeing an increase in the number of psychiatric disorders... anxiety and depression was kind of my norm...”

“Need to be clinically nimble...”

“...we end up doing a lot more – have to – short-term, solution-focused. How do I get you to next week when I can see you again? What strategies can we put in place?... 20 years ago we’d be thinking Rogerian. [Laughs] Longer-term growth, Rogerian or dynamic type things... Now it’s how do we keep you from hurting yourself?”

“More time needed to prepare, especially for cross cultural counselling, also need time for the reflective piece, and the time needed for follow up.”

“I think back to something I said before too one of the impacts is the knowledge level that you need to have regarding mental health disorders because you know we all have that, we all studied that, we all learned that as part of our background but we were not to this extent as we’re now you know dealing with the student who says I have schizophrenia you know here’s when the onset was, I have body dysmorphic disorder. So I mean sure we can do all those links with the local agencies but they’re still a student and you’re there trying to provide to the related to that disability and you know the range that is being you know presented to us is ... Thank god for Google really, I’m serious.”
“I’ve had to really keep on top of my skills. So, I need to be very aware of mental health issues, psychiatric issues, intervention techniques, community resources, all of those things. So, in some ways, I mean, it’s been fun because that challenge has been all the time. So, I’m constantly learning and so on.”

The “newer” area of risk assessment, threat assessment, risk to others...

“And I often feel I don’t have the training to do what is asked of me in the “risk assessment” cases... I feel like I’ve had lots of training in suicide risk but then there’s the added piece that I’m seeing in the last few years, is more risk to others... the level of responsibility I feel, without being able to consult with a psychiatrist... it really adds a level of stress”

“...we get pulled into student rights and responsibilities, and threat assessments, because often times, it’s our students who have significant mental health issues who find themselves in situations where they have now been kind of launched into one of those processes. As a counsellor, we are then deeply involved in all of those procedures that fall out from that, which takes a huge amount of time, a huge amount of documentation, juggling kind of the roles in terms of being a supportive counsellor and being involved in that process...”

These are time consuming files...

“The administrative time needed to properly document these situations can be daunting.”

“...mental health cases, they’re just really demanding files... they take an inordinate amount of time.”

“...it is true that there is more mental health people presenting with depression and anxiety, you’re going to follow them longer than somebody who presents with an academic difficulty. You generally package that up and give it back to them in a session or two.”

“The students cases are more complex... and they see you like a community counsellor... we get bunched up because we aren’t doing as many of the single session students as we used to...”

Supervision is mentioned by many counsellors as becoming more necessary and desirable...

“I am starting to feel too with some of my cases that I would really love to have supervision and we don’t have that. We can meet with our director, but it is a one-off. It is not consistent, ongoing supervision ad I think that would be – and we also have our peer consultations, but again that is sometimes it is immediate, I want to consult right away. It is a sensitive issue. I find that I grab my peers a lot more than I used to before.”

6. Impact on Counsellors
Some counsellors talked about the fear of being blamed for not informing/involving others, particularly in light of recent campus events that resulted in student tragedy and death.

“The Carlton University situation, the counsellor was highly criticised by parents and in the press because there was a plea for help in the health services and then the counsellor knew another piece but the dots weren’t connected…”

“And so more and more we’re expected to connect the dots and yet it’s difficult to connect the dots with… Like I have one student, I’ve been trying to connect with his psychiatrist for two weeks now and we just never get hold of each other, we’re always booked at the same time. So there’s more of an expectation to connect the dots and, you know, contact the psychiatrist or contact, you know, different people to find out what’s going on. And it’s challenging.”

“And not a lot of communication back from our own health services… one way communication from us to them.”

“Something has to change. An error is going to be made and then we are going to be scrutinized and we are going to be blamed… I fear that someone will slip through the cracks and it won’t be because we’re not trying. But it could be because we just haven’t got time…”

Student expectations are high, sometimes unrealistically so. The stress of weathering a complaint…

“We went to the human rights commission because of the complaint about discrimination against a mature student and the human rights commission’s verdict was that we went above and beyond the duties.”

“Having to deal with a Human Rights Complaint against me, need for good documentation…”

Dealing with situations in which we are required to assess and document risk…

When students are making threats towards others... “it’s very time consuming writing up the notes, because of, you know, possible liability issues.”

“I would say one of the biggest impacts is the risk factor. The risk factor has gone way up. Legally it has gone up, certainly the risk to the individual and making sure that we make the right approach particularly if we’re dealing suicidal students and I mean suicidal in the moment.”

“I don’t feel the institution really understands what that is and what we have here in terms of the student population and what we’re servicing. Which concerns me somewhat in terms of the institution covering me. Sort of like.. if something happens here, I’m going to get thrown out to the fish.”
“it’s life and death, right? It’s no longer, you know, just my program and I might need to take more time or... It’s like if I miss something, this person could harm themselves, others. It’s just really scary. I feel the responsibility in a way that I didn’t before.”

Feeling conflicted about students being unable to access community resources and feeling pressured to providing services in a way that we aren’t qualified/competent/confident but if we don’t, they won’t have any support...

“Feeling conflicted... fearful that we may not be competent to deal with them, and feeling that we don’t know where to send them, in essence seeing them by default... this is certainly some of the anxiety for me personally.”

“counsellors are just feeling fried and I think that in turn impacts the delivery because people are just getting worn out...”

“Because less serious students can’t get in, they have to wait for 1, 2... maybe 3 weeks. I feel guilty, more stressful and I find that I worry more about the students...”

“...it’s just been really challenging and I think its draining”

“Because it is very stressful to do this 8 hours a day, 5 days a week, 8 months of the year. You rarely get a light and fluffy kind of conversation where I broke up with my boyfriend. I mean, that would be delightful. But that doesn’t happen.”

“I've worked in psychiatry and mental health for close to 20 years. I've never worried about clients the way I worry about clients now, because I don't have the ability -- I always know that there may be someone waiting, so I don't know them, I don't have a face for them, but, I mean, in the back of my mind there's somebody that could be waiting to come in that really needs to be seen right away. And then when I see somebody, it really is a juggling act to be able to see them in follow-up and to be able to see them consistently. So, like, every Thursday at 4 o'clock for six weeks or every alternate weeks for every six weeks because it merits that clinically, I mean, forget it, that's just not happening. Because as I'm seeing them, the front desk is cramming as many people into my agenda as they can for as long as they can. So it's all the issues, the issues of access and the issues of ethical, and clinically appropriate follow-up. So, I mean, that pressure is immense on us and I think it's the biggest cause personally for me, for worry and burnout.

INTERVIEWER: Are you afraid of missing things more now than before?

“Damn straight, absolutely, absolutely, that is the biggest stress I think.”
Question 6 - Do you provide counselling service to aboriginal students? If so, what are your thoughts regarding having counsellors dedicated solely to aboriginal learners?

One hundred and twenty counsellors participated in the focus group segment of this study which included ten Aboriginal counsellors at eight colleges.

1. How counselling Aboriginal students is different than mainstream counselling

The role of an Aboriginal counsellor is seen to be qualitatively different than that of a “mainstream” counsellor by virtually all counsellors who shared their thoughts. Comments focused various aspects of the role, including higher degrees of involvement in advocacy, community outreach, band funding arrangements and a cultural understanding inextricably woven into a controversial and traumatic socio-political context spanning centuries. Working with Aboriginal students is often described as highly “politicized” by its very nature and at points it was difficult for participants to “concretize” what made the counselling interaction with Aboriginal students unique.

“Having talked to... our Aboriginal counsellor, she talked actually in her last meeting a lot about the needs of Aboriginal students being very different than necessarily even multi... different sections, whether it be Muslims, whether it be... different cultures. And the fact that I don’t really know a lot about bands; I don’t know how the money works, the ins and outs, and her having a very good understanding also, and her herself being Aboriginal, of the different communities within, not only Ontario but across Canada. And that’s something that I definitely am not aware of really at all. She was talking a lot about the needs of her students and sharing that common language with them, and then speaking from their own experience and talking about how counselling for Aboriginal students is actually quite different than necessarily counselling for just your average Joe student, in that fact that their first question is where are you from? Do you speak my language? That connection that we would not share necessarily with our Aboriginal students. She is also much more of a hands-on resource person of advocating for their needs, and has a much better understanding than I, myself would. So if I were to see an Aboriginal student and they wanted to talk about a personal issue, yes, I’d feel very comfortable, but it they started that connection or that first phase, it might be more challenging for myself. And if they have specific questions relating to their financial state and whatnot, I would definitely feel much more comfortable referring them to an Aboriginal counsellor.”

“Yes. It’s a complicated issue at our college in particular because, yes, I feel qualified to do some types of counselling with Aboriginal students, and like [my colleague], not qualified to do other types of counselling, because understanding my framework of how I was taught about what Aboriginal counselling means is that it is a different kind of model. The model that our long standing Aboriginal counsellor follows is that her training was advocacy, funding around band issues, promoting a culture, a safe culture here at the college. So events and ceremonies and traditional healings, that’s her work, which in that model didn’t really... she would refer out for psychological, therapeutic intervention. We have had that person, we’ve
also had some part time people who are Aboriginal therapists who do therapy, and do that piece. So we’ve got different models operating here, as well as new money being thrown into the centre from another department. So we have student success specialists in there who, according to our Aboriginal counsellor, numero uno aren’t even Aboriginal, and people doing events - so I think there’s a big mess. I’ve offered to try to help too because I think no one is really talking and naming it, and it can be all straitened out, I think, if people’s areas of expertise are clearly delineated.”

“Well, because we have Aboriginal Services, say they’re doing traditional counselling. They may refer into us, who do our style of counselling …”

“… there probably is a need for more than just one [Aboriginal counsellor]. I know we have more supports this year than we’ve ever had, I think, in the history of [our college]. So, those more academic transition support, study skills support and counselling support. But I think for some of the issues that students are coming in with, they do need a couple of counsellors at least having different strength areas. Because I was just kind of like a Jack of all trades, master of none. So I just tried to meet as many of the needs that I could that were brought in and, when I couldn’t, you know, referring them out. And then some of them would still come back and say “It didn’t work in the community” So, it was difficult for years of trying to support as many as I could with the diverse needs that came in with the Aboriginal learners.”

“...it doesn’t mean they’re not receptive to Western approaches as well. Typically I blend them and...but it’s very different work. A great portion of my time is also spent doing community development work, so working with communities, advocating for clients around funding, liaising in terms of networking, recruiting stuff, so the way...what I do in terms of counselling for them, previously I was just a regular counsellor – just a regular. Just a regular counsellor and so it’s very different how my time – I still have all of those responsibilities in terms of doing the disability and doing the personal counselling and academic counselling, but I also have to deal with the political piece within the communities, and frequently I'm a contact, so communities having issues, they would call me. I would navigate within the college or within the broader community, so there is that component to it as well. That is a big piece of the role, but I have two student success facilitators; one full-time here and a part-time at [another campus], who are key in terms of supporting my role and key conduits for me, so that’s a key piece as well.”

“I think the cultural knowledge and information and just the whole the knowledge of the culture, the history of the culture is huge. Identity issues often come up with aboriginal students. You know a lot of students come in, they’re aboriginal but don’t know about their culture and what that means or they’re angry or you know that internalized racism and you know all kinds of yeah issues around identity. Yeah and just the whole I think ... the experience of many aboriginal students, not all of them because we get different ... you know that diversity right urban, rural and you know the far north and southern First Nations people but the issues around racism and discrimination often come up and yeah the cultural teachings, the you know medicine wheel teachings come into my counselling approach.”
2. Does an Aboriginal person need to do the counselling?

Most counsellors agreed that Aboriginal counsellors working with Aboriginal students was the method of delivery providing the best chance of meeting the needs of the diverse range of life experience presented by Aboriginal students. The most common proviso to this was the importance of choice; that all students should have a right to decide where and when they receive service.

“It’s imperative. But it’s also imperative that they’re aboriginal and we all talked about earlier the identifying factor. And I would say I’d go a little bit further and say it’s imperative that they’re First Nations because we have a lot of students who are coming from First Nations communities and you need to know what that reserve life is like for them and where they’re coming from and why and all of those varying challenges of, you know, getting here and then staying here. So yeah, I don’t see them succeeding if there wasn’t someone that they could identify with or relate to.”

“And so I think it depends on the message the institution is sending to groups as to how respected they would be here. I worry about – I don’t understand the philosophical – this is with any culture – but I think the need for – if we’re going to – if counsellors are going to work with Aboriginal people, I think they – that those communities have a very different worldview than what we’re used to. And it’s different than – you know, I might know more about [modern life] because you know, those where things taught. But we didn’t get exposed to Aboriginal thinking and ways. And unless you saw it, it’s not very evident even though we – you know, Canada is built on that. So I think the challenge for counsellors is to kind of go into those courses and – because the worldview is so different that I think we may be erring and actually confusing them. That’s my sense. So usually I don’t like sort of a counsellor for a particular community. But I think there’s a very good role for counsellor for Aboriginal and a very good opportunity for counsellors to do some pro-dev around that culture. And I think particularly needed for that particular group in the vulnerable the position they still hold in this country that used to be theirs, that if we don’t
get it – if you don’t understand and value their roots, we will continue probably not honouring them in the way they need to in order to feel good about who they are and find themselves.”

“I have a student now and I think the accidental collaboration is interesting in that the student is seeing the elder and being told to do certain things but the how and the preparation to do that.. what do you do when you do that... that’s what she’s not given. And so I think, luckily I would have to say, she’s seeing me so I can say ‘Okay, yes, that’s a good idea but this is how you need to properly approach this and this is some cautions and this is some skills a little bit’ and stuff like that. So, accidentally came together like that.”

**3. Office based versus drop in**

As our survey confirmed, Aboriginal counsellors are much more likely to meet student needs on a drop in basis.

“And I was in a centre and that was the reason why the centre was created was so that there was that informal access and that formal connection, informal I mean, with getting to know them just as a friend first and then, okay, let's get into it, what this is about, you know, because there's always something underlying when you're First Nations, believe me. So when the director moved my office out of the centre into counselling now I have no clients because it’s that stigma. They won't come in the door or they'll be pushed by a coordinator, you know, and then it’s, or they want something.”

“...a number of students are very reticent to enter into the Counselling Department upstairs even to book an appointment, so really they perceive that for whatever reason as not being comfortable for them. We grappled with that. It was interesting, because all they have to do is make the appointment. They're still seeing an Aboriginal counsellor, but the perception and their comfort level, they want me down in the Student Lounge, so I typically take my lunches down in the Student Lounge to be more visible to them, to be more generally accessible to them, so that once they build that connection, they're more comfortable coming and booking an appointment upstairs.”

“Make an appointment with me is not going to happen too much. Like, for our students... I don’t care whether they’re aboriginal, non-Aboriginal, our students don’t like to make appointments as a general rule. They go “I just need to talk to her for a minute” Right? They do that whether it’s... wherever they’re accessing. “I just need to talk to her for a minute” And we know it’s not going to be a minute.

I think when it comes to aboriginal students, you’ve got to think that these students, a lot of them, too, are coming from places where there’s no mental health services; where there’s no doctors; there’s no diagnosis; there’s high suicide rates. They’re coming to school with lots of things on their plate. So, I don’t know about us solely providing to the aboriginal learners. I know that I did get one student that was seeing the counsellors down in the other department but it was just easier for him to come and see me because he’s always in the Native Education department, so it was a matter of him just poking his head in –...”
4. Aboriginal student centres

Almost all colleges in the province have designated space where Aboriginal students can meet, study and seek support.

“They have created a wonderful environment that is very welcoming, that students just go in there and hang out. They’ve developed a sense of community and part of that is [the Aboriginal counsellor] is also there and you can go in and talk to him either individually or group…”

“And they have an elder who comes on a regular basis to work with students. At centres they have more than one. And they also have their own staff there who work with students as they need. And there’s a real sense of community there. You walk in there and it’s just – you can feel the energy. I wish that we had a bit of a closer connection because I wish we could use each other’s a little bit more and integrate that piece more than we do. But like every semester, I have certain programs where aboriginal students will come in the human services area, and they will come because of those programs. And it’s like they have to choose to work with me. They can work with people in the First Nations centre, but sometimes the counsellors here – and it’s partly my fault because I’m in my little office there. I wish there was a better back and forth maybe peer consulting, case conferences, whatever, with students that I think there could be a better delivery of service than there is. But I’m really proud of what we already have.”

5. Having access to resources in the community

“They do kind of informational thing and they do a lot of advocacy for their students and they will get them hooked up. The aboriginal students – aboriginal people in the city have a lot of services. I mean, I just called one of the services which is a health and wellness clinic in the community and they’ll be seen almost immediate for therapy. And this person didn’t actually need psychotherapy. They needed addiction counselling. Well, the addiction counselling, they’d be seen. “You can come by today and we’ll see them. You may have to wait for a couple hours if I’m in with somebody..” Like, to me, anyways, if there’s access that’s that quick, given that there’s this big cluster of students who just need to wait forever, I could never justify that. But then we have students from the far north – I’m sure you do, too – who .. I think there’s more of an expertise than I would have to be able to deal with them in terms of their unique issues.”

“I also utilize two community resources, [City] Community Health has a Healing Circle that I refer students to, as well as an Aboriginal Counsellor that comes in. I also network with the ___ Indian Band who provide counselling directly to Aboriginals.”

“So we have -- we have a larger population of Aboriginal students. No, we don't have an Aboriginal counsellor. (laughing) We could use one, but we don't have one. So the issues of -- we've got issues ... with Aboriginal students because of the bridge, because of the border, because of the three pro-- the two province and the United States issue because it's all there. It becomes really complicated for funding, for accommodations, for transport, for -- you name it, it's complicated. And the nice thing about it is they
have a lot more community service in the Aboriginal community than the people living in Cornwall. So actually I can access better referral services if the students are Aboriginal than I can if they’re not.”

6. Diversity of the Aboriginal population

The issue of diversity within Aboriginal culture was elaborated by counsellors in response to this question and question four which specifically asked about the different kinds of diversity on campus.

“But I also think that we also have to recognize that even people, whether they’re self-identified or it’s clear to us that they are Aboriginal, and you can probably speak to this more, is that lots of times they weren’t necessarily brought up in the traditional ways. And I made that mistake way back in my other counselling life. You know, when somebody came to me with an issue, bad dreams, dah dah dah. And I immediately said ‘Oh, have you gone to speak to an Elder?’ and this woman leapt through my throat, almost and said ‘Well, I wasn’t brought up that way’ So, I think there may be cases where we have students coming to us, we may be visually seeing them as identified but we shouldn’t always have that thought in our mind that ‘Oh, I’m not the best counsellor for them because they are Aboriginal’ Right? So, I have quite a few students …

INTERVIEWER: It depends on the client, I guess.

Mm hm. It doesn’t come out.. I did have one lady, we worked together for three or four sessions and then finally she said “Are you Indian?” I said “No”. ‘Oh, well, that’s okay. I like working with you anyway” she said. You know, so I think it just depends sometimes on the comfort level of the person. And I’m also thinking, Erik’s probably great but there may be some students – male or female – that may not necessarily go to a male counsellor, right? And that may be even more the issue sometimes than whether you’re white or not, right?”

7. Self-identification

“In the college I don’t know, I just assumed, I assumed in Toronto there is not just a high Aboriginal population, but I was told I was wrong; that is quite significant in the city. How many Aboriginals we have in the college; that I have no idea.”

“There’s still a lot of hesitancy to self identify for whatever reason.”

“I think it’s very interesting that as soon as you set up services for, then you see the students. I think they have not accessed those in large numbers. If they have and they’re not visibly Aboriginal, they may not even tell you. But I think as soon as we kind of honour that particular group, those people begin to self-identify. So I’ve seen where – not because I think we’re getting more students, it’s because I think – I remember one Aboriginal student way long ago, and even our registrar wanted to know and he says, “I never inform because I’ll be treated differently.”
“The other which I – because we’ve had the elder here and some dialogue, some of the students who are mixed Aboriginal and European have come to those groups. And they’re re – sort of taking on of the Aboriginal again, and the amount of tears, as if they had been denying that part for such a long time. And you know, they’re redheads. You would never think Aboriginal, so there’s no visuals. And they weren’t connecting to it, but as soon as they connect, it’s very emotional. And it’s like finding a home. And it’s a really very tender place for that population, for them to be at this time in Canada. And I’m hoping things will move forward for them as we go.”

8. The complexity and depth of issues

“...they invited me into the classroom to meet and to And if they continue -- we have an Aboriginal outreach worker. And so I think their job is to drum up business and to ... So we may see more and more. And -- and if that happens, it's -- it's important you meet with them directly. Like, you need to go into that class and -- because the needs are off the charts. The young folks that I worked with out of the program that I was involved with were -- well, you'll know. I mean -- So you'd know better than me. I was shocked at the volume and the depth of -- of the issues. I mean, every one of them had witnessed or experienced murder in their family extended family and suicide and alcohol and drugs and substance -- it's just off the charts, right, so ... So I think it's an area that we'll have to keep an eye on…”

“And also, like, I have a student I’m seeing which Aboriginal sort of in a broader way.. He is actually from Central America but the Aboriginal services considers him Aboriginal. He’s of the Red Clan, he says. So, he sees me but he also sees.. They bring an elder in besides [the Aboriginal counsellor], who is an elder in his own community, they bring elders in from the community. So, my guy goes and sees the elder because he’s got a whole different perspective on it. It’s been a great thing. Like, that’s been a very good.. I work on different things but their perspective is ... about abuse and the elder was in residential school, so speaking to that as somebody who went through that has been really valuable.”

“As far as challenges go for aboriginal counselling, I would say a couple of the challenges are that our aboriginal...we’ve had an aboriginal counsellor for as long as I’ve been around. They’re always on contract and even [our present counsellor is] on contract and part time so for a long time it was turning over year after year after year... so having that constant turnover I think has disrupted the service to our aboriginal students. That it would be nice to have somebody permanent that is consistent for those students.”

“Well, just that I believe that the Aboriginal people need someone that they can relate to and then [my colleague] sort of answered that. Like, they can relate just by sitting in the room together and looking at each other... they’re already related. And --

That's right, yeah.

and that’s true. And so I believe it should be that way. And there’s more to it. And this culture shock... happens in September to our Aboriginal clientele and they need to have somewhere to go to that they can --relate, you know, and somebody that can say, well, I've done it and I survived and this is how I did it and these are the tools that we have to help you. You know, and that's -- there are several different
Aboriginal places within the community and [my colleague] will -- he knows already people that are in those areas. You know, that's -- I think that's really important for Aboriginals. And the one thing that I really think we need to do that we don't do well and I don't know if you do, but it's we need to develop an English as a second language course here to help deal with the Aboriginal issues around communication.

INTERVIEWER: Because English is a second language for many.

Yeah. Yeah. Yeah. And it's already a disadvantage. It's beyond. I wish there were more students that went into GAS to learn the communications...”

“One of the things that I've been doing, because part of the issues with Aboriginal students -- part of the huge issues -- is the lack of understanding. It's the oppression at the government level that's happening. So, people aren't educated in post-secondary institutions about Aboriginals and the only education they get is through the media, which is very disempowering. So, part of my counselling is actually going to classes and resolving conflicts and teaching about our perspective on history -- why, you know, why there's the difference between viewpoints and thoughts in the classroom. You know? Like, we're taught above everything else to establish relationships in our beliefs and wealth is about the amount of relationships you have. It's not the acquisition of financial gain. And so things like cheating is really misunderstood by us. So, if somebody is helping somebody out in a classroom situation, sees somebody struggling, that's called cheating at the institution. Automatically they're out. They're not succeeding. They're honouring our values -- our cultural values -- and something that they've grown up with and then they're, like "I didn't do anything wrong. I don't understand this." And they're not succeeding. Also, education -- because we've only been allowed to attend post-secondary education since 1959 without self-alienation of our identity -- it's we need to catch up, right? And people don't understand reservation systems and why are the houses dilapidated, because we can't secure mortgages. Like, they don't understand the restrictions in Canada of basic human rights and there's misunderstanding. Like, why do you look that way? Why do you behave that way? Why do you.. And that's why students, they get into post-secondary institution and they're meant to function in a way that goes against.. it's not just a different culture, it goes against what they've learned all their lives. So, it's a huge culture shock coming.. even though it's within Canada, it's a huge culture shock coming to post-secondary and with the level of understanding. You know? So, if we look at population statistics and we see that we have a large cohort of students that are coming up to colleges and university age, we have a very large young population, we're going to be making the majority of the workforce in the future -- where a huge part of the workforce is Aboriginals -- so, you know, you have to consider that. We have to educate in order to be able to provide services to our community but if you can't access education or can't succeed in education because of the cultural values, then.. you know.. and that's the only issue. It's not about being smart enough to learn a skill. It's about.. school is very different from the real world. School is very different from delivering services to the community. So, it comes back to looking at what are student needs and does the post-secondary institution necessarily meet community needs. Is community supposed to be that competitive when you get out? And it is here. And that's why a lot of our students don't succeed, because of these cultural differences and the punishment for being, you know, good at establishing relationships and maybe bad at being competitive.”
“No. We’re not on Clockwork as Aboriginal counsellors. We have... I don’t know what AETS stands for. AETS is a government regulation that separates Aboriginal statistics from mainstream statistics because of the history and the trust because the historical trauma of the institutional oppression and using some of the things that are normal in our society are viewed as abnormal and then when they use those statistics and report on those statistics, sometimes mainstream reports it in a way that it’s less empowering for Aboriginal people. Whereas we wouldn’t see it that way, right? It’s just our norms. So, for example, like criteria for identifying suicide/suicidal behaviour. I mean, we have 8 times the suicide rate. So, it seems to be a community thing for students to report and say that they’re suicidal but if we had to report it to corporate, then that would really look bad for our student population. It doesn’t mean that they’re going to act on suicide. It means that... it’s common language in our communities, right? And it doesn’t necessarily mean that they’re going to commit suicide. But to have to report that... it looks bad. Because students are going to be less empowered... Like, depending on how they report upon it, students are going to say “Oh, I’m going to go to post-secondary and want to kill myself because the reports say that Aboriginal students in post-secondary... “So, we’re conscious of how reports look to our students to empower them to take next steps to go further. Because there’s so much fear holding our students back. So, that’s one of the reasons... like, the ethical reasons that the AETS outlines for us. And so that’s one of the reasons why we have statistics that are kept from... So that wherever there’s a report written, we have a significant amount of feedback so we can interpret the statistics in a way that empowers our culture instead of... reinforcing the helpless/hopeless stereotype.”

**Question 7:** Do you have an “early alert” system to identify academically-at-risk students in your college? If so, what is it? Do you believe it is effective in connecting needy students with appropriate services?

The vast majority of counsellors indicated that either there is not such a system at their college, or that there are certain programs/schools that do. Only one college in the system indicated that they have an early alert system that is run by the counselling department. A number of colleges have systems that are run by advisors and some that are purely faculty driven, i.e. if a student is “at risk” of failure, faculty are encouraged to make a direct referral to the appropriate student service.

“We don’t amongst the counsellors, but a system was put in place with the student success specialists. We don’t know a lot about it except that some student success specialists were tasked with identifying high risk students by their particular department, and then would work with them. But because student success specialists are each attached to an academic faculty they don’t all do the same thing; it’s not homogenous. So some of them have an early tracking system, some don’t; but we don’t, that wasn’t part of what we were given to do.”

“I worked alongside the student success specialists and she did an early warning tracking system, usually around math marks in our trades programmes and heritage programmes we had there. She would send them emails inviting them to come in to talk to her about their progress, or lack of it once she got some
early marks, and in that process she would also invite them to consult the counsellor if they so wished. So there was an attempt made to hook up some of the services. And I think that model is used, as [my colleague] suggests, in some of our areas, but there isn’t any consistency at all; it’s kind of all over the map. I wish we did have something that was a little more systematic."

“Yeah, so I used to teach in the General Arts & Science Program [overtalking], so we’d have meetings where we would, all the faculty would get together in our area and we would report like student absentees and, you know, the ghost students and that kind of thing, or students that we were concerned about. And then we would forward their name. We would meet collectively as all their teachers and then we would pass those lists on to student success and then the student success would intervene, try to make a contact and say, okay, what’s going on, four out of six of your professors have said that they haven’t seen you, you’re not coming to school anymore, are you okay, is there something we can help you with. So that’s from the faculty side. But I don’t think we have anything like that from the counselling side of things.”

“So, it’s kind of an early retention and it’s done through the computer and this is administered through the coordinators of each program to each of their group of students. So, more or less identifies, for example, if you have any personal concerns, financial problems, academic...

**INTERVIEWER:** So, it’s based on a survey?

Yes.

**INTERVIEWER:** They do a survey. Do you know when they do it?

It should be second week of October.”

“I think that’s being worked on right now to try to get some sort of .. Like, I think they’re accumulating data. I don’t think they have the actual instrument chosen yet. They’re trying to find out what items to look for.”

“There is a lot of work being done in regards to student success, student success. But still, I know that that was one thing that was mentioned. At some point we had groups working on the kinds of services we would need. That was one thing that was identified, is being able to evaluate students early on so that they can have some feedback and that you can do something if you realize that they are... And I wouldn't can't say that that's happening everywhere. But maybe some sectors may have, you know, adapted that a bit more.

**INTERVIEWER:** But you are not involved in that.

And we are not involved, no.. It would be strictly in the academic area that they would have something in place in terms of giving... And they've even developed, like there is a parallel system here and that was a problem. Like they even developed their own questionnaire to-sometimes in certain sectors they would
have a questionnaire that they pass on to students asking them to answer that so that they could, you
know, kind of their own (inaudible) like they invented.

And so, there was a lot of initiatives like that but isolated initiatives and not integrated with services,
unfortunately. And I say that because those were roads that the service had gone through before and we
could have been, you know, involved in that.”

“Well, there was that new initiative announced by Shawn Chorney where, I think it’s primarily faculty
but I guess it would be anyone in the college who has concerns about a student was supposed to refer
them to Student Services?

Email Student Services.

Yeah. Email Student Services and then one of two of our support staff were going to sort of triage and
figure out which area would help them the most, sort of thing.

. . in charge of that?

I thought it was _____ and_____ getting those emails and then sorting through them and saying “Okay,
this is primarily a financial aid issue. Let’s send them there for emergency funding.” Or “This is primarily
a disability or personal issue, let’s send them to counselling.”

“Boy, we’ve had so many people try and do good work and then it just falls by the wayside. Again, it’s not
institutionalised; it’s driven by one person. Yeah, we’ve had some wonderful stuff. School of Business
especially, they did some unbelievable work. What was his name? [a retired faculty]”

“I put “no” with an exclamation mark.”

“It’s a questionnaire that they have to complete for the registration process. It’s about 16 questions long
and is supposed to identify whether they’re financially at risk, socially at risk, academically at risk, career
at risk.

During registration?

Yeah. You didn’t know that?

We don’t see it.

I help with registration and I did not see a 16-page thing come up this year.
Sixteen questions.

I didn’t see it.

They have an option when they register.

It says “Answer survey”. It gives you the option to answer a survey.

Oh, at the end, where we told people not to answer it? [during the strike]

You did?”

“Our department no, but from the academic side I think so.”

“Yes, well most of that work is done with our student success advisors. So prior to students coming to the college, the student success advisor would receive a list by program of students who had received below a cut-off. This is a test now. I think it’s below 70 percent in math or English.

INTERVIEWER: When do they get this?

I can’t say for sure in each division. It might be different. I know at one of our area campuses we generally get it in the summer, and it shows right on there when the student applied, when they completed school, and their date of birth. So in terms of early alert can take into account all of those things as well as take into account whether or not math will be an important component to their program, or whether you should only focus on the English, that type of thing. Then there’s an additional alert system once the students are in the college, once they’re taking their courses we get sheets. It’s a program.

The midterm?

The high – yeah.

The U’s and S’s?

Yeah. The U’s and S’s. When’s that done?

That’s at midterm. The first midterm that each student will get. It’s almost like a little report card, but not with a grade. Just satisfactory or unsatisfactory.

And then again the student success advisors or the program coordinators would contact those students if they have two or more. Or depending on the program, if having one U is enough to put them at risk
academically, then they could contact them to meet with their student success advisor or program coordinator to start talking about progression, and how they’re going to move forward. I think that one’s called – I don’t know. I think we call them both early alert to be honest.”

“We’re in transition to get that. We’ve got a pilot going on now with the two schools. I can’t remember them.......and GAS (General Arts and Science), and it will be rolled out college-wide in September, so the system is to have mandatory attendance, some piece of evaluation within the first four weeks, something else that I can’t remember. All of that data gets collated by the school and students that are not attending or that are failing their one evaluation and the other thing, any combination thereof is at risk and a form letter is created by the school, sent out, I believe, on behalf of the Faculty. That’s what we’ve been asking for, saying, “Oh, you’re going to fail my Intro to Psych class if we don’t make some changes. I’m worried about you. Please come in and see me,” and so that’s our new advising role.

INTERVIEWER: To Faculty.

Yes, well, see the Faculty will be the students’ advisor, so that they have the responsibility, so there will be, so there is a system in place for a small number of students this semester and it will college-wide next semester.”

“The person who was in charge of our [advisement] centre had initiated something a number of years ago where within the first three weeks there could be some sort of assessment done and things were identified. This was sort of passed onto a number of departments, whether they used it or not is up to them.

INTERVIEWER: Are you involved in that as a counselling...

Not anymore, we used to be.”

“I’d say no, like, a college-wide early alert ... we don’t have a college wide. It’s, again, roulette. Every different – Depends what program you’re in.”

“They’re given the questionnaire yeah as part of their orientation when they first arrive.

And there’s a little box at the top, it used to be at the top, that says would you like a counsellor to call you or would you like further contact with whatever and they just check the box, they put their student number on it and then we divvy it up ... it’s divvied up right.
But there’s real problems with the methodology of that. I mean they’re answering questions there inappropriately and checking off all kinds of things and when we get it it’s weeks and weeks after so it’s hardly an early identification.”

“I have a very informal system that I tap into and that’s anyone that deals with any international student because we have a home state program and we also have key people in the registrar’s office that deal with these students and so if anyone knows that a student isn’t showing up for classes or the student’s wearing the same clothes for the last week or whatever I’ll get a phone call and then I can intervene. So it’s very informal, freedom of information goes out the window because that student’s success trumps all else.”

“The Counselling Centre took that over. On the 11th day of school, the day after the final registration was done, we get a report that all teachers have input into the computer, telling us who is not attending. ... we send an email or contact them and we will say, “What is happening? Where are you? Can we help you in something?” that is the message – can we help you. On the 28th day of school we get input again from all teachers and usually we get a response rate of between 80 and 90% of teachers, because there is no have-to here. There is no manager involved here; we run this, students who are below 40%, students who are between 40 and 55 and students who are not attending. Again we contact them, now by email, we used to phone, and we can't do that anymore, it is too much. This is seen as a retention function, heavily involved in retention, and the counselling officer has run this for years.”

“The Student Success mentors do. Yeah. So they're now -- we have -- not a lot of colleges operate on sort of the same Student Success model that we do. I think there's a couple other ones that have hired what -- Student Success mentors, which are academic counsellors. So we have five. And they have a program now where if a student in, let's say, the Policing [sic] Foundation's program is -- hasn't shown up, is failing everything, faculty sends an e-mail with the student's name to their mentor for their program, and the mentor is tasked with e-mailing that student or trying to make contact to bring them in and -- and find out what's going on. So --we're not involved in that piece at all. That's the mentors.”

“And we’re getting closer. Ten years ago or so we had the best retention in the province and we had that because everybody focused on student success. We had an early intervention plan that was less detailed than that. Just every department sort of had their way of doing an early intervention.”

“Well, that is a very interesting question, because they are actually piloting something at the ___ campus where they are doing an early alert system. And it is just been ... it’s a pilot project but – [it’s not going well] But I think the problem is the way it was introduced and rolled out. It didn’t come from top down and it doesn’t seem to have the support. And it’s … you know what, like I thought it sounded great. It’s a software developed in the States. It’s being used extensively there, but there there is a completely different culture and … I mean, in the training session I was in it was just absolutely brutal watching the faculty react to it. Like, they were just having none of it, they were furious, like, “What is going on? Why are being forced to do this?” yada, yada, yada.”
“AIMS – Academic Improvement Monitoring System or Service, which [another college] uses. And it worked very well and it involved both faculty and our department in identifying students at risk. There was a midterm progress report that went to the faculty. They filled it out, sent it back to us. We would meet with the students, who volunteered to participate in the program or might have been referred by faculty and we would sit down with them and talk about their progress and direct them to services, whether it be tutoring, counselling services, study skills, whatever it was they needed. The Advisement Center does that and I actually asked one of the advisors when we were filling out the questionnaire, ‘Do we have an early warning system?’ Because I would have to say it doesn’t feel like we do. I was told that we do. Yeah.”

“Not formally right now, no. We have an informal understanding with all of our faculty that if you have concerns about a student, we can see some people that... and we get a lot of referrals from faculty.”

“They're supposed to receive an at risk letter at a certain point during the course of the semester, but that's something that happens variably from program to program.

And not to us.

And we're not -- we're not hooked into it. We'll only hear it because a student will come to us and say I got this letter, I think I'm failing.”

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**Question 8 - What impact do you think the Ontario College of Registered Psychotherapists and Registered Mental Health Therapists have on your counselling department?**

The Psychotherapy Act was passed in Ontario in 2007. The law defined the “controlled act” of psychotherapy and outlined the broad strokes of the establishment of a regulatory college meant to register all those in the province practicing psychotherapy. A Transition Council ([http://www.collegeofpsychotherapists.on.ca/pages/Home](http://www.collegeofpsychotherapists.on.ca/pages/Home)) was subsequently appointed to develop the details concerning registration/membership and practice standards and guidelines. The website currently indicates that the earliest the Ontario College of Registered Psychotherapists and Registered Mental Health Therapists (OCRPRMHT) will be accepting registrations is 2013. In order to fully understand the implications of the legislation for college counsellors, it is important to understand three key points:

1. **The issue of regulating those practicing psychotherapy in Ontario has a long history dating back to the 1970’s.** The thrust to form the current OCRPRMHT began in the early 2000’s and one lobby organization, the Ontario Coalition of Mental Health Professionals (OCMHP), was formed in 2003 with the Ontario College Counsellors being one of the 23 founding member organizations. Therefore the most current round of discussions, consultations, position papers, requests for letters of support etc. has been
going on for almost a decade but the issue has been percolating in the background for close to 40 years.

2. The majority of members of the OCC (and the majority of counselling managers) are not regulated at present. 71% of counsellors responded that they intend on registering with the OCRPRMHP. 75% of counselling managers indicated that they are not presently regulated, and 40.6% indicated their intention to register.

3. The Transition Council is proposing a “two tier” membership structure; registered psychotherapists and registered mental health therapists. Although the intent is to ensure adequate access to psychotherapy by the citizens of the province by not being overly restrictive as to who can practice the controlled act, this structure has caused significant controversy. For one, the scopes of practice for both levels are virtually identical but the educational preparation required by each level differs significantly. Registered Mental Health Therapists require “successful completion of a minimum, 2-year coherent, structured post secondary program in a field of training related to the scope of practice of psychotherapy.” By contrast, the Registered Psychotherapist level requires “successful completion of a structured, coherent program of education and training in psychotherapy which has as a pre-requisite an undergraduate degree.” The vast majority of college counsellors are trained at a Master’s level. The OCC has long advocated the counsellor role requires Master’s level academic preparation.

1. Unclear/Unsure about the Implications of Regulation

- Many indicated they knew little about the issues and had not kept up with the progress of the Transition Council
- Some confused belonging to an association and being regulated by a college
- A few didn’t realize that they were already able to practice the “controlled act of psychotherapy” by belonging to the College of Social Workers and Social Service Workers
- Many had questions about writing examinations, having to demonstrate proof of clinical supervision when their supervisors were dead and long gone, international qualifications
- Many didn’t understand the difference between porting and grandparenting
- Many older counsellors were skeptical that the college would be enacted before they retired
INTERVIEWER: “What impact will the OCRPRMHT have on your counselling department?”

“I don’t know. Perhaps you can tell us. Do you know? I don’t know.”

INTERVIEWER: “What impact is it going to have on your counselling department?”

Don’t know.

Don’t know.

Don’t know.

And five of the six of us will be retired so yeah… This is probably a better question for the next person that comes in. I have no idea.”

“Oh, I’m a social worker. I have no idea.”

“…their whole agenda keeps shifting and changing…”

“I really don’t know enough about it... I don’t know if being part of the college of social workers would take care of that?”

“To tell you the truth, I haven’t been able to follow it very closely and I don’t know what I need to do to get registered yet. It’s just.. I mean, I’m kind of running. So, the PD piece.. yeah.. I mean, does anybody else know the details?”

“... if you are doing any kind of therapeutic counselling or help or whatever, you have to be part of one of those. So the impact on us will be that have to then look into joining a college in Ontario. Could be that one. Could the one-in my case I might consider the College of Psychologists because I’m already part of college of psychologists in Quebec. But I didn’t have to worry about that before.... The mobility they are working on and it's better than it was. However, it's not automatic. Like if you look at-because we are not talking about the same kinds of bodies that are regulating. There is a body in Quebec that's called the order of Quebec, that doesn't exist in Ontario guidance counsellors. So, you can't join that kind of a group, it doesn't exist. So, if you are looking at a mobility you are looking at from that to another kind of college that's kind of well, not exactly. And so, if you are looking a psychologists in Quebec versus in Ontario, well, in Quebec it's changed but way back, a few years back you didn't need to have a PhD to be part of the College of Psychologists in Quebec. In Ontario, that becomes a psychological associate. So, yes, you can but, you know, there are variations and there are impacts on titles carriers and so... So, it's complicated.”
“...I think most people will probably be registered. I was thinking when it first came out, I was mid-career. Now I’m at the end of the career. [Laughs] It’s taken so long. So I don’t even know if I’ll bother with it. But I don’t think the college system can do much because of our job description. But I think most people in here will do it anyway because they’ll want to do it, and many have part-time, outside practices as well. So I do think most people will do it, and it’ll have some kind of an impact on continuing training, and on that kind of thing.”

2. Differential Staffing

The strongest concern that was expressed by a significant number of counsellors related to the two-tiered structure of membership in the OCRPRMHT. The question many pondered was; if psychotherapy can be practiced by individuals with less formal education, will there be a financial incentive for colleges to hire Registered Mental Health Therapists rather than Master’s level trained counsellors who would qualify for the Registered Psychotherapist membership level?

“He [our manager] has said that he will look forward to hiring people who can be registered psychotherapists. The dilemma, I guess for some of us, is that we will likely have an intake worker - intake facilitator is what they want to call the person - and the intake facilitator will be paid at a support staff level, so that person won’t be a registered psychotherapist; they will likely be a registered mental health therapist. But actually, who knows, because the educational criteria is the same as it stands right now, so who knows.”

“Well when it first started way back when, I’m just speaking for myself, I was afraid that I wouldn’t be allowed to practice. That it was only going to be psychiatrists and psychologists who could do the job, so that was my first big fear. But now, it’s like it seems to be almost the other way.... who’s going to be allowed to do what?”

“It depends. It depends on what they [the Transition Council] go forward with. If they keep things the way they are and they say that a person with a college diploma can register as a mental health therapist, I’m very concerned that they will be hired as counsellors here because it will save the college money.”

“...if you go to those meetings [Transition Council forums and discussion groups] there are no DSW’s there, there are no CYW’s there, because they don’t even consider themselves to be part of this. They’ve never been involved. Why are we trying to pull them in? They were never intended to do that work.”

“...just because even the whole history of it, it is flip-flopping as to what is important and how it is going, and then even then with respect to what the college wants. I am hearing different things from different colleges; that they’re wanting to pursue different levels of training as well, different levels of registration, so I think there are just too many things up in the air.”
“I originally didn’t think it was going to impact as much as I now think it is going to. Yeah, now I don’t see how you could possibly perform our role without deciding that you’re going to register. I suspect that job descriptions here will likely change or become...

Be implemented.

Be implemented, yeah maybe be solidified.

INTERVIEWER: Well, particularly with what you’re talking about with the difference between an advisor and a counsellor.

Yeah, and I also suspect that that’s province-wide. That’s part of the reason why the advisors are being rolled out is because of partly because of this change... We were told here it was rolled out because we want to retain our students. The movement initially was created because we need to have somebody--remember your previous question? I think that’s being seen as a major function, not only meet in community...incoming students or applicants but being more involved in the retention part of things. That’s how it was being presented anyway, that that’s a big part of its [academic advisors] function.”

“Who knows could they say we’re going to wipe out counsellors maybe. Are they going to say okay we’re going to take disability away from your positions we’re going to have disability advisors, I have no idea what they’re thinking.”

“...it’s going to give all the colleges pause to look at it from a professional delivery financial point of view and you can rest assured that my brief tenure here is that they will look at the financial piece first, that’s my understanding ... that’s my thoughts of it. We could very quickly become academic advisors.”

“I was comparing the competencies of the registered mental health therapists to the registered psychotherapists and they're identical. What’s different is the verb, right, and so a psychotherapist must integrate and a registered mental therapist applies, so you apply the theories of counselling psychotherapy versus you integrate the theories of counselling, so I’m trying to think of practically what does that actually mean?”

“Now the union piece comes into it. Could they lay [my colleague] off because she wasn’t registered and couldn’t do one of our functions? The answer from the union would be – she has seniority and you can’t do that...”

“I don’t know what it would mean in terms of new hires. Whether the college system would have to implement some sort of standard that this is an expectation... or even as a member, what level of membership do you have? Trying to discern whether you have a Masters level, or a Bachelors, or a diploma level. I’m not sure exactly what that will add to that, but I think it will definitely have an impact. That’s what I think what you mean. Like it’s almost gone the other way where you hope that there is some
sort of ladder almost to keep that integrity of the counselling department in expectation that the counsellors should have a certain level of training at this institution.”

“If they [college administration] are not pro-counselling and not pro-therapy, let’s say, lets just get child and youth workers or someone who can deal with teenagers... The great thing here... is that there has always been the support for well trained counsellors at this college, and it has been always shown that that has been important, right from when I started, previous directors that has always been important – hiring people at least at a masters-level... we have a director who is pro-counselling and she goes out there and educates people across the college. She also does make the point that we could hire a social service worker type of position to do the workshops, like to do anything that is sort of, – right, because that is just an instructional kind of, right...so if there are cost savings that need to happen that could possibly happen.”

3. Impact on Standards/Quality of Service Delivery

The majority of counsellors saw regulation as improving the quality of services. Although some equated the possible incentive for colleges to hire less qualified service providers with lower standards, the majority saw regulation as timely and having a positive impact on standards.

“That's I think a fear that a number of us have had is that this is actually going to have the opposite effect.... of lowering standards.”

“We are kind of hoping, in terms of impact, that they will be able to transfer, right. And I mean it sounds that the criteria will be so low anyway, right, because compared to the Order of Guidance Counsellors of Quebec where you need an undergraduate degree and a Master’s in counselling to be part of that order. You should be able to transfer. We are kind of crossing our fingers.”

“I think it will increase the quality of services, for one. There would be standardization in terms of practice. And also perhaps it will give a little more clout to the counselling role in terms of the organization. Like, with all due respect, I think counsellors are seen as – sometimes if they don’t know what to do with a student, they’ll just [wing it]. Some people think we don’t do very much, to be quite honest with you. I’ve had that comment of people saying ‘Well... what do you do?’”

“It will give validity to do what we do and it gives credibility to what we do. Are there are some counsellors who will not be psychotherapists – very likely. There are some counsellors who perhaps would stick more to mental health or say not at all, but that would then define your law in terms of what you do. For me this is job security, because if the colleges are going to stay in the current type of counsellors that we have, they are going to be regulated, we will hire, there will be criteria etc. I really like that, I think it is excellent.”

“I think it’s good timing. It’ll... because it’s coming from the provincial government, it’s an expectation and a highlight of the professional aspect of this particular profession. So, I think it’ll be .. it’s good
timing to professionalize us a little bit more and maybe give us a little bit more power to be able to say “Ethically, this is what we need to do” and the institution has to respond because it’s coming from the government. I think that it’s a good thing. I do.”

“... I’m registered and I’m still considered a counsellor, so... I mean, I do think anyone being registered, whether you’re a vet or a doctor or psychologist or mental health therapist, really I think has a positive effect on so many people – not just for the students that you’re serving but also for you as yourself. I mean, if something happens and you have a client that ends up suiciding or, you know, there’s some kind of legal ramifications, you have the college to totally back you up and, you know, ensure that you’re also .. you know, you’re regulated. You’re registered. There is that kind of bar of service. So, it kind of protects yourself; it protects the students when you say ‘Look, I’m not just someone off the street.’ But you know what I mean. It’s like we’re actually, like, legit. So, it really kind of protects everyone. But as far as the day to day operations of here, it may not because everyone’s legit anyway. But I think it’s great. I think it has more credibility and we might have more voice or more say if we want to say, like, ‘Look, these are the directions we want to move in to change this policy or procedure because of this act or this legislation that our college says we have to’ It might give a little bit more voice to ‘Well, actually, we do have to go to this training because we say we need to get a certain amount of credits and I hope you support that because we need to do that, otherwise we’re going to lose our license and blah, blah, blah’ So, I think that’s kind of nice, to have another voice behind us.”

4. Clarification of the role of counsellor

Somewhat related to the first two themes, many counsellors saw regulation as providing an opportunity to clarify the role of counsellor within the college system and to legitimate it.

“...that it just seems like there’s so many people that want to wear the counselling hat, to call themselves counsellors in some form or another. And I think what does that...? It’s a vague term that people can throw around and this goes back a long ways. I mean I remember when I started at the college and I worked with teachers and I had a manager at that time who was a high school graduate and had seven kids. And I remember him calling me in his office and saying, so what is it that you do that's really different than what I would do, this kind of thing. But, you know, he had seven kids and he's...well, an expert...”

“...we are not supposed to be really doing psychotherapy. That’s what [our VP] was telling us.”

“But that’s why my answer to that question number eight was we want to get the answer from our boss when she comes in because there have been times when people have said ... it’s just rumblings no more personal counselling, we just deal with the academic that’s it.”

“I think that people working in old colleges will have to be registered with the college who are touching mental health in any way. I think that generally, our academic training will be in good position. Our counsellors may be lacking in the clinical supervision. And so they will probably – so we don’t yet know how the grandfather is going to go and how much we are going to put on. Also it’s still on hold. But if
there’s any risk of present people working, it’s the clinical hours. However they changed the category from student to qualifying, so our members could enter to qualify while picking up all of the remaining things if that’s needed. So I think we’re not at risk.”

“But, yeah, I think, just from hearing the discussion that’s been going on about it, that it is going to be shifting, first of all, the language that’s used to describe the services. I think... a lot of the people are going to become qualified as psychotherapists or registered mental health therapists, I think there’s going to be this shift from, “We don’t do therapy,” to, “Oh, yeah, we do therapy and we’ve always been doing therapy.” You know, it was like a bad word for a long time. But now I think that the language is going to be shifting due to the fact that what we’ve been doing is now being referred to by the college as therapy.... then I think also it’s ... in conjunction with this whole acknowledgement in the mental health issues becoming a larger issue on campus and then a larger issue in the community, I think it is shifting us towards a greater focus on mental health and on ... yeah, therapy as opposed to guidance counsellors. So ... but I don’t know. I mean, we’ll see.”

“I think it’s going to add to our legitimacy. I think it’s going to change the language. I think it’s going to get rid of some of the concerns that people had and I think it’s going to make it clear that this is a group of professionals.”

5. The Issue of Case-Related Supervision

Many counsellors indicated that the upswing in student mental health issues has served to highlight the issue of case-related supervision. Although the amount of supervision varies across colleges, generally speaking it is an issue most counsellors see as needing attention. About half of counsellors indicated receiving regular supervision. Of those, roughly one third receive case-related, a third receive administrative supervision and a third receive both.

[a very recently hired college counsellor] “I actually highlighted that part [about supervision]. Because we don’t have supervision right now. At all. And it’s been a reoccurring theme since I’ve been here because I had regular supervision [in my previous position]... ‘cause my boss was an MSW/RSW and also RN, so she was wonderful. I would pull her in all the time in my sessions if I didn’t know what to do or whatever. But, here, if I have a crisis in front of me... we have nobody kind of above us to kind of tell us... what we’re going to do with this person. And we have very complex cases, to my surprise.”

“And you will be responsible for being clinically supervised if you enter an area of unknown.”

“I’d been at the college for seven years and I went to my boss at that time and said, it’s probably time to do an evaluation, isn’t it?”

6. Question of sanctions and more emphasis on public safety
A number of counsellors saw regulation having a positive impact on public safety, both in terms of increasing accountability to a legislated body and increasing the expectation for thoughtful, reflective practice. A number of counsellors also highlighted the need for members of the regulatory college to have adequate liability insurance, and who would be responsible for the cost.

“I think the one thing that we know is going to change is insurance, because right now we’re not insured in anyway, except for the general college liability insurance. We have been talking about it for a while; that we should have professional liability and that was never…we were always told, ‘No you don’t need it, you’re insured, you’re okay, and all of a sudden you will need it.’ That will be a change.”

“Well, I just think people have to start to question ‘Is what I’m doing actually appropriate? Is it valid?’ The questions you’d ask yourself. “Can I get into trouble if I do this? If something goes wrong?” I mean, if something goes wrong, I think… in my sense, anyway, just coming from the mental health system to come in here, those questions weren’t asked. I think people who decide to become counsellors – and I don’t think there’s anything wrong with that – but I think some people will be asking that just because it’s their nature but some people wouldn’t. They just kind of dabble in whatever. And I think there’s permissions to do that. Especially because there’s a closed door, there’s confidentiality, there’s all these other things. You know, you really can kind of have free rein to do whatever you want. But then, if you actually have this body that can be punitive and punish you and stop you from practicing, I think it changes – for a lot of people – how they’ll do their work.”

“And so does that make us any better or not better? I don’t know what it does in terms of our own competence. But at least there’s a regulating body out there that says you have to follow these certain standards of practice in order to continue to function, and when you step outside of this, something happens and you – I mean you get that …. so I I think it’s good for the profession.”

“But that’s part of the responsibility as therapists and counsellors, that if you – that you never practice in an area that you’re not trained for. So that’s – you know, when we were saying go, you need to be supervised in some areas that aren’t familiar to us, you stand to be sued or kicked out if you start practicing in areas that – so I’m... So how does it affect us? I think I’m much more aware you know – ethically I was doing it anyway. But now there’s a legal implication for me. I’m going to be really careful not to kind of overstep or – areas of where I’m weak.”

“So I think that what it all -- what may happen is people will start getting more careful about their case records. They’ll be more careful about Freedom of Information, protection of policy issues. They may be a little bit more careful about professional practice.”

“And it will add to the workload because, you know...Your recordkeeping, your intakes, your assessment, more training probably -- as part of the designation...”

7. The exception for cultural counselling
A number of questions were raised about exceptions in the regulations for “cultural counselling”. Exceptions for “aboriginal healers providing traditional healing services to Aboriginal persons or members of an Aboriginal community” are contained in the regulations.

“Well, it will impact me, obviously. I don’t have .. I’m not a registered social worker. I’m a college graduate and I am obtaining my degree presently and all my experience and my work’s always been culturally focused, from a holistic perspective. Like, emotional, spiritual and work. So, it’s going to impact me. I know from some people who I’ve talked to who do the same job I do, there’s some misgivings in terms of what – again, the people I talk to – Western imposition or what I.. you know? So, I think that’s going to be a big issue for me and my colleagues who work in this area also.”

Summary Statements

“That’s right. And I think the college system is going to come to some impasse and decide are we going to do this kind of work that our colleges are doing now? Are college counselling – really dealing with mental health? Or are we just going to say, “No, we don’t have that here on the campus,” and it’s up to the community to do it for legal purposes? In other words, if we do decide to do it on campus, there’s all kinds of legal implications. If we don’t do it, there’ll be other kinds of implications, and I think the college system is going to have to deal with that at some point. I have no idea where it will go.”

“We’ve been threatened over the years that we don’t need counsellors. We could disband you. It has nothing to do with the legislation. I feel that the legislation is an excellent idea I think we need to be legislated. I think the public does deserve to feel safe. I think that there should be some standards around what it is that we do. I think that’s a really, really good idea. I think in lots of ways this legislation is of assistance to us as college counsellors because it explains to some of the hierarchy above us .. it legitimizes what we do and gives a name to it, gives a common language. It’s good, from my point of view. Are there going to be some bumps? Sure. I mean, we well know that even some of the language in the act – the credentials piece – is a bit of a concern, still, but I remain optimistic that common sense will prevail.”

“And, to my surprise, I do a lot of therapy. Which, you know, I have the component of the academic and that kind of balances my day, kind of. Because over there it was therapy, therapy, intense therapy... you know? And here it’s intense but there’s also that component of academic and I would hate to see that we become just mental health therapists... because I love the balance of my day. To be a mental health therapist demands, like...

INTERVIEWER : Draining.

It’s very draining. Very, very draining.”
Question 9 - What do you think your counselling department should look like in ten years?

1. General musings on the future role of a college counsellor

A number of counsellors generally addressed the question by pondering the current role of the counsellor and the challenge of defining what the role should be within the college system.

“So we have student success specialists, we have academic coaches, academic advisors, counselling. I think it will be up to counselling services for the next ten years to really define themselves and what their role and responsibility is. And I think that will help determine where counselling services will be in ten years.”

“So, I think now, just being part of this, for us and with what’s happened, I think it’s actually opened up kind of things... they’ve dissected what counselling actually does. Even with the student support advisors doing what they’re doing, you kind of have to start asking questions. Like, what do they do differently? What does a counsellor do? What does a counsellor not do? What shouldn’t.. Those questions weren’t asked, you know? So, now they’re being asked. It may be kind of the cart before the horse in some ways but I think the outcome may be very much the same.”

“If we’re going to continue to have our mental health population grow, having a psychiatric nurse might not be a bad idea. But then I would struggle with that because the more psychiatric service you offer, the more this hospital can say, “Go back to the college because they’ve got the full meal deal.” And as far as I understand, we’re not running a mental health clinic, an outpatient mental health clinic. We’re running a school trying to support students in their academics...”

“...I think that would be great and I think it would be great to have us doing a ton of, like, outreach and wellness promotion, and things like safeTALK and all of that stuff, and also just being part of the college community and part of, like, a much different way of supporting the students. Like, there’s a lot of talk about that now, this community of care, blah, blah, blah, but I mean I ... I would love to see what that actually looks like, and the people working together, but also not just bouncing student around, right, and not causing unnecessary appointments for people...”

“And I think – I’m hoping that we’re on that track because I think originally when I started, really the feeling was these are our students and we have to take care of them. And you come in and you’re a counsellor and the perception from the counsellors, we all felt it. We’re not sure what it was out there because I don’t know if we had time to ask, but if you were in your office and you weren’t with a student, you weren’t working. You weren’t doing anything. You could be doing your notes. You could be on the phone doing follow up. You know, you could be writing referrals. You’re doing whatever you’re doing, but if there wasn’t a student and you weren’t counselling, what were you doing? So that concept that the rest of the work takes time too or that there is more work than just sitting counselling has taken a long
time to evolve through that yeah, counselling is not just that direct client contact, that there’s an incredible amount of follow up that goes along with it if you’re going to do all the things that you need to do to support the student. And so that is changing. There was a period of time where I felt like you came in, you hooked on the plough, and you pulled it until 4:30 and you saw students, and all the other stuff you tried to fit in if you could. Now I think there’s a change. We’ve evolved to a place where at least there’s an understanding that just because you don’t have a student in your office, it doesn’t mean you’re not working, or that that isn’t – that that work isn’t – that work is as valuable as the direct client contact because it’s the follow up from the direct client contact. That has changed I think. And I would like to continue to see that change because that then feels like you’re more professional as opposed to just someone who comes in here and pulls that plough. So I think the attitude and understanding of what counsellors do, I would like to continue to see that grow and be understood by the rest of the college.”

2. The continuing demand to support students with mental health problems.

There was close to unanimous belief that the mental health needs of students will continue well into the future. Given this, many comments centered on what many saw as two gaps in the college system at present; the availability of psychological/psychiatric consultation and clinical supervision.

“If we are moving in the direction of being mental health centres, we need to have more access to a psychologist or psychiatrist for consultation, clinical supervision or case management.”

“And to have several psychiatrists here. And to have one that specializes in eating disorders, one that specializes maybe in psychoses. And to offer a wider variety of – if you want to call the term treatment options. Like maybe we could have one or two counsellors who are doing neuro feedback and have all the neuro feedback equipment here, and to be able to offer that. And then for sure, for sure, for sure, have somebody right here on campus who knows about meds and who can help monitor meds for students.”

“...so we have a psychologist who comes in but, like, maybe like a full-time psychologist on staff, like a full-time psychiatrist on staff, and having an intake co-ordinator as well too, to kind of go through that intake process beforehand.”

“But one thing that that model, from what I’ve looked at, places a great deal of importance on is supervision and we have peer supervision, but that’s peer supervision and that’s excellent and that’s good, but it’s not supervision in terms of what the college of psychotherapy would mean by supervision. At this point. So, again, in ten years I’m thinking there will be. I worked in family service agencies and both settings I had regular meetings with my clinical supervisor. Usually weekly, sometimes biweekly but that was the exception. It was at least an hour a week. So, you know, that was just part of what happened. And there’s no mechanism for that at the college and you can’t have.. You have to have someone who can do that. We can’t be doing that. We can’t be supervising ourselves. Peer supervision is valuable and I don’t minimize that. So, when you ask, in ten years, probably some kind of supervision.”

3. The need for policy/procedure development
Many counsellors spoke to an anticipation that the college environment and the needs of students would continue to be complex and involve more players. A need for policy/procedure development was seen as an important focus in the development of counselling services in ten years. Specific foci included crisis intervention policy, confidentiality policy between counselling and the health centres and more standardized accommodation practices across colleges.

“you would have clear policies and procedures…”

[counsellor comparing the policies/procedures in the hospital environment from where she came compared to the college environment] “…but when it comes to the disability end of things and the academic, I would rather be able to refer to a policy and know when this person presents with this, these are the things you do. Or maybe it’s my level of comfort with all that. But I think we should all be doing the same thing. We should all – you know, I think it does a disservice to the student if they end up with someone like me in my first week and I don’t know and maybe I’ve missed out on providing some kind of service that I could have.”

“…in 10 years, I’d like to see more consistency between colleges, right? And between... like, understanding of our services inconsistencies. EPs and documentation from school brought in does not qualify many times for a disability documentation. Exceptionality is not a disability. So, that’s throughout the system. Was brought up at the CCDI meeting that that’s the most important issue for counsellors. They were accommodating kids who should never be accommodated because they never had documentation and now they come to college entitled, with parents, to get the accommodation. So, stuff like that I would like to see in 10 years. Unified throughout the system and focus on children right from the... like, the goal as opposed to pushing through the system.”

4. Future modalities of service delivery/characteristics of students/student access to services

Some counsellors speculated on modalities of service delivery which should be a focus in ten years which included an increase in group work, virtual support groups, classroom presentations and an emphasis on psycho-educational approaches. Also included in this theme were student characteristics/needs that counsellors speculated would be increasing in the future. These included needs specific to the growing population of international students (i.e., settlement issues, reducing the stigma of seeking counselling, outreach programs in college residences), an increase in the number of Mild Intellectually Disabled (MID) students and students diagnosed with Aspergers. Many counsellors speculated an increased need for “addiction counselling”. The settlement issues experienced by First Nation’s families moving to urban centres was seen by one counsellor as a core issue given the growing participation of First Nation’s students in postsecondary education. A number of counsellors anticipated that counselling departments would have to be open longer and more flexible hours. At one college, it was suggested that college students should not wait any longer than a week to get an appointment with a counsellor and that counselling be deemed an essential service. A few counsellors indicated the need for more “diversity” amongst the counselling ranks.
“More group stuff because the way it keeps going and I just don’t see the government or the financial people throwing all this tons of money to add on counsellors, I just don’t see that happening.”

“I think everyone will have 3 screens on their desk and one will be a link to the regional campuses and we’ll be doing that seamlessly. We’ll be travelling less.”

“We have had conversations about online counselling, offering more online services, but we have kind of put that on hold, but possibly in 10 years we might get on the bandwagon for that. it has been such a long process just even talking about it, so I don’t know…”

“Technology... I see all of its potential. It could be support. It could be reaching out. It could be being more out there, that's where the students are, that's where you reach out to them. I find we have to move. We have no choice. Even if, ideally, we prefer to sit and talk to somebody, you know, about something that's going on their lives, I think we have to be open and realize that there are so many ways to reach out to students and their needs. And so, I would see it even further up. That's my... I'm techno one here. I offer workshops online. We've offered, actually, [my colleague] and I, recently, a workshop for parents of future students, which was live on, you know, one evening and they could just connect onto the Internet... [we used] Livestream. So, and it was an interesting experience. I think we need, I mean, that was just kind of like a learning process but I think that that's important.”

“So I’d like to see a group room, with nice comfy things, and running groups there and you know – I also definitely – and this is going to happen. If it happens over my dead body, so be it. We’re going to have a peer – we’re not going to say counselling, but we’re going to have a peer support program. It’s going to be initiated out of counselling services if it kills me and if it kills all of you too. It’s going to happen. So that’s always been – it’s been my thing for years now.”

“I agree with your thought on where we should be ten years from now. We had a really interesting chat last week with [colleague], the three of us, and we were chatting about... I mean, we struggle with trying to provide workshops on campus. The numbers are always low and how do you reach students. But then when we go into the classroom and so sessions, that’s a whole different story. You know, we’ve got a group there that’s really interested and it’s really good work.

And just chatting about that, we all agree that we’d like to get more involved in being proactive and team spirit and just, you know, the whole wellness theme, but getting the students to interact. There are students we’re seeing this year that are introverted, they’re shy, they don’t know how to connect. I mean, that’s sort of the drawback, the downfall of growing so much, but now all of a sudden we have students that, you know, you have larger classrooms sizes and it’s not so easy anymore to connect.

I mean, it’s a big campus now and yes there are places to meet, but that may make it even harder because it’s so big. You know, how do you sit and how do you talk to somebody so we were chatting around that. We’d love to be more involved in sort of creating--Jennifer called it the team spirit, the college spirit sort of, and I think through peer mentoring, through, I don’t know, going into the classroom more so.
I mean, [colleague] and I did a session with Social Service Workers students and it’s an amazing session.

What was it called?

It’s stress, but it’s initiating students prior to going out on placement. How are you going to cope with, when you’re faced with this situation, when you’re faced with that? How do you stay stress free, how do you handle, you know, what you’re going to come...what you’re going to have to deal with when you’re on placement.

Interviewer: Like in a month.

Yes, exactly. It’s preventative. And their coordinator has said an absolute must, they can’t not attend. They have to attend to go out on placement. I mean, and it’s a great opportunity for us to chat with students and to...it’s really good and I don’t know. I see it going that way perhaps.”

“I think there’s going to be a push towards psycho educational resources - so there’s a lot of students that still don’t come into counselling services. I don’t think there’s going to be avatars myself that replaces a counsellor, but probably the website for counselling services is going to have more psycho-educational resources to it, so that students at least have access to that information because a lot of them don’t.”

“So if my fears come to pass what the counselling department will look like will be much like the big thrust that this college is taking, which is do less with people, do more with avatars and on-lines and hybrids. So my fear could be we don’t exist, we’ve got a mental health problem - we don’t do mental health; we do education, go out and get fixed in the community. That would be my fear. Or there’s some kind of avatar version of me which is click on this button if you’re depressed, here’s some psycho educational stuff for you to read while you then find somebody out in the so-called community. Some hybrid version of myself - so lots of information, click, click, click, avatar, make it lovely, make her cute.”

“I don’t think anybody anticipated the mental health crisis. I always ask people ‘Where did sexual abuse and incest go?’ Like, it seemed like that was big at one time. I talked to people in the system that... So, where did that go? I mean, I don’t think we can anticipate ten years from now. And I think, for me as we talk in terms of living some principles, then I think we’ll still do a good job, whatever the issues of the day are. I’d like to see us do more psycho-education over all. I think that if we can change the trajectory of people’s lives by empowering them through information so that they can have the knowledge and the skills. I think that would help. But I think if we take a holistic, empowering, responsive approach, we can’t lose.”

“We have a huge international population... and huge issues... people with learning disabilities, are hospitalized in mental institutions in China...”

5. The generalist/specialist continuum
Many of the discussions ultimately focused either a more “specialist” or a more “generalist” approach. Those advocating a more specialist model of delivery would typically discuss the need for more psychological/psychiatric consultative resources and the need for more clinical supervision. However, there appeared across the board to be a generally resistance/reluctance to what many saw as a trend towards specializing in personal counselling to the exclusion of academic and career although many saw this as inevitable. Those advocating a more generalist approach were also more likely to stress preventive oriented outreach programming.

“If you look at the medical model, do you want us to be surgeons or do you want us to be GPs? I’m hoping you want us to be GPs because I think that fits the community college model way better than surgeons. You've got -- if you just want -- like, if you start to carve it up, okay, surgeons and then -- you know, and so we’re just all specialists, where is that common ground? Where is that piece that brings it all together? I mean, yeah, you want us to be GPs. That’s what I think...

The diversity of the student population requires it.”

“I don’t ever think that career and educational should be taken out”

“I don’t think their getting career counselling. I think they’re getting career advising.”

“In 10 years I would like to think that -- I think that becoming registered, I think, may help clarify roles, but I hope it doesn't push it over to just being therapists. And so I would like to think that in 10 years community is still in the college system, if you follow what I mean, and it means, like, we're part of the community. I don't want to be ivory tower over here and that really worries me. Like the university model, where they actually may be off site, right? Because you don't want the stigma of going to counselling. And my argument is really work at breaking down any stigma you have on campus, right -- and you should be walking through the cafeteria. They should know you. You know, the profs should know you, the coordinators, the deans. Like, you've got to be part of that community...”

“This comes back around to that jobbing things... so, there are some.. you know, if addictions are an issue and there’s somebody that will come from the community and come and do outreach .. We’re sort of doing that already. Tailorism thing... we’re sort of breaking off pieces and giving them to other community resources....

I think the disadvantage of that is that one of the reasons that I think we can be really effective at helping students is that we know the registrar, we know people within the organization and we can lobby for, advocate for students. You can’t get that if you job it out. I mean, it’s almost going backyards in terms of, you know, here’s the piece we will deal with, as opposed to providing a holistic service. I think that’s the risk. Because I like to see myself as having my fingers in every nook and cranny of the place. I like that. I like having connections with faculty, connections with the registrar, connections with the student union, because I never know what I could use to lever to help a student to stay in school.”
“We are meeting with you this morning, this afternoon we have drop-ins, very, very different. I don’t see our future as becoming psychotherapists within the college system. For me that is way too limited. Our vision here is – for many years – are nooks and crannies. We are nooks and crannies people. We are involved in God knows what and where, and generally our answer to anything new that comes down the pipe is yes. That has been our philosophy for years. It is something coming down; sure we will look at it. Food bank – sure no problem. Mental Health Day for next year – will we do that? Sure we will do that. You have seen the poster on the wall. That is us… it is a different, it is a philosophy and you’re picking up on it. It is our attitude. We do… we are generalists. We were made generalists.”

6. The differences between blended and unblended counsellor role

Somewhat related to the previous section, some discussion centred on whether the future needs of students would be better meet by blended or unblended counsellor roles.

“I would say this is a two year learning curve I think, to take on this job when you’re doing both the disability and the counselling. The disability piece is just huge with the blended model, right. So you’re flipping over from someone that’s in a mental health crisis or someone with a mental health issue. You’re supporting them. And then you’ve got somebody with a disability who needs an ed plan and you need to consult with the faculty. And you’ve got this piece of paperwork and this piece of paper and it takes an hour and a half to explain everything to this person, but you only have 50 minutes.

And it just gets – it’s quite a big – that disability piece is huge, and so when you’re doing both of those and flipping back between – back and forth between those two… And then you’re kind of doing, “Okay, I remember something because six months ago, someone said something about this and I haven’t come across this issue because I don’t do it enough to remember what the heck it was we said we’d do.” So then you run down to see if you can find someone who can remember. And if you can’t, then you’re trying to figure out what you think you should do from, you know –
Yeah that’s what I mean. Like there’s nothing that tells me: if they have this, then they’re entitled to or can have access to this. And I just feel badly that maybe I’ve forgotten something or I didn’t direct them where they could have gotten more support of one kind or another, or had the right to certain things.

And there’s a real sense that – and I’ve seen it because I think it was like that when I started and for a good long – we were, as the bottom of that barrel of everybody sends everybody to counselling because we know – there is a sense – I would often sometimes sit in my office in frustration. “Am I supposed to know everybody’s job?” Like am I supposed to know what the role of the coordinator is and know what they’re doing, know what the financial aid people are doing and the registrar’s office is supposed to be doing, plus know what the disability counsellor’s supposed to be doing, plus all the folks in – but there’s that sense that we sit in this position where we’re supposed to know everything. Whereas, you know, your college hasn’t separated, so an ed plan – a lot of conversations about ed plans. Why aren’t we doing ed plans? It’s a huge responsibility. It’s incredibly cumbersome and programs change their courses and their – the way – what they’re offering on a regular basis, but it isn’t written down anywhere. And so to have a process would be very difficult because it -

INTERVIEWER: So in 10 years, what do you see – what would you see as being a good thing? Because you said –

Well I’d like to see the – I think I’d like to see the disability work and the personal work separated, as long as that doesn’t mean you know, people lose jobs and things like that. I don’t know what happens when you separate a department, if you just, you know – do you need the same number of people to do the same number of jobs? I think you probably should but I wouldn’t want to see that happen. But I wouldn’t mind seeing that separated out a bit more.”

“[in ten years I would like to see] an integrated model, taking a holistic approach to managing students’ needs…and maybe with more delineation of roles, where it comes to providing in-depth therapy, for cases that are more deep rooted… more opportunities or diagnostic assessments. So to beef up a little bit of the ‘therapy part’. I’m not calling it counselling because we believe very strongly we’re all counselling and we’re all personal counsellors… and I suspect we may see the academic component of the college… move more towards a universal design model…. If it ever gets to the point where we’re looking at universal design for curriculum, then hopefully we’re looking at sort of universal response for the students who are struggling… so maybe there will be some movement away from the labelling.”

“You know, they will get their academic accommodations put in place, but all the psychological needs and the adaptive piece, all of that, you know, comes to us. So a … what, [50 to] sixty per cent of our work could be statistically attributed to our accessibility.

But we’re not considered an accommodation and so where … you know, when [a colleague] was describing students with the bursary and being referred out for private and they’ll –

That’s an accommodation.
That’s an accommodation, but that’s … they’re using the bursary up to $2,000.00 to pay for that, but none of … no bursary money comes our way to augment or offset the demands that are placed on our services for this small population, when we are to be counselling services for 12000 students but 50 per cent of it falls to, you know, what, 10 per cent of that group, you know.

So I think that’s our sort of internal battle, but I see that … and then I know that currently our manager believes that every counsellor replaced should have a clinical background.”

“…that we use our counselling skills to explore the whole person in order to provide them with an integrated solution to the issues they bring, we don’t hand them off if we can’t … or we make sure there is a receiving end, as [my colleague] said, the warm hand off. Our capacity to understand all of the threads that get woven into the experience of the clients that we see enables us to kind of clear away and make a more direct path.”

7. Closer physical proximity/Closer ties with the health centre/closer ties with other internal services

It was very common for discussion to focus on better collaboration amongst departments within colleges, and most often speculated on closer working relationships with the health centre/medical services.

“I think I would like to see it more integrated, like what [my colleague] was referring to with the First Nations centre. That I know there’s been talk about us actually having an area near the medical centre where services are all closer together and can be more easily accessed, so then maybe there will be more of that sense of connection and cohesion between the different services, and medical services.”

“… this part of the college being like a streetscape, like a village, with counselling and accessibility services and a testing centre and thinking almost like … almost of a wellness park as it were, perhaps co-located with health services and that kind of thing, that would be one of the visions we’ve talked about. There may be drawbacks to it but I think that, sort of, much more integrated ebb and flow of services, that a student comes in and accesses and has ready access to the services they need rather than still everybody writing up referrals, and sending them off, and having to book them different times and does it fit with your schedule and that kind of thing, a much more integrated approach to student support.”

“So my thoughts are moving, in some way, to more of a health model and what would that look like. It’s actually … it would be a student health model and I think stuff more … I think providing more support for students around anxiety, depression, a lot of the stress, mental health. So, you know, would that be having a space that actually reflects that, including a workshop room or, you know, some mindfulness room, you know, where people can come and we can do more … more around relaxation sessions, managing stress and anxiety, some sort of, you know, place students can come to. Right now, our layout is just not conducive to privacy or confidentiality. And also some … some separation. Right now, we have
student employment program, counselling, disability services ... I don’t know if anything else comes in. So we have students who are coming in to hand in their time sheets, apply for a position, next to the students who are saying, you know, “I’m feeling like I might want to kill myself.” You know, it’s not a great ... a safe area for people to ... for students to come into. So creating more of safe and confidential area, you know, some facilities, rooms, workshop rooms, where there could be those mindfulness workshops, places people could come and actually unwind ... like, a safe place in the college.”

“Along with that, also, more interaction with disability services. Like, we have no joint meetings, no joint discussions and we’re facing the ... and working with a lot of the same students.”

“Do you like the idea of being with health, with medical?

Not totally.

To an extent, in terms of the fear that I would have, which would be we adopt a medical model and that would be the biggest fear. My vision of 10 years is that there’s going to be a psychiatrist so that we can do easier referrals and then with students who are presenting with – in high distress who really need a psychiatrist immediately. And of course, that’s my dream. But in terms of if we’re going to remodel and having medical model, I wouldn’t like that. So it all depends if we have a say – we help in that I guess structuring. So yes and no.”

“I use [our health nurse] for a lot for psycho-education around coping and relaxation skills --Because, I mean, that can take up an entire session when really we need to be having a discussion about things outside of teaching relaxation skills and discussing yoga and meditation and all those things. And so if -- if -- almost every student that we’re working on a depression management plan, I ask them to come see [our nurse] to work on some tangible coping skills -- to augment that plan, one to two sessions.”

“You know what I think is going to happen – when you say where will counselling be in 10 years – in terms of .. and this is just an observation – is that they’ll take the personal issues, they’ll have one or two counsellors and maybe align them with the health center and that’s what .. you know, and then the career and the academic will get slivered off into something else

So, more medicalized? Using a more medical model?

See, I think that it’s going the other way. As a naturopath ..

Because of the kinds of students. It isn’t solely the personal issue. The personal issue compounds, you know, the need for the academic strategy or the career planning and all of that. Rather than being able to provide a holistic approach to the needs of the students, it’ll get slivered off.
I totally disagree with that. Because I think the way society is going is they’re realizing that the medical model – the biomedical reductionist model – is not working. And I think that it’s going to go the opposite direction.”

8. Collaboration with community agencies

At most colleges, discussion about the future of counselling involved our relationship with community resources. A closer, more collaborative relationship was pretty well the unanimous thrust of these discussions. Most described this as a critical need given what most to believe to be the continuing demand for mental health services for students within the college system.

“And I think you have to kind of make an assumption, like is the need going to be the same in 10 years? So if we make the assumption that we’re going to keep on the same curve that we are now, or was it just because of 9-11 and everything after 9-11 got really more intense, and who knows. But let’s make the assumption that it’s not going to get any less intense. Then I think we have to have much better connections with the community. That we’ve got to really streamline. It’s because right now it’s hit and miss, and if we almost have to reinvent the wheel almost with every student that we see. So to really have very clear pathways to specific services in the community, and for us to be able to serve, they have to have more services than they have right now. They have to be more accessible to the hospitals, to the urgent counselling, to the trauma, to whatever. And also probably we’re going to have more students who now have a diagnosed mental health disorder. And so there’s probably going to have to be more increased funding and more increased resources so that those students can have that as an accommodation beyond us. Beyond us. Yeah.”

“I would like to see much better interaction with our community service and partners, so students can flow back and forth better.”

“I think I like a community model better. That and this is something I just thought of that on our campus we really haven’t been working well with the doctor recruitment team and a few years ago we had a couple of physicians that we were able to get as support people for our students in a partnership with the mental health centre and then it broke down because you know one of them went off on maternity leave and no one else wanted to take it on and those kinds of things but I mean … I think if we put our heads together and looked at our communities and the value that students bring the dollars they bring to a community and the reason to support those people while they’re there we could play a really big role in influencing physician and psychiatrist recruitment because we know all the stats, we know that there’s that need for services. I have difficulty and I can’t really articulate it was becoming a really internal model where we stack it with all these medical resources. So I’m kind of … I’m not disagreeing but rather struggling with … like I think they need the access to it but I just don’t think we want to have it all in house.”
“Yeah and the one on campus it is such a weird kind of paradox because the one on campus almost day one we had these rules and we had these things we had to do and you know it became very not as user friendly so that’s why we’re still using the off campus ...

Yes because my international students ... not mine ... can’t go to the onsite clinic but I can refer them to the nurse practitioner out there.

And I can call that office and in ten minutes have somebody seen. Over here fill it out in tri replicate.”

9. Mental health money should flow amongst institutions providing service

Related to the previous theme, a number of counsellors speculated on the blurred boundaries between agencies and college counselling departments providing mental health counselling and the compelling argument that the Ministry of Health should fund mental health services regardless of where they are provided.

“Actually, mental health services that’ll be provided... like, that money – at least a portion of it – should be funded into post-secondary institutions and then services should be delivered at a place like this; places like, in Sudbury, Lorentian and Boreal. So that anything that’s not a specialized service... ‘cause, I mean, there’s not a big pot to dilute, but I think that there should be those services provided here. So, there should be provided services for people with emotional and mental disorders at a college. Whether that’s through a college counselling center – which is probably ideal, because it’s set up that way – I think it should be done. And I think it would be timely enough if that was offered to students, rather than having to wait and kind of go away. I think crisis should be offered through here, rather than kind of this disconnected service where we have to, at this point, send somebody over and they have to wait forever. There should be crisis workers here who have... they’re part of the mental health system.”

“...the notion of connecting with community resources, especially when it comes to counselling and providing a continuum of service. If we have a student who’s fairly seriously mentally ill and we can’t access that service in the community to keep them here and we provide what I call parallel counselling – you know, that whole notion of ‘Okay, you have a therapist. You have someone who’s working with you. We can meet with you occasionally to talk about how you’re doing in school and be connected with what’s happening with you in that sort of.. ’ Almost like there’s a primary therapist and we’re providing that parallel education-focused stuff.”

“I would love to see and we work on this, but having partnerships with the community with the health services in the community and developing partnerships so that we’re not the first point of referral for our students. Because I feel that we have a responsibility to link our students to the community because they're only here for a snapshot of their life, and some of them come in for less than a year. And to get them really great care while they're here and then just say, okay, well, you're not a student anymore, bye-bye, doesn't make any kind of sense to me. And so I'd like to see that we would provide academic support, but we would have really strong partnerships with health services, community services within our
community that we would be working together, both within the college and in the community so that the student could, a. transition nicely. So come into us nicely from high school or whatever other opportunities, second career, whatever, come in nicely, be serviced with support from the community. And then when they listen -- they leave us, they would transition. So it wouldn't be the kind of bumpy ride it is right now, where students go from one system to another, they're constantly trying to enter this new system and regroup and wait and things get lost or things get delayed and there's all these twists and turns instead of it just being everybody sort of having a progression of stuff. So progression between -- for our younger people, between the high school, you know, to the secondary, to after. Like, having -- that's my little dream world.

Yeah, and I'd add to what I said before and you made me think when you were talking about health services. There really has to be some blended funding. There has to be a sense of co-ownership between the ministries. Because as long as they treat us like silos, then you're going to have those bumps. I mean, that's part of it. That's kind of an institutional bump that we're separate, our funding is separate. And they have to blend this funding because you're talking about human beings moving through the community and accessing care through different doors. And, I mean, this whole thing about there should only be one door. Well, there'll only be one door or each door leads everywhere, it has -- people in a ministerial level, in the future what it should look like is that there's shared funding so that there's shared ownership. In the long run it would save money, but the more important part is that it would be so much more effective for the people that we work with in terms of the quality. For them to be able to achieve academically while they're here, improve that, but also the quality of life in terms of both while they're a student and after they go. Meaning have an ability to change, improve that.”

“...access to partnerships with appropriate professionals and community agencies would be a start. And funding that comes for anybody should be -- anybody tagged with mental health issues, they should have an associated per diem with the mental -- you know, the Ministry of Health.”

10. A focus on prevention

The most common theme of this section was the need to emphasize prevention. For some, it was a lament about they way their jobs used to be and a reaction that some counsellors are having to their counselling departments becoming “crisis centres”. For others, it was motivated by questioning whether meeting the needs of students one-on-one is even possible. For some, it is a reflection of recent literature in the field emphasizing that post secondary institutions have to adopt a multi-pronged approach to create environments that promote mental health, rather than focusing only on the amelioration of mental illness and mental health issues through psychotherapy.

“One is that we might not necessarily need more counsellors but the work that we do would be less crisis driven because things would have happened prior to students getting here, which we could be involved in in some kinds of community outreach, more ... again, a more integrated approach so that there’s a connect between what we do and what ... and who is coming to be here. So, again, getting rid
of that whole silo handoff thing, to be connected... I would like to see that there would be more opportunity for us to work with preadmission people.”

“...Maybe it’s the differentiated staffing model. I’m just thinking in terms of...yes, when [my colleague] was talking about the work that she does, as an Aboriginal counsellor, I was thinking, geez, that’s what counsellors should be doing; maybe not so much the political advocacy, but the outreach and community connections should be as important a part as one-on-one counselling. The ideal for me would be to shrink our caseloads and expand our diversity of tasks and connections...”

“I would like to think that it would be more accessible. Almost more open in that traditionally there’s been this stigma around mental health and oftentimes people were hesitant to even access services because of the stigma associated with it. I’d like to think that we’re moving in the direction that it’s more talked about, it’s more accepted, it’s more out there and people are accessing the services early and more often, that becomes more preventionist rather than interventionist.

I don’t know if that’s...I guess I was thinking along the same lines, being more involved with, yeah, with prevention as opposed to just dealing with mental illness. Promoting good mental health...”

“I think what I would like to see is that we would be a proactive. We've been doing more outreach; I think that that's a positive thing. I think that I would like to see a counselling service that uses a diversity of ways to reach out to the students so that we're not just responding to the crisis but that we're able to create...”

“I like your point about you used to do a lot of prevention. You had less complex cases, less mental health. Now we’re going backwards, really. Because now we’re doing less prevention, more mental health complex cases. So... you know? The best practice is to do more prevention, less reaction and action.

Yeah. Even to do, like, access.. Last year we had a conference against violence. Just to organize that, you need some staff and students. It’s very demanding for them, and for us.

So, we’re stretched to our limit. No time for prevention and I think it’s an important component. Very, very important. Let’s prevent rather than react...”
Question 10 - How is the work of career counsellors, academic advisors, etc. if present here, coordinated with that of counsellors?

After the questionnaires were completed, it was noted that the questions about collaboration with advisory roles resulted in ambiguous results at many colleges. In order to seek clarification, this question was added for the focus groups at 19 colleges.

1. Advisory Titles within the College System

What follows is a list of the 28 advisory roles that were mentioned during the focus groups. We also learned that the “advisement role” is often played by faculty/coordinators along with support and administrative staff as well as students.

- Aboriginal advisor
- Academic coach
- Academic advisor
- Access advisor
- Accessibility advisor
- Career advisor
- Career planning and academic advisor
- Career consultant
- Career service consultant
- Disability service advisor
- Disability consultant
- First year experience advisor
- International student advisor
- International academic advisor
- Learning coach
- Learning skills advisor
- Mental health worker
- Peer advisor
- Preadmission advisor
- Student advisor
- Student employment officer
- Student life advisor
- Student success advisor
- Student success facilitator
- Student success mentor
- Student success specialist
- Student support advisor
- Success coach

2. Advisory roles: Pathways in

“...they’re called Academic Referral Centre, ARC, and they’re primarily with people who are prospective students, and particularly without a post secondary... or without a high school background. And at one point ARC... was the portal for not only those students needing upgrading, but students needing to know their way around the college, which was a portal that we were, and was the portal for the immigrants. That portal now has moved to second career - we have a second career office, and so people have been trying to get the portals all coordinated...”

INTERVIEWER: So as you’ve talked about it you have a lot of... different sorts of helpers around the system. It sounds like they’re fairly distant from you?
Fairly distant, yes; loosely connected is how I put it.

3. Clarity of the advisory role

“It starts to get a little confusing because academic advisors are often connected to the programs... Health Studies has academic advisors and they would go to them for timetable issues and, you know, that sort of thing, how -- what courses should I take this semester. That's academic advising. We have general advisors as well, though.

Student advisors.

Student advisors, and they're to deal with the prospective students. So, let's say, somebody from the community walks in or phones and says I don't know what course I should take here.

They're -- they used to come to us. Believe it or not, we used to do that, too. So but that got carved off to the student advisors. And that's actually --

But, you know, they think that -- or at least they used to think that the prospective was only one small part, that they were still dealing with the newer students.

Yeah, there's some tension -- you're right, there's some tension there with the -- they -- their department sort of now feels -- every time you hire a group, a new group, they start to carve out territory, right?”

“The academic advisors, their role is real clear. It's cut and dry, right, what courses should I take and...

INTERVIEWER: Course I drop, that sort of thing.

Yeah.

First they drop. And then when they -- they detect a little bit of an issue, they send them to counselling.”

We have SSAs. Yeah.

INTERVIEWER: And you've had them for about five years... but how do you think they've impacted your job? In a positive way? A negative way?

Positive.
Positive. Yeah.

And again, not having been here when they were implemented and coming back, it makes a huge difference for me to be able to refer to them and vice versa because there are things they know about their specific programs that I don’t.

INTERVIEWER: Because in terms of that program minutiae, they can...

Yeah. Exactly.

INTERVIEWER: ...they can coach them on.

Exactly.

And we were very skeptical at first. You weren’t here for the argument.

We were very skeptical at first. Are they going to take over our jobs? Are they going to do this? It’s worked out, I think, really well.

And I’m certain the divisions would have the same response. You know, the program coordinators, the faculty members that having those academic advisors really opens a lot of doors for students, and they can receive those supports, and that they have people that know about progression. They know, they’ve seen students in similar circumstances and they can advise specifically on those academics, and then make those referrals to us when it goes beyond. Hopefully that’s that model. But I’m sure it makes it a lot easier for the academic side as well.”

“... sometimes they need a learning strategist more than they actually need a counsellor you know depending on the...

I think that there’s some issues I’ll go very clear on this on the academic advising piece depending on your dean and your coordinators because I think there is some tension and power struggle there and it’s very easy to move into what’s an academic issue because students come to us for those things, dropping courses, course load, wanting to change things and we’re there from the very best of intentions making recommendations on it and you know if you want to be sending them back to the coordinator to complete that process it’s very much an individual basis and we all know that and we know the programs where that works and we know the ones where it just might make sense to go on a banner with that student themselves and do it. You know so and I don’t think that there’s anyone who would disagree that that’s not an issue in some schools.
Yeah all I can say is with business it’s completely ... they’re okay if I do it, I’m okay if they do it, we refer back and forth.

I think it depends on our deans and your ...

Yeah absolutely.”

“...but it’s confusing too because there’s so many different people in so many different positions right? It’s a big school.

At [our college] it seems that kind of all roads lead to student services you know what I mean, like when in doubt they send them here even the registrar’s office.

And I think because they work with a lot of programs that that’s a bit different than having a more ... you know a narrower group of programs where you develop those ... I mean you’re having to handle each of those differently right ... I’m like the old lady who lived in a shoe sometimes.”

“One of our middle managers has indicated to me that s/he would like everybody at the college to be considered an advisor.”

“But they didn’t even tell us when they hire these people, like ... and, I mean, they hired someone at [another campus] and it took us, like, two ... like a year and half to even figure out what they were doing. And then they kept telling us what the role was but then the role kept changing. So every time I’d go down ... like, I just started going down with students to this person. And every time it would be like, “Oh no, now I do this,” and, “No, no, the co-ordinators don’t do that anymore. I do that now.” And it was just ...

[laughter]

How many?

It was really interesting. It’s still evolving.

How many student advisors?

There’s lots?.... yeah”
“INTERVIEWER: What do [SSFs] do?

Oh, that's a good question.

That's a mystery.

INTERVIEWER: (laughing)

We need Agatha Christie.

I think if a student’s failing, they tell them they have a learning disability and send them to me, as opposed to doing (laughing) any work with them. But what they’re really supposed to do is help students with study skills, manage, you know, stress as far as time management, academic -- they're supposed to support directly around academic skills and help students enhance those.

And at-risk... They certainly are -- I mean, that's the person who -- I think in here anyway is supposed to be collecting some of the at-risk data and helping with letters that go out. They also, in [our community] anyway, are -- they organize all the tutoring. So if a student needs a tutor, they go to the Student Success Facilitator.

INTERVIEWER: How many do you have...?

We have four.

INTERVIEWER: And who do they work for?

They change. They work for a dean now. They switched it.

They -- but they're kind of program or department or school related. It's hard -- it's -- we don't understand it as well as we'd like to.

4. The role played by Interns

The M.Ed. interns were also certified art therapists, and that added a whole wonderful part to our office for those couple of years.

Yeah. And one year we had a student and her background was in addictions, and she and I ran the most amazing group. I would never have been able to offer that before. Yeah.
Yeah. So I think the internship thing – I don’t know if a lot of the colleges do that. Do a lot of them have that?

INTERVIEWER: We asked that question in the survey, and I don’t know the result.

Oh okay. It’s been a very, very positive thing.”

5. Collaboration between counsellors and advisors

“We’re still trying to forge some complimentary work style. We’re not really there yet, because it came in sort of piecemeal. So you had ‘x’ number come in one year and then we ... and then they got a manger and then, you know, it was just ... you know, it’s only ramped up in the last two years where the number of people hired and spread throughout the college. ‘Cause I was estimated, what, fourteen ... isn’t it, like, fourteen of them.

Something like that.

Fourteen or fifteen of them. So it’s a significant number.

It used to be like some ... there was one for the entire design and communication school, right, like, there’s like 28 programs or something.”

“When I’m here, I work closely with the SSAs. And I personally have always found them very responsive; helpful when I can’t get people in the academic areas. You know, they’re on top of things that are going on in the academic areas. So, generally speaking, I find it good. But sometimes there’s a bit of a slippery slope, so …

Yeah. It’s positive.

There needs to be something, like, we’re at the same meetings, you know .. We need to have more connection. We’ve never been in the same meetings.”

And -- a lot of us -- have quite strong relationships with the student -- or what do we call them --- student advisors-- in -- in the actual department. So accounting will have a student advisor, Business has a student advisor, Civil engineering has a student advisor... They're admin and but they work in the departments, but we do have relationships with them. So I'll often refer my students. I'll say, look, this is the reduced load I think you should consider, but you need to go see your academic advisor to make sure this is the right load and it’s going to work for you, so ...
Interviewer: Do you like working with them?

Yeah.

Yes.

Yeah.

They're all great"

“But when that center was set up, we were very clear why we were separating that function to be career and co-op because that was, in a sense, the career development job-related function. Initially there was resistance from some of us because we .. I can't deal with a student... I have to deal with a student holistically. So, I'm always looking contextually at the academic progress vis a vis the career goals, et cetera. So, I do.. I will make the referrals for them to do specific work that I would have previously done as a counsellor, like the testing and the assessment and the online instruments and so on but I’ll invite my client, with whom I’m working on other things, to come back and tell me what they found, what they discovered and I will continue that dynamic conversation.”

“... the Student Success Facilitators, they’re that one point of contact, so throughout the semester, if a student had any questions or concerns or didn’t know what – where they were going, what they were doing, how to find a service, or were having this problem, they could go to that one person that they met on their first day. They get emails from them every week. So there’s even – so when I’m overwhelmed, I at least know where this person’s office is. I know how to contact them. I know they’re my advisor.

Originally, the advisors used to send out the emails midterm. “You’re struggling academically, please come in and see me. We need to...” That whole midterm assessment was done, but that was taken out. After first semester, the advisor becomes the coordinator of the program for all upper semester students. I don’t know what SSFs are. And how is it coordinator of counselling? ‘Tisn’t. The only connection to advising that the counsellors have is that I write the weekly emails and sit on the advising, lead advisor committee which is in flux in the sense that the whole program’s going to change come September, somehow.

What kind of emails do you write every week?

Fantastically wonderful, informative emails that – like this week’s – what was this week’s email? Oh this email was just reminding students of health services, cold and flu season.... this is [one of] an email series that is about 13 emails.

Do you represent all advisors when you send this out?
No. I send it out to the advisors. They can personalize it. They can’t change the core message, but they can personalize it. And then they send it out to their advisors from themselves. So they sort of forward it on to their 20 advisees. So, next semester will be about learning support services. So you’ve been in class for three weeks, if you’re struggling, get down to learning support services if you need help.”

6. The specialization of the counsellor role

“We used to do the preadmission counselling down there. We had an office [in the Registrar’s office].

We actually we forged a good relationship, I feel –

Yeah, we did at one time, that’s true.

-- ‘cause there was no connection when I started here. It was ... none. And then it became a sharing of all kinds of incredibly important information that, you know, was sort of the purview of the admission officers. And then we started working really well with them because it had such implications for programs and how they got in ... so then we actually used to go down there.”

“Some of our work has gone to the career advisors too, a lot of our work in fact from before, but also I think some of the career planning probably goes there, labour market, and again everything that goes along with career planning, like you have got to research labour market trends, it goes there. I don’t know if they advise around the programmes, but if they know the information, why wouldn’t they. They probably do it as well. If they want to go to other programmes or transfer agreements, university, so that has been carved out as well. This is probably why we are doing mostly personal now. The issue – and I am going to say this, partly for [my colleague] as well, because we often talk about this, she might have sent it in her information – we have a bit of a concern with so much being farmed out to the peer advisors... because they don’t have the level of training that we have.

INTERVIEWER: Did you guys have agreements that was...agreements that really defined what an advisor is, what an advisement role is, and what a counsellor role is?

Maybe, I don’t know.

Not that I know of.

[All talking]

The issue is that for example – if they are going to give learning styles or give information about time management organisation. Are they able to assess that there could be learning disability going on; that there could be mental health going on, or is that student going to walk away feeling more stupid. To use
that word, maybe they won’t feel stupid, but I just don’t get this. This doesn’t work for me. What is wrong with me? We have made a conscious effort to go down and do a training session with the advisors about referrals. If you notice there is something going on that it seems to be deeper that the strategies are giving don’t make a difference for the student, because that is the concern we have. They just don’t have that level of training and knowledge to be able to see what is the depth of what is going on beyond how to study for a multiple-choice test.”

“Yeah they will do the assessments. The career consultants will do the assessments and often refer them back to us with the assessments for an academic path or the bigger picture oh yeah.

INTERVIEWER: Okay so you don’t have any problem giving up the career piece?

No.

No.

It’s not my area of ... I don’t have time to keep up with the information that they knock down.”

“Which is where I was going ... my other comment is that as all this stuff goes through the bean counters will win if collectively individually the colleges don’t prepare some viable program initiative though I just in other worlds I’ve just seen it happen. The bean counters will prevail and you’ll see counsellors go definition and function as we know it my own naïve eyes will go by the way of the dinosaurs all this stuff if it’s up to the individual college. It’s sad.”

7. The case management role

“Yeah and we refer to the learning strategist and the disability consultants and they ... and we can see all notes, they can’t see our notes but we can see all notes.... almost like we’re the quarterback.”

“If I’m seeing a student and I think they would benefit from career counselling .. we used to do that piece of it. Like, when we were .. it was kind of nice in a way, but we don’t have time for it. Like, particularly when we were seeing students with disabilities. Like, all of the at one point. We were seeing all of them.

I was. <laughter> I was. I was seeing all of them. And so it mean, you know, the counselling piece, the personal counselling piece and doing the career counselling piece and .. but what was really good was if, for example, it was a student with a learning disability or attention deficit disorder and I did the career piece, well then you had the total picture. So, now I do refer and I say come back with that piece and then we can put a picture together.
INTERVIEWER: What you’re describing, you’re contracting out part of what you used to do.

Yes. Yes. And I’m perfectly okay with that now.

INTERVIEWER: And do they come back with that piece?

They do come back, yes. Yeah, they do. They do. The piece that we have is really, really important for them to move forward.

INTERVIEWER: You’re the case manager, from the sounds of it.

Yes.

INTERVIEWER: I mean, you manage that person’s situation, right?

Exactly. Exactly. Yeah. That’s exactly what it is. Yeah.”

8. Faculty/coordinators may perform the “academic advisement” function

“INTERVIEWER: But I think as I recall – maybe it’s changed – but as I recall, it was the staff in the registrars office, the registrorial clerks who do a lot of like course change, , that sort of thing. Program change…”

But they don’t advise. They just implement.

So the program coordinators will do various sorts of singular scheduling to accommodate variation. The registrar does sort of blanket registration into classes. And if students are having questions like, “Is this the right program or not,” they talk to faculty and... So I think it gets done but it’s not in a role, a well-defined role.”
**Question 11** - Do you track referrals to counselling services? And if so, what percentage is referred by faculty?

Most counsellors indicated that either they do not ask students about who referred them, or they do but the information isn’t tabulated. The percentages were largely anecdotal and ranged from 5-50%. The original thinking behind this question was to use it as a proxy measure for how collaborative counsellors were with faculty at their specific college. The percentage of referrals from faculty was also asked of counsellors and managers in their respective on-line questionnaires.

“We used to but not now.”

“It's on the front of that sheet right there when they come in.”

Yes.

**INTERVIEWER:** Okay. And, if so, what percentage of students are referred by faculty?

**GROUP:** I don’t know.

We track it but we don’t know…. we can’t get into the statistics.

**INTERVIEWER:** What?!

No. We have never had access to the statistics. They don’t want to share the statistics with us.

“But I would say 25% . I would be surprised if it was more than that. But we have that portfolio system and we get teachers that walk students down and teachers that phone us ‘Would you please see this student?’ Send an email ‘Would you please see this student.’ cc’d to the student.”

“Yeah. In my area I tracked one year. Not now. It wasn’t going to be foolproof because – but it was roughly one-third of the students that I was seeing were coming either from faculty or staff within my area. It was human services, School of Human Services. So it could have been a support staff. Most often it was faculty. But it was about a third. But I don’t know whether it’s the same this year.”

“20%? I don’t know. Would you mean directly referred? Well gee we could probably tell you the exact number in clockwork. I mean clockwork must keep – I don’t know if we ask clockwork to keep that stat. I don’t know if we ask who they were referred by. So I’m only thinking of the ones who –
That it keeps track of it, I don’t think so. We write it in clockwork I think if they’ve been referred by their faculty, but I don’t know if it tracks that checkmark.”

“It’s on our intake sheet but we don’t do anything with it.”

“Yes and no. On our intake form, it says who referred you. So some students fill it out, some don’t. And we do enter that information when we get it. Unfortunately, it’s not in a checkbox, so it’s going to those... If you said, “Can you tell us?” uh no. It would be a huge project. The data isn’t usually accessible.”

[two counsellors at the same college]

No.

Yeah.

Do you?

Yeah. So on our intake form, on the back there's a line that says ‘Who referred you, if anyone’, and so I will track it. Or sometimes in our [client management] system there is a -- there is an actual --

You better show me that because I only ever write it in my notes.

“Um, we do. We don’t actually pull the numbers but we do collect it but we’ve never pulled the numbers.”

“On our disability form we have one. I don’t think that there is on the counselling forms.

We do informally and I’ll make a note of it in the file if a teacher walked somebody down, but... There’s no central sort of stat, these are the referrals.”

“We ask, but we don't track.”

“Well, on our intake sheet it says “referred by”... but we don’t tabulate it.”

“Yeah. It’d be interesting. I’m not sure that we’ve done statistics on the breakdown over the last four years. It’d be interesting to see. I think the longer you’re here and the more people know you, the more direct referrals you get.”

“Yes, in Clockwork.
INTERVIEWER: And if so, what percentage of students do you think are referred by faculty?

Ask [our manager]. <laughter> Having said that, she may not be able to give you an accurate picture for this year because I’m not sure ..
It’s weird that you said that because we have to do Clockwork but apparently Clockwork’s not enough. We also are still maintaining at Access data base thing. Which is stupid. Stupid. “

“We never ask that. We track students that come in here.
The vast majority are self-referrals.

INTERVIEWER: So would you have any sense of what percentage are referred by faculty?

What percentage are referred by faculty? I would say no more than twenty five percent.”

“Sometimes.”

“We don’t capture that specifically... we can anecdotaly tell you stuff.”
Appendix E: Best Practices Reported by Counsellors

<table>
<thead>
<tr>
<th>Counsellor Best Practices #1 (99 responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active promotion of services</td>
</tr>
<tr>
<td>Advocacy</td>
</tr>
<tr>
<td>All policies, initiatives, strategies are based on the needs of the students</td>
</tr>
<tr>
<td>Availability to students within a few days and a dynamic, experienced Counselling staff that is student focused</td>
</tr>
<tr>
<td>Bi-weekly Supervision.</td>
</tr>
<tr>
<td>Collaborative team effort regarding support for students (between counsellors/cfswd counsellors</td>
</tr>
<tr>
<td>Combining counselling and disability files. It better serves the student when the counsellor has the whole picture</td>
</tr>
<tr>
<td>Consulting with psychiatry</td>
</tr>
<tr>
<td>Cooperation Among Colleagues</td>
</tr>
<tr>
<td>Counsellor competencies. we have a highly knowledgeable, experienced, and 'diversely-skilled' team; we are effective in providing, to students, the much needed individual counselling, psychotherapy, assessment, referrals, and workshops/trainings. cultural competencies. with a diverse team, we are able to effectively meet the needs of a diverse student population. cultural competencies. ensuring regular peer consultation meetings.</td>
</tr>
<tr>
<td>Counsellors collaborate and consult with each other (includes Aboriginal counsellor)</td>
</tr>
<tr>
<td>Crisis intervention</td>
</tr>
<tr>
<td>Dedication to helping students</td>
</tr>
<tr>
<td>Delivery of it's about Respect presentations combined with an overview of student services in the first few weeks of school... it achieves a number of objectives</td>
</tr>
<tr>
<td>Disability counselling</td>
</tr>
<tr>
<td>Drop in system, very successful</td>
</tr>
<tr>
<td>Drop ins - a Counsellor is available at every period of the day for emergency and or crisis.</td>
</tr>
<tr>
<td>Early identification of students at risk.</td>
</tr>
<tr>
<td>Ease of availability and approachability.</td>
</tr>
<tr>
<td>Ensuring adequate Counselling hours to provide timely appointments.</td>
</tr>
<tr>
<td>Excellent counsellors offering excellent support! availability, resources and referral</td>
</tr>
<tr>
<td>Excellent workshops provided to the students</td>
</tr>
<tr>
<td>Good individual supportive counselling</td>
</tr>
<tr>
<td>Group Counselling initiatives</td>
</tr>
<tr>
<td>Have hourly drop in appointments so there is flexibility</td>
</tr>
<tr>
<td>Having a Student At Risk Team</td>
</tr>
<tr>
<td>Hiring a clinical manager to provide supervision and address issues</td>
</tr>
<tr>
<td>I am relatively new, and have not heard best practices be discussed at our meetings. However, the counsellors collaborate and use a wide variety of interventions to best serve our clients.</td>
</tr>
</tbody>
</table>
I cannot list any as it feels as though we do not have any best practices other than student focused but that seems to be driven by what senior mgmt wants not input from those who do the work and those who receive the service. So, not sure I can comment on this at this time.

<table>
<thead>
<tr>
<th>Increase in the availability of drop-in hours from three days to five days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing awareness of on campus sexual assault</td>
</tr>
<tr>
<td>Individual counselling/therapy</td>
</tr>
<tr>
<td>Involvement in orientation and classroom visits to bring awareness to counselling services</td>
</tr>
<tr>
<td>It is difficult to complete this survey at the moment as the college has new management and is in the middle of a complete overhaul and restructuring process. Programs within our department have been closed and our new director has only been here 7 weeks. Many things will be changed shortly.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limited wait times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting students needs within the guiding principles of the college</td>
</tr>
<tr>
<td>Monthly case meetings with our consulting psychiatrist involved</td>
</tr>
<tr>
<td>Multidisciplinary team - including colleagues with vast knowledge of community supports and colleague with time and skill to liaise with may college departments.</td>
</tr>
<tr>
<td>My best practices in my position are only developing; been in this position a very short time</td>
</tr>
<tr>
<td>Newly initiated bi-weekly supervision</td>
</tr>
<tr>
<td>Offering a broad range of programming and diversity of offerings framed principally within the solution focused modality thro groups, outreach, events, collaboration including our SARIT team (student at risk) and our fledgling b right (respect) campaign</td>
</tr>
<tr>
<td>Offering an array of psychoeducational workshops to students</td>
</tr>
<tr>
<td>Offering Triage (same day service) daily Monday-Friday - no students in crisis are turned away</td>
</tr>
<tr>
<td>Offering walk in</td>
</tr>
<tr>
<td>On call counsellor available</td>
</tr>
<tr>
<td>On call coverage during the diner hour</td>
</tr>
<tr>
<td>One stop shopping model</td>
</tr>
<tr>
<td>Ongoing partnership with Lakehead University around supervision of BSW and MSW student practicums</td>
</tr>
<tr>
<td>Orientation involvement to facilitate more personal connection with staff and awareness of services</td>
</tr>
<tr>
<td>Our counselling program is very inclusive and sensitive to cultures</td>
</tr>
<tr>
<td>Outreach and working in classrooms, connecting with students</td>
</tr>
<tr>
<td>Participating in research projects, such as this one</td>
</tr>
<tr>
<td>Partnering with students to determine how to meet their needs</td>
</tr>
<tr>
<td>Peer advisor volunteers</td>
</tr>
<tr>
<td>Peer Consultation</td>
</tr>
<tr>
<td>Peer supervision and orientation for new counsellors</td>
</tr>
<tr>
<td>Peer Support Team meetings</td>
</tr>
<tr>
<td>Peer support. If it were not for the strength of our team and our sense of mutuality, the workload and lack of senior management support would be devastating.</td>
</tr>
<tr>
<td>Period of 3 hours a day in service to receive students without an appointment</td>
</tr>
</tbody>
</table>
Please note—we have just hired a new Dean and Director and are currently undergoing restructuring so many things are influx. This is difficult to answer.

<p>| Programs to reach out to specific student groups: mature students, traumatized or grieving students, coming out students, |
| Prompt service |
| Providing clinical supervision for counsellors |
| Providing more just-in-time daily drop-in counselling using a solution-focused approach |
| Providing timely service to students |
| Provision of comprehensive Disability Services |
| Psychotherapy |
| Regular and open communication between team members regarding client needs/assessment/interventions |
| Regular Case consultations |
| Regular meetings |
| Responding to crisis situations and providing immediate service to students or faculty as needed. |
| Response to mental health issues as priority for student success |
| Review of how the counsellors work |
| Risk assessment |
| Same day service - anyone in need will be seen - immediately if in crisis; within 24 hours if short-term; within 1-2 weeks if non-emergency requiring longer, more detailed interaction. |
| Sharing of information from attending professional development to support ongoing training and education. Regularly scheduled peer consultation. |
| Standard to see students within a week and daily crisis appts. |
| 'Start out Strong' program for Nursing Students: one week of study skills seminars before first semester begins. The Nursing Program takes care of logistics (contacting students, room arrangements, etc.) and counsellors plan &amp; deliver the workshops. |
| Strength based |
| Student success workshops |
| Suicide risk assessment and response |
| Systematic Interviews with students when they abandon their program of study to identify the reasons for abandonment and this could help them to remain in school |
| Team of advisors recognizes the importance of balance between work and personal life. |
| The IPS project (indicators of perseverance and success at school), is a system for the identification of students at risk at the beginning of school year; This allows early intervention early representations of students at risk for various reasons (difficulties of learning, mental health, etc.) |
| The option of using the triage system or booking formal appointments gives students flexibility and ensures that we have no waiting list. |
| The peer tutoring program |
| Timely appointments for students - no waitlist. |
| Try to meet the demands of the students within a short period of time. |
| Tutoring service: individual and group |</p>
<table>
<thead>
<tr>
<th>Urgent needs counsellor rotates everyday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of intake worker to triage all client w/ personal or career issues (currently suspended, but will bring back by Jan.)</td>
</tr>
<tr>
<td>Utilizing Session Rating Scales/Outcome Rating Scales (SRS/ORS)</td>
</tr>
<tr>
<td>Walk in service and no waiting list.</td>
</tr>
<tr>
<td>We consult each other on difficult cases.</td>
</tr>
<tr>
<td>We have very capable, dedicated people as counsellors; there is no dead wood</td>
</tr>
<tr>
<td>We provide regular drop in appointments everyday at various times throughout the day</td>
</tr>
<tr>
<td>Weekly team meetings where we do case presentations, collective problem solving of systems issues.</td>
</tr>
<tr>
<td>We're proactive and try to be involved as we can in promoting our services.</td>
</tr>
<tr>
<td>Working with students quite closely</td>
</tr>
</tbody>
</table>

### Counsellor Best Practices #2 (86 responses)

| A Counsellor available once per day between 12 and 13 h to receive emergency |
| 13 different workshops in classroom study methods and personal management and 4 workshops available online |
| A model for providing outreach activities to international students to decrease stigma for international students to access services. |
| Accessibility |
| Advocacy for Students |
| Affiliation by identified counsellor with specific programs |
| All counsellors trained in ASIST |
| Attendance at all program student progress meetings |
| Bi-weekly peer case consultation with all counsellors plus a psychologist |
| Career counselling |
| Class visits/study skill workshops for all first semester Business classes, & ECE, CYW, Practical Nursing, media, transportation, etc. (2 or 3 semesters/year). We are hoping to expand these services to other schools. |
| Collaborating within health, counselling, and ALS (Disability) |
| Collaboration with each other, faculty and other staff |
| Collaborative relationship with disability services |
| Consultation although it should be more frequent. |
| Consulting psychiatrist on team |
| Counselling services |
| Counsellors advocating for ethical treatment and environment for students...new center is not totally a confidential setting and counsellors are pushing for privacy and protection of students confidentiality |
Counsellors have extensive clinical training and experience and keep up with their professional development.

Data collection and research to support the value of counselling in terms of student retention

Effective at providing support to faculty re: student issues.

Effective Consultative relationship with Faculty

Exit counselling

Extremely client-centred/student centered

frequent drop in times giving access for students
good crisis intervention

Good documentation of meetings with students; forms etc are reviewed on regular basis to make sure they meet needs/legal requirements etc

Good relationships with faculty/deans/registrars

Having a manager with a strong background in local mental health services

Having regular weekly team meetings

High standards around good documentation, privacy and confidentiality.

Involvement and collaboration with faculty and staff in advocating for student success.

Lots of support from other counsellors even though I'm not in their direct working area.

Meeting a diverse student population including cultural matters for counselling

Monthly PD Sessions

More actively seeking ways to integrate what we do with the academic schools ie offering SafeTALK, support groups, and responding to requests for in-class presentations

Offering a greater variety of supports to students including peer mentors, group sessions, outreach events etc

Offering same day and urgent care appointments

Ongoing consultation with peers and supervisor to provide best service and supports.

On-going personal counselling available to those who seek it

Our staff reaches out to faculty to work with them in our mutual desire to encourage student success

Outreach to staff and faculty - positive relationship building, over the years the department has reestablished trust with faculty

Outreach to students through Orientations, Academic Partnerships with Workshops, Inclass workshops, Inclass outreach, TERT, each Counsellor partnering with an Academic Division. Online workshops

Partnering with Student Success team which involves counsellors in other activities which helps to promote counselling

Peer Counsellor meetings

Personal outreach to the regional campuses/beginning to use video counselling more to achieve efficiencies

Positive space training for faculty, staff on LGBTQ issues/awareness

Presentation to first year groups about our services

Professionalism - staying current with legislation and trends abiding by ethical standards

Providing hour appointments as well as drop ins so that a student does not have to wait for service
<p>| Providing training for Residence Assistance |
| Quality of Counsellors |
| Regular peer consultation |
| Scheduled wellness checks for at risk students. |
| Service to the community |
| Sessions with new faculty regarding services available |
| Strong advocates for students. |
| Strong counselling team |
| Strongly student centered |
| Student focused |
| Student Focused (client Center) |
| Supervising &amp; developing student mentors and counselling practicum students and benefitting from the relevance of their academic and personal experience to enhance programming and support for students |
| Supervision |
| Support of ongoing training (doctoral level) |
| Supporting Professional Development |
| Supports to students with disabilities |
| The project of the PERS (perseverance and achievement) promotes the referral of students to learning assistance and counselling services |
| The use of statistical analysis to measure the effectiveness of counselling services |
| Three workshops of study techniques offered online. |
| Utilizing a vibrant Aboriginal Educational Council which harnesses broader community and student representation and reflects their voices in the development of Aboriginal student services. |
| Utilizing short term solution focussed therapy |
| Very responsive and empathic front desk staff who steer students to their most quickly available and most appropriate counselling support. |
| We are a strong team of counsellors and very supportive of each other which in turn benefit students/clients. |
| We are affiliated with program areas/faculties and can do targetted outreach |
| We buddy up in crisis situations and support each other this way. |
| We have a good ability to adapt to the unpredictable |
| We have daily walk in crisis support. |
| We offer an orientation program for students identified with disabilities every summer |
| We work well as a team and try to be available to any student who is in crisis. |
| Weekly clinical and operations meetings. |
| Weekly counsellor meetings allow us to connect with our colleagues and receive peer support. We can review clinical cases, clarify policy, and support each other. |
| Welcome sessions |
| Wide range of background and skill set within the counsellor group |
| Working on initiatives related to Improving Mental Health Practices i.e. safe talk etc. |
| Working with the community |
| Workshops - academic success |</p>
<table>
<thead>
<tr>
<th>Counsellor Best Practices #3 (73 responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to provide access within 1-2 hours for crisis, 8 hours day/mon-fri</td>
</tr>
<tr>
<td>Aboriginal Education Advisory Circle meetigs</td>
</tr>
<tr>
<td>Actively connected with our student union to work together to educate students and meet their needs.</td>
</tr>
<tr>
<td>Attempts to provide as many services as possible</td>
</tr>
<tr>
<td>Central booking to allow students greater ease and accessibility</td>
</tr>
<tr>
<td>Choosing the Right Career, a series of 3 career planning workshops delivered by counsellors, offered through Continuing Education, 3 times a year.</td>
</tr>
<tr>
<td>Class visits</td>
</tr>
<tr>
<td>Cohesive team.</td>
</tr>
<tr>
<td>Collaboration with faculty and staff re: student development and development of the college community in general.</td>
</tr>
<tr>
<td>Collaborative approach</td>
</tr>
<tr>
<td>College community involvement - through presentations, workshops, PD sessions, partnering with other departments on different initiatives</td>
</tr>
<tr>
<td>Continual review of how we function as a team - what we need to do in order to try to meet the changing needs of our students</td>
</tr>
<tr>
<td>Crisis Management</td>
</tr>
<tr>
<td>Dealing with students with empathy, dignity respect and assisting both students and staff in achieving successful outcomes</td>
</tr>
<tr>
<td>Developing and maintaining a cohesive counselling team to foster support and guidance as well as allies in advocacy.</td>
</tr>
<tr>
<td>Early warning system per student questionnaire alert</td>
</tr>
<tr>
<td>Electronic note-taking system with increased emphasis on standardized method for taking client notes</td>
</tr>
<tr>
<td>Emotional and academic support.</td>
</tr>
<tr>
<td>Excellent cooperation within various disciplines of the health centre and between various departments of the college</td>
</tr>
<tr>
<td>First generation career counselling/direction</td>
</tr>
<tr>
<td>First Generation Outreach</td>
</tr>
<tr>
<td>Formalized early intervention and risk assessment review to identify at-risk students</td>
</tr>
<tr>
<td>Good communication with faculty</td>
</tr>
<tr>
<td>Good support between team members</td>
</tr>
<tr>
<td>Having a large team of counsellors is very important. Students have the choice of seeing a male or female counsellor, and can be matched according to area of need. There’s enough of us that we can manage service demands without having any backlog, even with some of us involved in groups, outreach, etc...</td>
</tr>
<tr>
<td>Having the LS/Disability/Counselling/First Nations/Health Services/Test Centre and Peer Tutoring all in the same area. Registrar/Financial Aid and CE around the corner from Student Services. Almost makes for a 1 stop shopping.</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Helping the older students plan ahead</td>
</tr>
<tr>
<td>Hiring counsellors with a range of skills and experience to offer as much diversity in our experience and knowledge base as a team thereby creating better support options, programming and referral resources for students</td>
</tr>
<tr>
<td>In counselling, there continues to be an emphasis to provide services based on the needs of the student rather than emphasizing the number of sessions allowed</td>
</tr>
<tr>
<td>Initiating safeTALK program to prevent suicides</td>
</tr>
<tr>
<td>Innovative involvement with a variety of high risk groups of students and potential students e.g. Crown Wards, older students, WSIB sponsored students, Eating disorders, etc.</td>
</tr>
<tr>
<td>Intrepid, clear in terms of what we do and how to achieve results in our environment.</td>
</tr>
<tr>
<td>Many years of experience.</td>
</tr>
<tr>
<td>Moving to an on-line form of making appointments, tracking students and data collection (currently trying to make clockwork work for us)</td>
</tr>
<tr>
<td>New Service of intercultural twinning (twinning between a student who is having his first experience in the Canadian school system and an experienced student</td>
</tr>
<tr>
<td>Offering a variety of other support programs including Peer Tutoring, Parent Resource Network and TERT</td>
</tr>
<tr>
<td>Offering groups</td>
</tr>
<tr>
<td>On-going and regular counsellor meetings, both process and case management issues</td>
</tr>
<tr>
<td>Organizing and facilitating residence advisor training as well as responding to faculty requests for outreach activities.</td>
</tr>
<tr>
<td>Orientation program for students with learning disabilities</td>
</tr>
<tr>
<td>Our 13 workshops on effective study techniques in the classroom and personal management</td>
</tr>
<tr>
<td>Our centre’s staff follow the protocols to ensure confidentiality and privacy of information. Students are informed of the policies both in writing and verbally.</td>
</tr>
<tr>
<td>Our department is called Student Success and we have the disability specialists, learning strategists, career advisors, testing services and adaptive tech all located together/ helps to give excellent support to students who we are close in proximity to one another</td>
</tr>
<tr>
<td>Our Director of Student Services has just retired early and there is a search for a more competent individual to take his place....THANK ALLAH!</td>
</tr>
<tr>
<td>Our Peer Mentor programme-outreach</td>
</tr>
<tr>
<td>Outreach activities</td>
</tr>
<tr>
<td>Peer Mentoring</td>
</tr>
<tr>
<td>Peer supervision and support each week through either group case conference, pairs consult, counsellor meeting or clinical presentation</td>
</tr>
<tr>
<td>Peer support supported my Director including in-house monthly PD (professional development) sessions, clinical case consults, outside PDRoom for improvement - individual supervision, PD funding</td>
</tr>
</tbody>
</table>
### Personal counselling
- Preparing for registration
- Proactive work with students
- Professional orientation services offered to the community to help enter the College with a good career choice.

### Promptness of Service Provision
- Quick response to crisis issues.
- Regular peer case consultation and meeting times to support each other and keep us from isolating ourselves in our offices
- Regularly scheduled case conference meetings.

### Relationships with faculty
- Representation at campus Coordinator and Campus Team meetings for collaboration, communication, sharing of info all related to supporting recruitment and retention
- Resource to At risk team and Rights and Responsibilities Office
- SARIT- Student at risk intervention team in collaboration with Rights and Responsibilities Manager
- Student focused always
- Time for peer consult
- Tip sheet information
- Tutoring, workshops
- Up-to-date research and practice around risk assessment, intervention and follow-up.
- We engage in regular professional development.
- We have an Aboriginal counsellor to serve our Aboriginal students.
- We have an excellent working relationship with our financial assistance department which is a benefit to students who are experiencing financial difficulty.
- We have close ties to the Queen's Department of Psychiatry and have a consulting psychiatrist with whom we work closely.
- We work very collaboratively with other staff/faculty in College.
- Weekly case consultation with peers and manager (who is a social worker with > 30 years experience)
- Weekly team meetings
Appendix F

Best Practices Reported by Counselling Managers

Best Practice #1

- Pro-active consultation (with peers, manager, director) regarding at risk students
- Class visits
- crisis management, including suicide risk
- Cross functional team (health, counselling and disability)
- développement des stratégies de réussite scolaire
- diverse workshops
- Following Best-Practice counselling theories and applications e.g. CBT for anxiety
- Implementation of Clockwork and beginning to analyze reports/data
- Interaction and relationship with faculty/administrationTraining with safeTALKAbility to provide services for extented periods of time in the week and offering drop in crisis appointments. Self management of the counselling team - very supportive of one another and the success of the students. Respectful of each other, dynamics are great!
- Jack project, mental health projects, safetalk project, etc..
- Multidisciplinary health care providers (physicians, nurses, counsellor, psychiatric nurse and mental health worker) all located within one department.
- One Aboriginal Counsellor devoted specifically to the Barrie campus.
- Outreach for career investigation with at risk secondary students and in general students looking for direction
- Regular participation in Risk Assessment Review
- Scheduling format that holds back sessions for walk-in or urgent student requests. Our goal is to offer students appointment as close to their requested time as possible - with the assumption than most students would like to see a counsellor immediately. This has had the side benefit of reducing our no-show ratio from 40% to to 10%.
- Triage for same day counselling service + timely availability of counselling appointments. Hiring and valuing professional counsellors with masters level credentials + an experienced counselling manager for clinical supervision and consultation with stakeholders throughout the college.
- tutorat
- We deliver our counselling in a blended model which also includes aboriginal counselling.

Best Practice #2

- Clinical supervision done regularly
- Creating protocols for providing information to all staff about what to do if they receive suicide calls or reports of suicide - customer service
- crisis intervention
- développement et mise en place du service de tutorat par les pairs
- Despecialized Counselling Services - Counselling appointment type does not determine the individual Counsellor
- Developing a mental health strategy that highlights counsellors as the in-house resource for at risk students
- Each Counsellor has specific project responsibilities in addition to their regular counselling responsibilities which spreads out the workload.
- Excellent collaboration and support from our 'Special Constables' in Security to assist / support with crisis situations, behavioural issues, etc. Great to have professional supports.
- Guiding entire Student Success team in imbedding a Solution Focused model of service delivery in our every touch point with students
- Indicateurs de persévérance scolaire
- Mental health worker is the outreach worker to support faculty and employees in assisting students.
- Professionally facilitated peer supervision. This provides counsellors with an opportunity to learn, support each other, develop a common voice when presenting solutions, and develop a strong peer consultation network.
- student being a responsible partner in the counselling process - solution focused, strength based practice
- team based learning
- Theat and Risk Assessments- all trained
- Use of Aboriginal Elders to support the Counsellor on cultural related issues
Best Practice #3

- best practices in case management
- Case peer supervision and Counselling supervision
- Clear, courageous, and confident leadership. Counselling is a tough role (counsellors are uniquely qualified professionals who are tasked with addressing some of the toughest student issues on a college campus) and they perform best when they know that they have leadership in place that will work collaboratively to support their role.
- collaborations interdisciplinaires
- Development of target marketing of Counselling services in conjunction with academics
- Effective case management, electronic counselling data base and data collection using 'Clockwork' and college's student information system. Allows us to do effective research to support evidence based practices.
- Just doing a wonderful job supporting students who seek them out
- SafeTalk, Mental Health First Aid etc for others in the College community
- Strong link between faculty and Aboriginal counsellor to support the whole student.
- Strong participation on a multi-disciplinary team in supporting at risk learners.
- suivi des étudiants (counselling personnel)
- We have 6 community mental health service provider agencies on-site. All accessed with OHIP, or student insurance plan or free. I provide space and we provide the patient/client to them. All specialize such as Rape crisis counsellor, alcohol and addictions rehab, etc.
- withdrawal intervention
Appendix G

**Ontario College System Enrolment Data**

**Ranked by Increase: 2006-2011**

<table>
<thead>
<tr>
<th>College Name</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conestoga</td>
<td>5,955</td>
<td>6,567</td>
<td>7,209</td>
<td>8,918</td>
<td>9,378</td>
<td>9,718</td>
<td>63.2</td>
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<td>Georgian</td>
<td>6,836</td>
<td>7,083</td>
<td>7,533</td>
<td>8,467</td>
<td>10,014</td>
<td>10,322</td>
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<tr>
<td>Centennial</td>
<td>9,074</td>
<td>9,176</td>
<td>9,706</td>
<td>12,159</td>
<td>13,028</td>
<td>13,247</td>
<td>46</td>
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<tr>
<td>Humber</td>
<td>15,231</td>
<td>15,113</td>
<td>16,275</td>
<td>18,467</td>
<td>21,301</td>
<td>21,605</td>
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<tr>
<td>Mohawk</td>
<td>9,021</td>
<td>9,431</td>
<td>9,812</td>
<td>12,291</td>
<td>13,717</td>
<td>12,562</td>
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<tr>
<td>La Cité Collégiale</td>
<td>3,213</td>
<td>3,278</td>
<td>3,382</td>
<td>3,796</td>
<td>4,220</td>
<td>4,381</td>
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<tr>
<td>Durham</td>
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<td>6,191</td>
<td>6,288</td>
<td>7,133</td>
<td>7,547</td>
<td>7,800</td>
<td>34.9</td>
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<tr>
<td>George brown</td>
<td>12,602</td>
<td>13,536</td>
<td>14,568</td>
<td>16,381</td>
<td>16,537</td>
<td>16,758</td>
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<tr>
<td>Sheridan</td>
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<td>13,415</td>
<td>14,763</td>
<td>16,350</td>
<td>16,531</td>
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<tr>
<td>St. Clair</td>
<td>6,140</td>
<td>6,424</td>
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<td>8,354</td>
<td>7,964</td>
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<tr>
<td>Niagara</td>
<td>6,419</td>
<td>6,492</td>
<td>7,017</td>
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<tr>
<td>Lambton</td>
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<td>2,513</td>
<td>2,718</td>
<td>3,124</td>
<td>3,039</td>
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<tr>
<td>Sault</td>
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<td>1,883</td>
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<td>2,313</td>
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<tr>
<td>Northern</td>
<td>1,164</td>
<td>1,109</td>
<td>1,179</td>
<td>1,562</td>
<td>1,592</td>
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<tr>
<td>Fleming</td>
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<td>4,956</td>
<td>5,070</td>
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<td>6,012</td>
<td>5,990</td>
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<tr>
<td>Algonquin</td>
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<td>14,888</td>
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<tr>
<td>St. Lawrence</td>
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<td>5,504</td>
<td>5,887</td>
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<td>5,912</td>
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</tr>
<tr>
<td>Fanshawe</td>
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<td>12,559</td>
<td>13,707</td>
<td>13,938</td>
<td>14,264</td>
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<tr>
<td>Collège Boréal</td>
<td>1,249</td>
<td>1,281</td>
<td>1,390</td>
<td>1,456</td>
<td>1,428</td>
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<tr>
<td>Confederation</td>
<td>2,872</td>
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<td>Seneca</td>
<td>16,633</td>
<td>16,581</td>
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<tr>
<td>Loyalist</td>
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<td>2,767</td>
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<td>3,120</td>
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<td>11.5</td>
</tr>
<tr>
<td>Cambrian</td>
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<td>3,972</td>
<td>4,164</td>
<td>4,133</td>
<td>4,056</td>
<td>1.7</td>
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<tr>
<td>Canadore</td>
<td>2,749</td>
<td>2,666</td>
<td>2,791</td>
<td>2,868</td>
<td>2,882</td>
<td>2,530</td>
<td>-8</td>
</tr>
</tbody>
</table>