2012-2013 REPORT

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Introduction

From 2008-2012, the Factor-Inwentash Faculty of Social Work (FIFSW) partnered with St. Michael’s College and Victoria College at the University of Toronto to develop, deliver and evaluate a four-year pilot counselling initiative for undergraduate university students. This initiative, entitled the Cyber Practicum, entailed six MSW interns providing timely and accessible services to undergraduate students at St. Michael’s College and Victoria College. The service comprised traditional face-to-face counselling and cyber counselling (i.e., asynchronous email). The students were supervised by a social worker with over 20 years of experience, Dr. Deborah Levine, who was seconded from the University of Toronto Counselling and Psychological Services (CAPS).

The service was successful and considered valuable by the Registrars and Dons of St. Michael's College and Victoria College. Aspects of the Cyber Practicum identified as particularly helpful included: a) shorter waiting periods to access service, b) less stigma associated with seeing a social worker rather than a psychiatrist, and 3) lack of judgment and feeling of acceptance by the MSW interns. In response to this positive feedback, a partnership was created among the University of Toronto, Faculty of Arts and Science and its undergraduate Colleges, Health and Wellness, and the Factor-Inwentash Faculty of Social Work, to collaborate in offering such a service with some modifications, for a three year period beginning in September 2012.

2012-2013 is year 1 of the three year partnership, with the following modifications:

- Increased accessibility: Undergraduate students from all seven Faculty of Arts and Science Undergraduate Colleges are now eligible to access the service.

- Additional counselling location: MSW intern counsellors are available at University College in addition to St. Michael’s College and FIFSW.

- New modality of service: For the first time, clients have the option of choosing cyber counselling via asynchronous email and/or synchronous text chat.

- Centralized electronic documentation: All MSW interns complete assessments and progress notes using an electronic medical record software program, JonokeMed.

- New name: Counseline: Onsite and Online Counselling, reflecting the new services.
FIFSW planned for six MSW students to provide counseling, as their practicum placement, to students in Arts and Science Undergraduate Colleges. The MSW interns were supervised by Dr. Deborah Levine, a social worker who works at CAPS. Back-up supervision was provided by FIFSW PhD students. Due to unforeseen circumstances, only five graduate students were available. The counselling consisted of a face-to-face or online sessions.

*The partners shared provision of resources:*

- The Faculty of Arts and Science and Health and Wellness shared in covering the costs of the primary and the back-up supervision (typically supplied by the agencies / organizations in which practicum placements occur).

- Health and Wellness provided central administration regarding electronic health records ensuring PHIPA standards and statistics (reporting of clients seen).

- FIFSW provided the secure IT infrastructure to allow confidential record-keeping and communication between MSW intern counsellors and undergraduate student clients utilizing cyber counselling. FIFSW arranged for a 2 day cyber counselling training in September 2012.

- Each counselling location (FIFSW, University College and St. Michael’s College) provided one computer per MSW intern on site.

- Space for counselling sessions was provided as follows:
  - FIFSW provided offices for the supervisor, back-up supervisors and counselling sessions.
  - St. Michael’s College provided one office and University College provided two offices for the counselling sessions.
Counseline

Counseline was offered on Wednesdays through Fridays from September 12, 2012 to April 26, 2013 (Winter break December 12, 2012 to January 4, 2013; reading week February 18-22, 2013). This represented a three-week extension of the MSW Program (MSW students typically completed their practicum placements on April 5, 2013). The extension was incorporated during the Cyber Practicum pilot as a result of feedback about the need for undergraduate students to continue counselling through their exams.

Like other practicum settings, orientation and training was provided for MSW interns:

- Ongoing supervision: Interns received individual supervision one hour every other week and group supervision 1¼ hours weekly
- Cyber counselling training (two days) at the beginning of practicum (Dr. Lawrence Murphy)
- Interns received a package of articles addressing theories related to social work practice, and information on issues pertaining to university students

The service was advertised via the following: word of mouth; flyers made available at all seven Arts and Science Undergraduate Colleges (e.g., student centre, Dons, registrars); an announcement on the Health and Wellness website; email to the Victoria College listserv; and presentations to the Dons of Victoria College and St. Michael’s College. Additionally, staff members at CAPS were informed of the service and asked to refer students when appropriate.

Students from the Undergraduate Colleges who were interested in the counselling services were asked to phone and leave a message at the Counseline main number. The supervisor assigned each appropriate call to an intern to arrange an initial meeting.

Undergraduate students’ most frequently reported reasons for seeking counselling were to receive support for anxiety, followed by mood problems. Other reported reasons for seeking counselling included: the opportunity to discuss and address general life problems; academic difficulties; stress; family problems; romantic relationship issues; emotional difficulties; attention problems; gender identity issues; trauma; and loneliness, amongst others.

A number of undergraduate student clients had been given diagnoses by a psychiatrist (14 students) or were subsequently referred to a psychiatrist by the interns (12 students).
2012-2013 Program Statistics

- Five Year 2 MSW student interns
- One primary supervisor (Dr. Deborah Levine) and three back-up supervisors (FIFSW PhD students)
- Dates: Sept. 12 2012 - April 26 2013 (excluding Winter break and reading week)
- 115 females (76%) and 41 males (26%) utilized the service

<table>
<thead>
<tr>
<th></th>
<th>2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students who called Counseline</td>
<td>254</td>
</tr>
<tr>
<td># of students assigned to MSW interns</td>
<td>226</td>
</tr>
<tr>
<td></td>
<td>(28 deemed not appropriate)</td>
</tr>
<tr>
<td># of students seen</td>
<td>156</td>
</tr>
<tr>
<td></td>
<td>(70 of 226 subsequently declined service or could not be reached)</td>
</tr>
<tr>
<td>From St. Michael’s College</td>
<td>34</td>
</tr>
<tr>
<td>From Victoria College</td>
<td>39</td>
</tr>
<tr>
<td>From Innis College</td>
<td>7</td>
</tr>
<tr>
<td>From University College</td>
<td>25</td>
</tr>
<tr>
<td>From Trinity College</td>
<td>13</td>
</tr>
<tr>
<td>From New College</td>
<td>22</td>
</tr>
<tr>
<td>From Woodsworth College</td>
<td>16</td>
</tr>
<tr>
<td># of face-to-face counselling clients</td>
<td>151</td>
</tr>
<tr>
<td># of cyber counselling clients</td>
<td>5</td>
</tr>
<tr>
<td># of total clinical visits</td>
<td>551</td>
</tr>
<tr>
<td>Face-to-face visits</td>
<td>540</td>
</tr>
<tr>
<td>Cyber visits – Asynchronous email</td>
<td>11</td>
</tr>
<tr>
<td>Cyber visits – Synchronous text chats</td>
<td>0</td>
</tr>
<tr>
<td># of students who attended the following sessions:</td>
<td></td>
</tr>
<tr>
<td>1-2 sessions</td>
<td>69</td>
</tr>
<tr>
<td>3-5 sessions</td>
<td>57</td>
</tr>
<tr>
<td>6-10 sessions</td>
<td>24</td>
</tr>
<tr>
<td>10+ sessions</td>
<td>6</td>
</tr>
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</table>
After investigating the low incidence rate of cyber counselling, FIIFSW identified barriers to service use.

A number of strategies were developed to address the issue including:

- Placing greater focus on advertising cyber counselling to undergraduate students;

- Increasing the emphasis on cyber counselling training for MSW interns;

- Increasing the focus of cyber counselling among the MSW interns;

- Dedicating supervision for cyber counseling, and continually raising it with the interns; and

- Allowing clients to choose a combination of cyber counselling and face-to-face counselling rather than having to choose one modality.
Research / Evaluation

Given the modifications and extended scope of Counseline, FIFSW, Health and Wellness and the Faculty of Arts and Science Undergraduate Colleges determined that a yearly evaluation was essential to ensure quality service provision and to identify areas for improvement. FIFSW took the lead in developing the evaluation research project which received ethics approval from the University of Toronto Health Science Research Ethics Board. Key objectives are to evaluate face-to-face and cyber counselling competencies, understand the experience of providing and receiving the services and determine the effectiveness of the service.

Potential conflicts of interests were identified as the practicum MSW interns are students in the Factor-Inwentash Faculty of Social Work and the social work investigators (Faye Mishna and Marion Bogo) are faculty members. We addressed this conflict by ensuring that no identifying data of participants (MSW interns or undergraduate student clients) are known to the investigators. While the investigators know which MSW interns are involved in the practicum, they do not know which interns consent to participate in the evaluation research. Only the research assistants have access to participants’ names, digital recordings, and the master list with identifying information. All identifying information and data are kept in a locked file cabinet in the Factor-Inwentash Faculty of Social Work. If participants have questions about the research, they are encouraged to contact Joanne Daciuk, Research Manager at the Faculty, rather than Faye Mishna or Marion Bogo, to ensure their confidentiality.

In the 2012-2013 academic year, 106 of 156 students consented to participate in the research study. Four students subsequently withdrew leaving a total number of 102. These students completed a series of questionnaires and interviews.

Demographics

Undergraduate student participants ranged in age from 16 to 45 years. The mean age was 20 years. Of the 97 students for whom demographic data were available, 66 participants were female and 31 were male. Students’ current year of enrollment in undergraduate studies ranged from Years 1 to 6: 25% were enrolled in Year 1, 28% in Year 2, 23% in Year 3, 19% in Year 4, 2% in Year 5 and 3% in Year 6. 58% of the students were born in Canada, and 62% stated English was their primary language. Other primary languages included Chinese, Cantonese, Polish, Urdu and Korean, among many others. 52% of the students reported moving to Toronto to attend University.
Clients’ Experiences of Counseline

Consenting undergraduate student clients participated in a post-counselling interview to explore their experiences of face-to-face and cyber counselling. Interview transcripts were analyzed through NVivo (qualitative statistical software program) and predominant themes were identified. Preliminary findings from these interviews revealed student perspectives with respect to: 1) program benefits; 2) counsellor characteristics and competencies required for effective outcomes; and 3) achievement of their counselling goals.

Benefits of Counseline

Students reported that Counseline gave them the opportunity to express their problems and concerns to a neutral, objective individual; to obtain concrete and practical strategies to combat their difficulties; and to have help changing their problematic cognitions, affect and behavior.

For example, one participant described how the service was helpful:
“...I guess it just helped me be more empathetic towards what was going on with my parents at home rather than blaming them. So that was one of the biggest things I think I gained from this experience, a different viewpoint.”

Counsellor Characteristics and Competencies

Most student clients identified several characteristics and competencies they believed were important in facilitating a beneficial therapeutic experience. The most common competency described by participants was the counsellor’s ability to develop an effective therapeutic relationship or alliance with clients. The undergraduate student clients described counsellors as displaying caring, empathy, support and acceptance, as demonstrating well-developed listening skills, and as understanding clients’ needs.

As an example, a participant commented on her rapport with the counsellor:
“...Coming into counselling, if you look at it from one perspective, you could say it was a complete stranger I was speaking to so at first I was a bit skeptical or adamant about letting everything out. But the counsellor did a really good job of making me feel welcome and very comfortable in this environment and with her obviously. Right away even from the first session I was able to just go into all the details with her and address all the underlying issues, which was really nice.”
Other counsellor characteristics and competencies identified by the undergraduate student clients included skills in assessing and managing client needs, knowledge of therapeutic techniques, and the ability to effectively end the therapeutic relationship.

**Achievement of Counselling Goals**

Most of the undergraduate student clients felt they had achieved their individual counselling goals. Specifically, students believed they had met their goals as they had observed changes in their cognition, affect and/or behaviour. Moreover, students talked about being helped to develop and learn effective problem-solving strategies or being provided appropriate referrals and follow-up services.

For instance, in talking about her successful counselling experience, one student client noted the benefits of being provided with strategies to manage her difficulties:

“\[\text{I think it was helpful because we talked about how to confront different issues that I was facing, and what kind of strategies I could use to think about it, in a way that doesn’t cause me anxiety or make me feel worse. Those techniques were useful because I can still use them now, and I can still refer back to them if I’m facing some kind of issue.}\]\n
A small proportion of the clients did not feel they had achieved their counselling goals. They attributed this to various factors including the nature of their problems being longer term; the lack of concrete strategies in the counselling; or the lack of fit between the counselling model and their needs.

One student client, for example, described the counselling experience as follows:

“I think in terms of the type of therapy that was used is different from the kind I’m used to, so it was a little bit of an adjustment and that is why I only did three sessions versus the five because I felt like while it did help it wasn’t exactly what I needed at that time."

Many of the undergraduate student clients expressed frustration with the limited number of sessions available, which they felt impeded their ability to attain their therapeutic goals. Due to the low number of counsellors and the high volume of students who contacted the service, each student was allotted a maximum of five sessions, a program condition which students felt hindered the development of the therapeutic alliance. Although certain exceptions were made on a case-by-case basis with supervisor approval, the majority of students attended less than six sessions.
Client Outcomes Before and After Counseline

In addition to completing a Demographic Information form, participants completed the following questionnaires:

1. Questionnaire about their specific goals in therapy, and the extent to which they perceived those goals were met post-counselling.
4. Standardized pre- and post questionnaire regarding their attachment style: Experiences in Close Relationships Scale (Brennan, Clark, & Shaver, 1998).

Goals in Counselling

When they began counselling, the undergraduate student clients were asked to identify three key problems they wished to address through Counseline, and to indicate how optimistic they felt about resolving these problems through the therapy. Overall, clients were likely to report feeling “optimistic” that they could resolve the identified issues (on a scale ranging from “very pessimistic” to “very optimistic”). After therapy, participants were asked whether they met their counselling goals. Most (61%) clients reported that they “somewhat” met their counselling goals.

When asked the extent to which they agreed or disagreed with the statement that their academic outcomes (e.g., class attendance, grades, school engagement) had improved, most clients provided a neutral response: they neither agreed nor disagreed that their academic outcomes had improved. However, only 15% of the sample cited an academic issue on the questionnaire.

Psychological Symptoms and Distress

The Symptom Checklist (SCL-90-R) was used to assess clients’ overall self-reported psychological symptoms before and after their involvement with Counseline. The questionnaire subscales assess client status across a range of psychological symptoms (e.g., depression, anxiety, psychoticism), and these scales provide a Global Severity Index (GSI) T-score, which reflects the overall level of a client’s psychological problems. Higher T-scores reflect more reported psychological symptoms and distress than would be observed in a typical population of
psychiatric outpatients. Preliminary findings from multivariate analyses of the pre- and post-
counselling scores indicate that clients exhibited significantly less psychological symptoms and
distress after Counseline (Figure 1). The impact of Counseline on the clients’ psychological
symptoms was large in magnitude, as indicated by a standardized measure of effect size. In
terms of individual symptom categories, from pre to post, clients exhibited significantly less
symptoms on the Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Phobic
Anxiety, Paranoid Ideation and Psychoticism subscales. There were no significant changes on the
Somatization and Hostility subscales. There was a decline in symptoms (or T-score) across all
symptom categories post-counselling. In order to further determine whether a clinically reliable
decrease in symptoms had occurred post-counselling, the Reliable Change Index (RCI, Jacobson
& Traux, 1991) was used. Of the respondents (n=56), 71% showed clinically significant and
reliable improvement, meaning that the decrease in pre- and post- scores of these respondents
was significantly reliable and post-test scores fell within the normal range. 25% showed no
change, while 4% showed a reliable decline from pre to post-test. This suggests that Counseline
was effective in reducing most clients’ psychological symptoms.

Figure 1. Clients’ average psychological symptoms and distress, pre- and post counselling
Social Functioning

The Social Adjustment Scale: Short (SAS-SR: Short) was used to assess clients’ overall social adjustment, defined as the adaptation to, and ability to obtain satisfaction from, one’s social roles. This was evaluated before and after involvement with Counseline. This scale also provides a T-score that represents the overall average degree of social adjustment across various social role areas (e.g., work role, family unit, primary relationship). Higher T-scores reflect more significant social adjustment problems than would be observed in a typical non-clinical population. Preliminary findings from multivariate analyses of pre- and post- counselling scores indicate that clients exhibited significantly less problems with social adjustment after Counseline (Figure 2). Counseline’s impact on social adjustment was moderate in magnitude, as indicated by a standardized measure of effect size. On average, at baseline, social adjustment was in the “mildly atypical (possible significant problem)” range. Post-counselling, clients’ social adjustment improved significantly, with scores falling in the “slightly atypical (borderline: possible concern)” range, yet not in the “Average (typical score: no concern)” range. To further determine whether a clinically reliable decrease in social adjustment T-scores had occurred post-counselling, the RCI was calculated. Of the respondents (n=55), 35 % showed clinically significant and reliable improvement, meaning that the decrease in pre- and post- scores of these respondents was significantly reliable and post-test scores fell within the normal range. 16% showed reliable improvement only, 36% showed no change, while 13% showed a reliable decline from pre to post-test. This suggests that for a proportion of clients, Counseline was effective in improving social adjustment, and was less effective for others.

Figure 2. Clients’ average social adjustment, pre- and post- counselling
Attachment Style

Attachment style was assessed before and after counselling, using the *Experiences in Close Relationships Scale*. Higher scores on this scale are indicative of the presence of more anxious-avoidant traits, or a greater tendency to display an anxious-avoidant attachment style in adult relationships. This measure is a 7 point likert scale that is more ordinal in nature but was analyzed as a scale variable (total score is 7, where higher scores indicate more anxious-avoidance). Preliminary results indicate that clients’ attachment style did not significantly change after involvement with *Counselline*. At pre-treatment, clients’ mean rating fell within the normal range, at 3.83, which remained stable following treatment (mean rating at 3.83).

Conclusion

Results of the *Counselline* evaluation research which comprised administering pre- and post questionnaires and conducting individual interviews indicated that the service was effective.

We identified ways to attempt to increase the number of clients involved in cyber counselling.

FIFSW, Health and Wellness and the Faculty of Arts and Science Undergraduate Colleges will undertake the following to improve service delivery:

- Increased advertising to raise awareness of *Counselline*, specifically of the cyber option.

- Increased number of counsellors: FIFSW will attempt to recruit 8 MSW interns to meet the counselling needs of university students (this will allow us to offer more sessions to each undergraduate student client).

- An additional primary supervisor and if needed back-up supervisors based on the number of MSW interns.

- Offer group counseling.
References


