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WESTERN UNIVERSITY

Maladaptive Coping Habits Amongst Student Leaders in Peer Support Roles:
Reframing Exposure to Vicarious Trauma

by

Richard Caccamo

AN ORGANIZATIONAL IMPROVEMENT PLAN

SUBMITTED TO THE SCHOOL OF GRADUATE AND POSTDOCTORAL STUDIES

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REFRAMING EXPOSURE TO VICARIOUS TRAUMA

Abstract

Undergraduate orientation programs at post-secondary institutions are important platforms for new students to adjust to a new social and academic climate. Student leaders play a critical role in helping new students find belonging on campus. However, being in a peer support role can heighten student leaders' exposure to vicarious trauma (VT) if they have not yet mastered how to regulate their own emotions or withstand the social and academic pressures associated with university. Many student leaders experience exacerbated symptoms of VT because of their maladaptive coping habits. Institution X does not have a viable framework to monitor or regulate student leaders' interactions when supporting students in distress, nor does it have the means to measure coping skills or provide effective critical incident support. This Organizational Improvement Plan examines the use of maladaptive coping habits by student leaders when supporting peers in distress and discusses strategies to help these leaders develop healthy attitudes towards coping to overcome the negative effects of vicarious trauma. Situational Leadership® II (Blanchard et al., 2013; Zigarmi & Roberts, 2017) and Complexity Leadership Theory (Uhl-Bien & Marion, 2009; Uhl-Bien, Marion, & McKelvey, 2007) can be used to influence coping habits by creating a new paradigm for thinking about change management in which student leaders and administrators can explore issues collaboratively. A proposed solution is to create an extended training framework, which establishes learning communities as vehicles to teach adaptive coping skills using a modified dialectical behaviour therapy curriculum.

Keywords: Maladaptive Coping, Vicarious Trauma, Burnout, Critical Incident, Social Learning, Student Leader Training, Peer Support, Situational Leadership, Complex Adaptive Systems, Dialectical Behaviour Therapy, Learning Communities.

Executive Summary

Institution X is a large, research-intensive university in Ontario with an annual incoming undergraduate class size of over 5000. The Institution's Orientation Program is considered a hallmark of the new student experience and serves as a catalyst for the beginning of a lengthier, year-long transition, connecting students to learning and development resources. Student leaders play a critical role in helping new students find belonging, foster friendships, and overcome the stress associated with first-year. Knowing many student leaders have not yet mastered how to self-regulate their emotions or withstand pressures in their own lives (Park, Edmondson, & Lee, 2012), their exposure to vicarious trauma (VT) in a peer support role can be deleterious. As a result, student leaders invest large amounts of emotional labour to support students in distress and develop maladaptive habits to cope with VT.

A concern shared by Program administrators is that the Orientation Program has a critical mass of student leaders who are less prepared to handle stressful situations and have a higher risk of burnout because of their undeveloped coping skills. Although many coping strategies are recommended to withstand VT, very few research studies have evaluated the effectiveness of these strategies on reducing distress among volunteers (Bober & Regehr, 2006). As a problem of practice, the use of maladaptive coping habits by student leaders when supporting peers in distress posits a need for Program administrators to help student leaders develop healthy attitudes towards coping and positively reframe the effects of vicarious trauma.

When evaluating strategies to cope with VT, a common belief held by Program administrators is that many student leaders glean more information from peer-to-peer experiences compared to formal training sessions provided by the University. Staunch commitment to in-group mental models (Senge, 2006) may be limiting student leaders' potential

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to disassociate from maladaptive coping habits. These tendencies raise concerns that student leaders may be less inclined to interrogate maladaptive coping habits that have been adopted as socially acceptable behaviours. Because student leaders are notorious for holding tradition-bearing attitudes, their preference for maintaining status quo often supersedes their desire to pursue change. This represents a desire for student leaders to be connected to others through commitment to a common experience and underscores how social learning (Mack, 2010; Reed, Evely, Cundill, & Fazey, 2010) can drive behaviour change. Student leaders' perceptions of their roles and relationships to new students are heavily influenced by groupthink, which may be impeding their ability to detach from maladaptive coping habits. A major challenge in addressing and removing the implicit social holds that influence how student leaders support peers in distress is overcoming strong personal associations to group norms. Furthermore, the inconsistent results associated with teaching coping skills in a formal educational setting (Bonanno, Westphal, & Mancini, 2011) complicates Institution X's ability to reframe maladaptive habits through traditional training methods.

The inherent challenges of the Orientation Program's fast-changing, socially-rich environment require the Institution to adopt a robust yet flexible approach to change management. To address student leaders' maladaptive coping habits, two dynamic models of leadership can be used: Situational Leadership® II (SLII) (Blanchard et al., 2013; Zigarmi & Roberts, 2017), and Complexity Leadership Theory (CLT) (Uhl-Bien & Marion, 2009; Uhl-Bien, Marion, & McKelvey, 2007). Both these models demonstrate a deep-seated pragmatism to determine the most effective leadership behaviours and conditions to influence change. While situational leadership behaviours can be used to optimize student leader performance, the value

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of adding a CLT perspective offers a new paradigm for thinking about change management in which student leaders and administrators can explore issues collaboratively.

Using an Integrative Change Model, an extended training framework, which emphasizes the creation of learning communities, should be implemented. Learning communities are effective vehicles to help student leaders monitor their emotions, practice mindfulness, and manage stress. Using psychosocial frameworks to teach adaptive coping techniques, learning communities are both an innovative and a practical solution. The goal with each learning community is to deliver modified Dialectical Behaviour Therapy content through a series of lesson plans, worksheets, and experiential learning activities over several months.

The Institution's poor response rate to anticipate student leaders' needs and implement measures to ease peer support burdens, means learning communities will require long-term planning to overcome insouciant attitudes. Given the Orientation Program's fixed operating budget and limited staffing complement, an investment of resources from several divisional units is also needed to implement and sustain learning communities. If new funds or staff cannot be obtained, then current spending will need to be reprioritized to generate higher returns from existing student leader training programs. In all likelihood, the Institution will need to examine resource trade-offs in lieu of service improvements to keep up with mounting demands for more mental health support.

Acknowledgements

This is for Kelly.

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Glossary

Adaptive Coping: An individual's ability to effectively problem solve and overcome stress or adversity to enhance their mental health and wellbeing. Adaptive coping is often associated with emotion regulation, distress tolerance, and help seeking behaviours.

Adhocracy: A workplace culture characterized as dynamic, entrepreneurial, and creative. Effective leaders in an adhocracy organization are visionary, innovative, and risk-oriented. They embrace new knowledge and search for rapid growth opportunities (Cameron & Quinn, 2011).

Complex Adaptive Systems: Groups of interacting, interdependent individuals who share common goals, values, needs and have tremendous self-organizing potential to solve intricate problems (Uhl-Bien & Marion, 2009).

Consensus: A decision making model whereby all members are included and encouraged to participate. The needs and perspectives of all members are included in discussions preceding a decision. The goal is to seek widespread or full agreement by generating as much agreement as possible or the full agreement of all members.

Critical Incident: An abnormal or traumatic event, which has the potential to overwhelm usual coping mechanisms resulting in psychological distress and an impairment of normal adaptive functioning (Everly, Flannery, & Eyster, 2002).

Dialectical Behaviour Therapy: A type of cognitive-behavioural treatment based on a dialectical and biosocial theory of psychological disorders that emphasizes the role of difficulties in regulating emotions, both under and over control, and behaviour (Linehan, 2015).

Experiential learning: A learning framework that connects practical experiences with intentional reflection by integrating abstract thinking to active experimentation (Kolb & Kolb, 2005).

Key Performance Indicator: A quantifiable measure used to evaluate the success of an organization, individual, or initiative in meeting prescribed outcomes. Creating a key performance indicator involves setting targets (i.e., a desired level of performance) and tracking progress against those targets.

Languishing: A state in which individuals lack positive emotion, are not functioning socially or psychologically, and are neither fulfilling their potential nor realizing their goals or aspirations (Keyes & Haidt, 2003).

Learning Communities: A high-impact educational practice (Kuh, 2008) that emphasizes collaborative partnerships between students, faculty, and staff and incorporates interdisciplinary approaches to learning.

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Maladaptive Coping: Destructive habits of thinking that generate negative emotions (Mor & Winquist, 2002), which may relieve symptoms temporarily, but ignore the root cause of the stress and can result in dysfunctional or non-productive outcomes.

Orientation Program: The activities planned by the campus community to support the transition of new students to university.

Orientation Week: The first week in September, typically lasting seven days, and commencing on the Sunday of the Labour Day weekend.

Overbounded System: An organizational culture wherein institutional power is highly concentrated within tightly regulated structures (i.e., vertical hierarchies) (Bolman & Deal, 2008).

Praxis: Practical frameworks derived from theory and reflection.

Program Administrator: Institutional leaders who represent the interests of various departments and faculties on campus and provide input on student leader selection, training, programming, and recognition initiatives.

Social Learning: A change in understanding generated by informal interactions and processes between peers, either through direct interaction or through other media (Reed, Evely, Cundill, & Fazey, 2010).

Student Leader: An undergraduate volunteer in the Orientation Program who is responsible for providing a safe, inclusive, and welcoming experience for new students as part of their transition to university. Student leaders provide ongoing mentorship and peer support to foster social belonging and a smooth academic adjustment.

Underbounded System: An organizational culture wherein institutional power is diffuse and decision making is distributed across the organization (Bolman & Deal, 2008).

Vicarious Trauma (VT): The phenomenon generally associated with the psychological costs of caring for others. Often referred to as compassion fatigue, VT is the emotional labour caused from trauma exposure as a result of supporting individuals in distress.

Wellness: An active, ongoing process of being aware of choices and making decisions towards a more balanced and fulfilling life. It is a proactive, preventive approach designed to achieve optimum levels of health and happiness.

Chapter One: Introduction and Problem of Practice

Attending university can be a significant stressor during a unique developmental period (Galatzer-Levy & Bonanno, 2013), noted for its major shift in daily routines, environment, as well as a sudden reduction in parental guidance (Bernier, Larose, & Whipple, 2005). First-year orientation programs are important platforms for new students to build connections on campus and to adjust to a new social climate. Student leaders play a critical role in helping these students find belonging, form friendships, and feel a strong sense of mattering (France & Finney, 2010) to the Institution. Consequently, pressure is imposed on student leaders to provide peer support to these students who may experience elevated forms of transition stress.

Because many student leaders have not yet mastered how to self-regulate their emotions or withstand pressures in their own social and academic lives (Park, Edmondson, & Lee, 2012), their exposure to vicarious trauma (VT) can be deleterious. Negative symptoms of VT can be changes in affect, “such as anger, pain, and distress, to physiological effects, such as diminished energy levels or sleep disturbances, to emotional responses, including intrusive thoughts and increased vigilance regarding safety” (Howlett & Collins, 2014, p. 181). The social pressures student leaders face when dealing with stressful interpersonal situations elicit many of the negative symptoms of VT. It makes sense that engaging with a new student in an empathic relationship similarly impacts upon the emotional experience of the student leader (Deville, Wright, & Varker, 2009). This has led to disruptions in many student leaders’ self-confidence, emotion regulation, and belief systems (Peled-Avram, 2017). As a result, student leaders invest high amounts of emotional labour to support peers through difficult transitions, often at the expense of their own wellbeing.

Although individuals who utilize active coping techniques fare better in terms of moderating and reducing symptoms of VT (Bell & D’Zurilla, 2009), this is not the norm in Institution X’s Orientation Program. Many student leaders demonstrate maladaptive coping behaviours when dealing with VT. Maladaptive coping tends to involve more destructive habits of thinking that generate negative emotions (Mor & Winquist, 2002), which diminishes student leaders’ ability to psychologically recover after supporting students in distress. In an online questionnaire, 40% of student leaders reported they do not agree they are comfortable and willing to access campus resources to support their mental health and wellness; 63% do not agree the University provides adequate training to student leaders regarding supporting students in distress; and 62% do not agree the University provides adequate supports to student leaders to maintain their mental health and wellness (Institution X, 2017a). These findings suggest a significant percentage of student leaders lack the competence, knowledge, support, and capacity to regulate emotions, tolerate stress, and withstand VT.

Furthermore, the Orientation Program does not have a viable framework to monitor or regulate student leaders’ interactions when supporting students in distress, nor does it have the means to provide adequate critical incident support. As such, student leaders have expressed resentment towards Program administrators for not resourcing them with skills to manage high-level mental health crises or recover from traumatic incidents (Institution X, 2017b). This has skewed many student leaders’ perceptions of their obligations (moral and actual) to support students in distress and has complicated administrators’ ability to establish clear expectations and promote effective boundaries for peer support.

This Organizational Improvement Plan (OIP) examines the use of maladaptive coping habits by student leaders when supporting peers in distress and discusses strategies to help these

leaders develop healthy attitudes towards coping to overcome the negative effects of VT. Chapter One outlines the organizational context of the Institution; and includes a review of inter-departmental priorities, resources, and staffing structures that shape this Problem of Practice (PoP). The experiences of student leaders and Program administrators are described, including factors contributing to socialized attitudes and behaviours. This chapter explores guiding questions, which underpin my leadership potential to address maladaptive coping habits and the Institution's readiness to implement innovative change.

Framing the Problem of Practice

This section presents several theoretical frameworks and social constructs to understand how and why the PoP exists at the Institution. Included is a PESTE factor analysis (Cawsey, Deszca, & Ingols, 2016), which identifies the scope of the problem, variables that impact stakeholders' ability to address the problem, and implicit norms associated with maladaptive coping behaviours (see Figure 1).

PESTE Factor Analysis	
Political Factors	<ul style="list-style-type: none"> • The Council of Ontario Universities (2017) published an action plan for sweeping mental health reform within Ontario's education systems. The plan calls on the Ministry of Education to provide funding to strengthen peer-to-peer counselling services on campuses and develop mandatory curricula that teaches resiliency and coping skills. • A number of outcomes listed in the Institution's Orientation Strategic Plan (Institution X, 2016) and Campus Mental Health and Wellness Strategic Plan (Institution X, 2018a) identify mental health stigma as a pervasive campus issue. Orientation Program administrators have been tasked to increase student leaders' capacity for help-seeking behaviours in an effort to improve early and ongoing access of support services. • Institution X's conservative organizational culture (i.e., hierarchical operating structures, segmented staffing units, extensive bureaucratic procedures, strict financial controls, etc.) stunts innovation and slows the implementation of new teaching praxis and the redistribution of human resources to support student leader development. • Although many decisions made by leaders in the Orientation Program are consensus-driven (Institution X, 2017c), frequent negotiation is required to garner agreement on resource allocation and training pedagogy to improve mental health support for student leaders.

Economic Factors	<ul style="list-style-type: none"> • Through the Orientation Program’s annual budget process, funding may be secured from the senior governing bodies, and/or permission granted to increase ancillary fees to fund initiatives that support student leader health and wellness. • Institution X’s reputation for having a neoliberal agenda distorts students’ perception of the University’s intentions for recruiting student leaders to the Program. A perception exists that student leaders are leveraged to maximize Institution X’s economic return by developing positive relationships with new students to increase retention through year-one (Kuh, 1995). This is detrimental to the Program’s reputation as it implies the University has little or no desire to reduce the risk of VT or support the mental health of student leaders unless it makes financial sense to do so.
Social Factors	<ul style="list-style-type: none"> • The ability to self-regulate following a stressful situation is critical to regain emotional control and overcome VT. It has been shown that levels of mastery decline from the beginning to the end of first-year for the majority of students (Park et al., 2012). This finding suggests second-year students have a diminished ability to moderate their emotions, which may also exacerbate negative symptoms of VT. Because 60% of student leaders (on average) are in their second year of university, the Program has a critical mass of volunteers who are less capable of handling stressful situations. When these student leaders are faced with high-stress situations that exceed their ego resources, they may perceive the situation as unmanageable stress and develop languishing schemas. • Student leaders may have limited distress tolerance skills (Inzlicht, Aronson, Good, & McKay, 2006), so self-monitoring techniques are needed to lower their likelihood of experiencing ego depletion when forced to cope with VT. • There is limited understanding of attitudes and behaviours associated with volunteerism in high-stress situations (Hellman & House, 2006), which may make it difficult to convince student leaders to change their coping habits.
Technological Factors	<ul style="list-style-type: none"> • The reasons for increased demand on mental health support services may be, in part, due to increased social media presence from online support programs and campaigns (i.e., CMHA Middlesex-Reach Out, Good2Talk, and Bell Let’s Talk), which encourage students to recognize their own mental health concerns and interface with support services. • Because the majority of on campus counselling is in-person, with little uptake of e-counselling, video counselling, web-based approaches, and texting (Lees & Dietsche, 2012), new delivery models are needed to handle the increased demand for mental health care and support. • New digital resources may encourage help seeking by student leaders who normally are unwilling to disclose a mental health issue or see a counsellor. • To measure student leaders’ capacity to employ adaptive coping skills, clinical tests and tools are needed to evaluate emotion regulation baselines.
Environmental Factors	<ul style="list-style-type: none"> • Disagreement about role clarity and expectations of student leaders to support students in distress creates tension with Program administrators. • Program administrators’ capacity to help student leaders recognize signs of distress, normalize their reactions, and explore them in a safe manner (Sommer & Cox, 2005) is limited because the personnel needed to provide critical incident debrief support is inconsistent between constituencies. • The decentralized organizational structure of Institution X means each department operates independently, so methodologies to improve student wellbeing are inconsistent across campus and between constituencies.

Figure 1. This figure outlines a PESTE factor analysis of the Orientation Program.

Sociological Approaches to Student Leader Behaviours

An important goal of post-secondary institutions is to provide students with the opportunity for critical thinking and exposure to diverse intellectual expressions inside and outside the classroom (Institution X, 2014) to develop an awareness of complex social identities (Kaufman & Feldman, 2004). Students' sense of self, beliefs about their status, as well as of others, are heavily influenced by group norms and social behaviours (Torres, Jones, & Renn, 2009). Because student leader behaviour is influenced by socio-cultural perspectives (Horner, 1997), many emulate behaviours associated with a group prototype (Northouse, 2016) to gain peer affirmation. This creates pressure (latent and overt) to conform to in-group behaviours (Harris, Wheeler, & Kacmar, 2009) and explains how socialized attitudes towards maladaptive coping underwrite this problem. A positive in-group relationship (Harris et al., 2009) between student leaders has created a likeness for maladaptive coping behaviours and a culture that perpetuates personal sacrifice as a conventional response to VT (Institution X, 2017b). In addition, student leaders' desire for autonomy can be undermined by peer influences, which fosters dependency to socialized behaviours (Kirk & Shutte, 2004). This phenomenon may be a major factor impeding student leaders' ability to develop skills needed to provide effective peer support and to cope with VT.

Given the influence of social identity formation on student leader behaviour, the problem can be better understood by examining two social constructs: antecedents of social belonging (Baumeister & Leary, 1995; Ifeagwazi, Chukwuorji, & Zacchaeus, 2015), and Constructivist Self-Developmental Theory (McCann & Pearlman, 1992; Pearlman & Saakvitne, 1995). An overview of each of these constructs is described in the following paragraphs.

Social belonging. The mental health and wellbeing of post-secondary students may be the preeminent concern for administrators and faculty on most Canadian campuses today. Wellbeing is a complex construct and refers to optimal, active functioning and a continuous process during which individuals live fulfilling lives (Seligman & Csikszentmihalyi, 2000). While an estimated one-in-five Canadians will develop a mental health illness during their lifetime (Government of Canada, 2006), the onset of most mental illness occurs during adolescence, which coincides with the period when the majority of students are negotiating the pressures associated with post-secondary education. Data from the *National College Health Assessment* survey indicated that the number of students at Institution X who reported that stress was having a negative impact on academic performance increased from 33% in 2013 to 49% in 2016, which was higher than the national average of 42% (Institution X, 2018a). Given the prevalence of mental health problems in young people, these findings make the case for post-secondary educational institutions to be important settings for promoting and instilling healthy attitudes and behaviours for positive mental health and wellbeing.

Students who struggle to find social belonging on campus are susceptible to increased psychological distress (Ifeagwazi et al., 2015), which can debilitate their wellbeing. Without the presence of meaningful relationships, students might not fulfill their fundamental need for connection (Baumeister & Leary, 1995), which has been shown to negatively impact retention rates and academic success (Astin, 1993; Tinto, 1987). The fear of not belonging is intrinsically understood by all student leaders who underwent the same transition stress in their first-year. This is why the desire to support new students through the difficult period of finding belonging is nested within student leaders' cognitive schemas.

Though new students experience the greatest difficulty coping with the academic and personal demands of university (Wong & Whitaker, 1993), greater demands are often placed on student leaders assigned to support the transition of first-year students, resulting in greater emotional exhaustion (Hardy & Dodd, 1998). Many student leaders feel immense social pressure to support the transition needs of new students and to assume the role of their primary helper in a crisis (Institution X, 2017b). Although many coping strategies are recommended to withstand VT, very few research studies have evaluated the effectiveness of these strategies on reducing distress among volunteers (Bober & Regehr, 2006). A concern shared by administrators is that prolonged emotional distress and recurring use of maladaptive coping habits will result in languishing mental health.

Constructivist Self-Developmental Theory (CSDT). The premise of CSDT (McCann & Pearlman, 1992; Pearlman & Saakvitne, 1995) is that individuals construct their realities “through the development of cognitive schemas or perceptions, which facilitate their understanding of surrounding life experiences” (Trippany, Kress, & Wilcoxon, 2004, p. 32). CSDT emphasizes the adaptive function of individual behaviour, beliefs, and affect management. It suggests that cognitive and psychological adaptation occurs when individuals are exposed to recurring interpersonal, cultural, and social disturbances. Essentially, CSDT posits that individuals develop irrational perceptions as a way to protect themselves from emotionally traumatic experiences. These changes in cognitive schemas can be both pervasive (i.e., potential to affect every area of an individual’s life) and cumulative (i.e., potential to inflict permanent health damage) (McCann & Pearlman, 1992). Understanding the phenomena of CSDT explains how student leaders are impacted by VT. This theory also helps administrators identify VT

response patterns following a critical incident and reframe trauma as an antecedent to develop a VT-growth mindset.

Although there are five components of CSDT that reflect the areas in which VT reactions occur (frame of reference; self-capacities; ego resources; psychological needs; cognitive schemas, memory, and perception) (Pearlman & Saakvitne, 1995), depleted *ego resources* are the most prevalent amongst student leaders. Symptoms of ego resource depletion commonly exhibited by student leaders are:

- an inability to set boundaries;
- an inability to regulate emotions;
- difficulty balancing personal needs; and
- feeling overextended, a desire to be perfect, and guilty for not always being available (Institution X, 2017b).

The effects of ego resource depletion clearly have a deleterious impact on student leaders' ability to cope with VT.

CSDT also explains why difficulties controlling impulsive behaviours and expressions of maladaptive emotions can create strain on peer-to-peer relationships. Effective peer support depends on both a stable sense of self and a capacity for adaptability in emotional expression. Successful interpersonal relationships require a capacity for self-regulation of emotions and tolerance of stressful events. Without such capabilities, it makes sense that student leaders develop erratic perceptions about themselves and their relationships with first-year students. When emotion dysregulation becomes a typical coping response to VT, it destabilizes normal emotional recovery.

Organizational History and Context

This section includes an overview of priorities, structures, and organizational systems within the Institution and the Orientation Program. The impacts on the University's reputation and its relationship with student leaders are discussed, in addition to historical factors that have caused the problem to surface and persist.

Priorities for the Institution

Institution X is a large university in Ontario, Canada with over 80% of new students living on-campus and over 10 faculties that offer more than 350 specializations, majors, and minors (Institution X, 2018b). The University is rooted in traditional praxis and operates with a bureaucratic structure, in part, due to its large size and century-old pedigree. Wide-scale change can be difficult to facilitate as Faculties operate with relative independence, and academic freedom is highly valued. These organizational structures and systems exemplify a conservative approach to change management, where the tendency to preserve the status quo and uphold existing policies and practices often underwrites the decision-making schemas of leaders on campus. This philosophy ensures that long-standing practices should not be overturned by rapid or untested innovation (Guttek, 1997). As such, the discourse on campus can become polarized when student leaders and staff have divergent perspectives on institutional policies and priorities.

In 2014, Institution X published a strategic plan with a new mission that places the development of "the whole person" (Institution X, 2014, p. 11) as the preeminent measure of student success. The University's long-term plan emphasizes a range of curricular, co-curricular, and extra-curricular programming to act as economic and educational drivers of student retention and satisfaction. The Plan recognizes that the value of an established academy is benign without experiential learning opportunities outside the classroom. One key to the Institution's future

success is a transformative first-year experience that ensures students discover meaningful connections and scholarly pursuits on campus.

While Institution X remains committed to these efforts, the strategic plan articulates a new direction for the University that seeks to earn a global reputation by attracting decorated faculty and high-achieving students from around the world. Since 2010, Institution X's first-year international enrolment numbers have increased by 435%, and in 2017 represented 8% of the incoming class (Institution X, 2018b). Although some of the University's espoused values suggest it has a critical ideology, i.e., innovation, partnership, interdisciplinarity, and social responsibility (Institution X, 2014), the lack of concrete action to ameliorate the problem suggests the Institution has a neoliberal mindset and cares foremost about preserving a prestigious reputation to increase international enrolment and collect more tuition revenue.

Be that as it may, in 2018 Institution X published a draft Mental Health and Wellness Strategic Plan (Institution X, 2018a) that placed health and wellness at the heart of learning and development. This plan is the first of its kind on campus and will hopefully create an organizational culture for mental health literacy within every facet of the student experience. Conveniently, many of the Orientation Program's strategic goals align with the Institution's focus on improving student leader capacity for individual wellness (Institution X, 2016). However, while student leader wellness language can be found in both the Program's strategic priorities and Institution X's mental health and wellness plan, the University continues to struggle to escape its reputation of under appreciating and under resourcing student leaders. Student leaders are often forced to navigate complex peer-to-peer situations and overcome vicarious trauma with little to no administrative guidance (Institution X, 2017b). From these

sentiments I can infer there are many who question the Institution's commitment to supporting peer support programs and student leader wellbeing.

Priorities for the Orientation Program

While integration to the collegiate environment is articulated as a priority for all students (Institution X, 2014), social engagement is widely understood to be of equal importance. Apart from academic onboarding, a primary goal of the Orientation Program is to integrate new students to the cultural and social facets of the Institution (Institution X, 2016). Although the Program is heavily focused on social integration, it also serves as a catalyst for the beginning of a lengthier, year-long transition, connecting students to learning and development resources at the University. The Program is a joint venture organized by multiple stakeholders, including representatives from student government and three affiliated university colleges. It aims to facilitate a seamless transition to campus life, provide the resources necessary to succeed, and foster peer connections to support students in developing a sense of belonging (Institution X, 2016). The two governing bodies that steer the Program are an Advisory Board (comprised of associate vice provosts, directors, elected student officers, and department heads), which oversees strategic planning, and an Operations Committee (comprised of administrators and student leaders), which is responsible for the design, delivery, and assessment of programmatic outcomes.

Given the decentralized governance structure of the Program, the preferred approach to decision-making is via consensus committees. Although this may be time intensive and often inefficient, consensus-dialogue has shown to increase individuals' commitment to programmatic goals and joint strategy development (Leithwood & Mascall, 2008). Despite a commitment to consensus-dialogue, there is always a need to negotiate competing agendas because several

constituencies comprise the organizational bodies of the Program – each with equal decision-making authority. As such, conflict often arises and disagreement stunts progress when new priorities are discussed.

To complicate matters, the Orientation Program experiences annual turnover of its student leaders, while retaining an average of 40% (n=350) for another year. Onboarding new leaders is a common practice in the Program. Such change-related chaos (Abrahamson, 2004) creates frequent upheaval and can hinder the adoption of new initiatives given the incessant learning curve to grasp the foundations of the role. Tension often arises between administrators and student leaders when new policies or protocols clash with long-standing practices. Finding a fit between student leaders' preferences with Program administrators' priorities is therefore difficult. If these are not aligned, or if student leaders are not in agreement with proposed changes, administrators may be seen as unable to deliver outcomes consistent with what student leaders expect or want. This conflict places considerable pressure on administrators to meet the demands of student leaders, while not compromising strategic objectives. This explains why establishing agreement on methods to teach coping mechanisms and reframe the parameters of peer support is an ongoing challenge for the Program.

Despite these challenges, the past two years have seen significant growth in the number of initiatives aimed at addressing VT and student leader wellness. The work to identify symptoms and sources of VT and improve coping habits has recently begun by the Operations Committee. However, efforts to improve student leaders' coping capacities are hindered by the high student leader-to-administrator ratio. With over 950 student leaders in the Program, I am the only full-time University employee responsible for student leader selection, supervision, and training, while an additional 18 Program administrators – representing each Faculty, Affiliated

University College, and Residence – provide intermittent support. The disparate number of staff responsible for student leader development has splintered the Institution’s relationship with student leaders. This acts as a deterrent to help-seeking if and when student leaders are suffering from VT.

Additionally, this has sparked widespread belief amongst student leaders that the University does not want to overwork them, nor position them as primary supports to new students in distress, because paid student staff (unlike volunteer student leaders) are hired, trained, and have an elevated duty of care to support the academic and social transition of new students. These student staff live on-campus and are responsible for triaging high-risk situations when deployed to critical incidents. Although both student groups have similar mandates, the main difference between them is that student staff are contractually obligated to support students in distress, whereas student leaders’ propensity to help is from a moral code.

Whether or not the preference to shift responsibilities from student leaders to student staff is true, because student leaders often hold much more referent power (French & Raven, 1959) over new students than their paid counterparts, they are more often relied upon for guidance, advice, and peer support. This highlights an important association between popularity and prosocial behaviour (Peters, Cillessen, Riksen-Walraven, & Haselager, 2010). Studies on prosocial behaviour show that socially preferred and popular individuals may be more willing to defend their victimized peers (Caravita, Di Blasio, & Salmivalli, 2009). Social prominence and likeability (Cillessen, Schwartz, & Mayeux, 2011) are distinct traits that credit student leaders with social status. These traits are highly valued by students when considering who to turn to for support and often form the basis for trusting student leaders rather than student staff. Thus, student leaders tend to have an advantage in fostering nurturing peer relationships (Berger &

Palacios, 2014) compared to student staff. This complicates the University's ability to regulate how and when support is provided to students in distress, and by whom. Furthermore, this represents a long-standing discord between student leaders and administrators over actual versus perceived roles as peer supports.

Guiding Questions Emerging from the Problem of Practice

When evaluating strategies to cope with VT, a common belief held by Program administrators is that many student leaders glean more information from peer-to-peer experiences compared to formal training sessions provided by the University (Institution X, 2017b). Staunch commitment to in-group mental models (Senge, 2006) may limit student leaders' learning and their ability to disassociate from maladaptive coping habits. These tendencies raise concerns that student leaders may be less inclined to interrogate orthodoxy (Eacott, 2013) surrounding coping customs that have been adopted as group prototypes (Northouse, 2016). Because student leaders are notorious for holding tradition-bearing attitudes (Johnson, 1996) that are embedded within the milieu of the Program, their preference for maintaining status quo often supersedes their desire to pursue change. This represents a desire for student leaders to be connected to others through a common experience (Burbules, 1993), and underscores how social learning (Mack, 2010; Reed, Evely, Cundill, & Fazey, 2010) can influence coping habits. Because student leaders' perceptions of their roles and relationships to other students are strongly influenced by social norms (Weckwerth & Flynn, 2006), groupthink may be impeding student leaders' ability to detach from maladaptive coping habits. Student leaders may also be reticent to admit failure or be vulnerable in front of their peers to appear competent (Howlett & Collins, 2014). A major challenge in addressing and removing the

implicit social holds that influence how student leaders support peers in distress is overcoming strong personal associations to group identities.

Despite student leaders' propensity for peer-to-peer learning, the Institution's ability to deliver transformative learning outcomes is questionable. When formulating ways to address maladaptive coping habits, the effectiveness of institutional capacity-building interventions need to be examined. Studies have shown that large-scale public education programs and curricula have been ineffective at reducing risk and changing attitudes regarding causes and treatment of mental illnesses (Mann, Apter, Bertolote, Beautrais, & Currier, 2005). This may be because resilience intervention undermines a person's natural coping tendencies by changing his/her perception of relative risk (Bonanno, Westphal, & Mancini, 2011). This phenomenon presumes safer environments, or more controlled measures to reduce exposure to VT, could provoke student leaders to delegitimize formal training sessions and increase their risk of harm. Thus, some traumatized student leaders would maintain risky behaviours even when instructed to decrease their risk tolerance. A core question to be answered in this OIP is whether it is effective, and possible, to teach adaptive coping skills to student leaders? When framing ways to influence attitude and behaviour change, student leaders' potential to reject institutional systems in favour of peer strategies should not be underestimated.

The inconsistent results associated with teaching coping skills in a formal educational setting (Bonanno, Westphal, & Mancini, 2011) complicate Institution X's approach to change management. Another challenge is convincing administrators to shift from an "overbounded" operating structure (Bolman & Deal, 2008) to a more flexible position involving enhanced student leader autonomy. Adopting social learning pedagogies as the preeminent strategy to influence coping behaviour can be risky given the unpredictable outcomes. Because every

student leader will have a different threshold for tolerating interpersonal conflict and stress, it may be advantageous to encourage them to monitor their own capacity to help others and exercise individual discretion when it comes to determining their level of peer support. Another question this OIP will examine is whether the University's approach to trauma-response should focus more on communicating the psychosocial impacts of peer support roles to help student leaders recognize their ability to control their emotional response to VT, rather than enforcing strict boundaries when supporting students in distress?

Leadership Position and Lens Statement

This section discusses leadership theories and approaches that guide my professional practice. Additionally, this section examines my power and agency to influence stakeholders and initiate change in the Orientation Program.

Collective Learning Philosophy

The development of leadership traits and behaviours should be a strategic imperative within every organization. Leaders atop the organizational ladder should not view themselves as rulers of resource chiefdoms (Gronn, 2010), but instead as stewards of resource disbursement. After a decade of leadership experience at a post-secondary institution, I have learned that hoarding information and exerting positional power will only alienate others with less positional status (Ryan, 2005). Although the use of positional power may foster obedience, I do not believe it engenders respect. Without the respect of colleagues, a leader risks losing his/her credibility and group support for any cause. The idea that leadership is a vertical process, which separates leaders from others as "mutually exclusive categories" (Pearce & Conger, 2003, p. 1), is an antiquated outlook. A leader must earn the support of others through reciprocity and goodwill. These principles are critical for deepening motivation for collective learning.

Understanding practices of collective learning are essential to initialize thinking on culture change and to foster shared problem solving in an organization. Collective learning can be enhanced in an environment where leaders embrace shared participation in decision making, a greater commitment to organizational goals, and joint strategy development (Leithwood & Mascall, 2008). Viewing leadership as a relational phenomenon can support the procurement of innovative praxis through “mutual goal creation, connective empowerment, and a sharing of responsibilities amongst all members” (Kirk & Shutte, 2004, p. 235). Thus, distributing a collection of leadership roles is more important than designating a hierarchy of leaders. This approach is a seminal strategy I employ within my professional practice.

My Scope of Practice and Approach to Leadership

As a mid-level professional at Institution X, I am responsible for liaising with campus stakeholders involved in the delivery of transition programs for new undergraduates, primarily during the first six weeks of the fall term. Many of these stakeholders are members on the Orientation Operations Committee. As chair of the Operations Committee, I am responsible for implementing the tactical commitments listed in the Orientation Strategic Plan (Institution X, 2016) and providing expertise in the areas of outcome assessment, policy writing, strategic budgeting, and volunteer administration. Members on the Operations Committee look to me for guidance and direction on all matters pertaining to student leader recruitment, selection, training, engagement, and performance evaluation. It is incumbent on me to navigate competing political priorities, which routinely intercept workflow and consensus building efforts. Helping members understand their roles and what is expected of them is another role of mine, which is especially important given the frequent turnover of student leaders in the Program.

The interdisciplinary nature of the Orientation Program has greatly influenced my approach to leadership. Because the Program is not governed under the auspices of one department, task completion is usually predicated on whether I can persuade campus partners to join working groups and share departmental resources. My ability to motivate others to invest their time and department's resources in the Program is critical to completing work. I am constantly working to create value for other administrators, as well as student leaders, so they feel a strong connection to the Program's success and a willingness to complete tasks. This reaffirms the need for a collective learning philosophy.

Given the circus of politics and people within the Orientation Program, I am forced to adjust my behaviour based on the skill and motivation levels of all leaders who I interact with. Because of the diverse mix of leaders within the Program, my leadership style is constantly shifting to exhibit the right balance of directive and supportive behaviours to match their competence and commitment levels. This approach closely resembles situational leadership (Blanchard, Zigarmi, & Zigarmi, 2013). For example, when working with novice student leaders, my default approach is to demonstrate a highly directive and highly supportive coaching style. This approach enables me to facilitate rudimentary goal achievement while supporting their emotional development. I do this by setting clear boundaries to ensure student leaders understand the limits of my labour and the extent of their efforts to maximize learning.

Attempting to control every nuance of student leader behaviour is futile. Instead, I aim to provide student leaders with the skills and resources necessary to successfully perform their roles. This implies I am not the proprietor of their learning or development; rather I am an information provider. With the annual challenge of selecting, orienting, training, advising, and supervising over 950 student leaders, I spend an inordinate amount of time onboarding new

leaders to the Program. It is difficult to advance new institutional priorities or curb culture associated with outdated practices when my efforts are mostly focused on coordinating “storming” activities (Tuckman & Jensen, 2010). Individualized advising is not a feasible approach so the most practical and productive form of student leader development often comes from peer-to-peer or self-directed learning.

Albeit, a significant portion of my time and effort is directed to supporting senior student leaders. With these leaders, I am able to delegate more given their refined leadership abilities and skillsets. My approach to leadership is more discursive, and my approach to learning is more reciprocal. This shift allows me to explore catalytic questions in hopes of discovering creative solutions to long-standing problems (Vogt, Brown, & Isaacs, 2003) in the Program. I use dialogue and reflection as key ingredients to help me create trust and establish positive rapport with these leaders. By developing high-quality relationships, these leaders feel a greater sense of inclusion with the Institution’s efforts to orient new students to campus, and likewise, I can be more reliant on them to take an active role in coaching novice student leaders to perform better as peer supports.

Leadership-Focused Vision for Change

This section outlines unique variables that exacerbate symptoms of vicarious trauma amongst student leaders and contribute to maladaptive coping. Included is a vision for change, which highlights stakeholders in the Orientation Program with important social capital, and adaptive leadership models to promote collaborative change efforts.

Factors Tied to Vicarious Trauma

Given student leaders’ propensity for prosocial behaviour in peer support roles, it is important to understand factors tied to VT when supporting new students in distress.

A prominent factor tied to heightened symptoms of VT is knowing individuals have to navigate complex institutional barriers to seek mental health support (Bell, Kulkarni, & Dalton, 2003). According to a research paper on postsecondary student mental health, published by the Coordinating Committee of Vice Presidents Students of Colleges Ontario (2015), university students often report feeling confused and apprehensive about seeking help given the lack of service clarity offered by campus resources. This infers that many students may be deterred from seeking help because they are not familiar with campus resources or they are ashamed to not know where to find them. Instead of accessing campus services, students may be more reliant on student leaders for guidance and support, which exacerbates the possibility of VT. It makes sense that sharing experiences with peers can help mitigate the emotional stress of not knowing how to access professional support (Jacobs & Dodd, 2003).

Because student leaders have similar perceptions about campus services not being available or equipped to help new students in distress (Institution X, 2017a), the impulse to provide substitute mental health support tends to exceed the parameters of their peer support role. The willingness to compensate for institutional gaps suggests student leaders misunderstand the limits of their role, how to frame their relationship with new students, and the responsibilities they have to help students navigate stressful transitions. When student leaders consistently place the needs of others ahead of their own, over-dependence can be fostered, and the burden of care can become an assumed function of their role. This illustrates a maladaptive response many student leaders feel is incumbent on them as peer supports if/when the institution fails to deliver “adequate” service.

While student leaders’ interpretation of their roles to support students in distress may be biased by peer-to-peer dependencies (Harris et al., 2009), their motivations to help are salient.

When students confide in student leaders this creates a positive group climate, which can help alleviate feelings of burnout (Kao, 2009). Positive group climate boosts prosocial attitudes and behaviours (Schneider, Bowen, Ehrhart, & Holcombe, 2000), which can override student leaders' ability to discern an appropriate amount of peer support. A common view amongst Orientation Program administrators is that many student leaders have a limited understanding of the need for boundaries when supporting peers in distress. This mismatch between what student leaders and administrators believe are acceptable thresholds of peer support is critical to deconstruct before maladaptive behaviours can be changed.

Despite their intentions, student leaders' abilities to cope with VT are still suspect. Although much the literature on VT coping strategies focuses on reframing empathic investment and adjusting social schemas, the ability to reform maladaptive coping habits is not simple. When addressing the vicarious traumatization of student leaders, administrators must not imply that student leaders who feel traumatized are not balancing life and school work properly, or may not be making effective use of leisure time and self-care. Although the importance of leisure time, self-care, and a healthy work-life balance are widely accepted strategies to reduce levels of stress, studies have shown that individuals often devote less time to these coping strategies, despite the awareness of their importance (Whitfield & Kanter, 2014). These findings illustrate a gap between what individuals profess to believe and what they actually do. Understanding and explaining the source of this contradiction is necessary to establish confluence between adaptive coping techniques and a VT-growth mindset. Educating student leaders about the ineffectiveness of retroactive coping measures following a critical incident is of equal importance. Bober and Regehr (2006) have shown that engaging in retroactive coping activities to reduce stress has little impact on immediate traumatic symptoms. Because there is no association between time devoted

to leisure or self-care and acute traumatic stress, coping strategies to protect against symptoms of acute distress are questionable. This accentuates the importance of needing to shift coping habits towards ongoing, proactive measures.

Lastly, student leaders' propensity to mimic maladaptive coping habits of others may be partially the result of implicit biases generated from the erosion of self-regulation behaviours over time (Gino & Bazerman, 2009). Perhaps student leaders have been less aware of the acute impacts of VT because the association between prosocial behaviour and personal sacrifice became socially acceptable gradually over time. This might also explain why Program administrators have been desensitized to maladaptive coping behaviours given their subtle inculcation into peer support schemas.

Change drivers. Efforts put towards improving coping skills in senior student leaders who have social influence over their peers is an effective driver of change. This strategy creates a cascading effect (Johnson, 1996) where languishing, co-dependent student leaders with less developed coping skills can learn adaptive coping behaviours from older peers. This approach will gradually form an archetypal coping style that gets replicated by younger generations of student leaders and results in widespread culture change. As a result, student leaders who have less developed coping skills will receive more formative coaching (Graen & Uhl-Bien, 1998) and supervisory support from their peers. With this growth in coping capacities and VT tolerance, more student leaders will be able to regulate their emotions and require less frequent intervention from administrators.

Adaptive Leadership Model

The current model for peer support training in the Orientation Program is not adequately safeguarding student leaders against VT. As such, there is a need to move away from instructive,

clinical practices to an “underbounded” approach (Bolman & Deal, 2008). A shift to non-traditional praxis is needed to reframe student leaders’ cognitive dissonance for maladaptive coping in response to VT. Thus, I have created an adaptive leadership model, which incorporates Complexity Leadership Theory (CLT) (Uhl-Bien & Marion, 2009; Uhl-Bien, Marion, & McKelvey, 2007) with Situational Leadership® II (SLII) (Blanchard et al., 2013; Zigarmi & Roberts, 2017).

Figure 2 illustrates how administrators use of situational leadership can intersect with student leader networks to influence behaviour change and social norms.

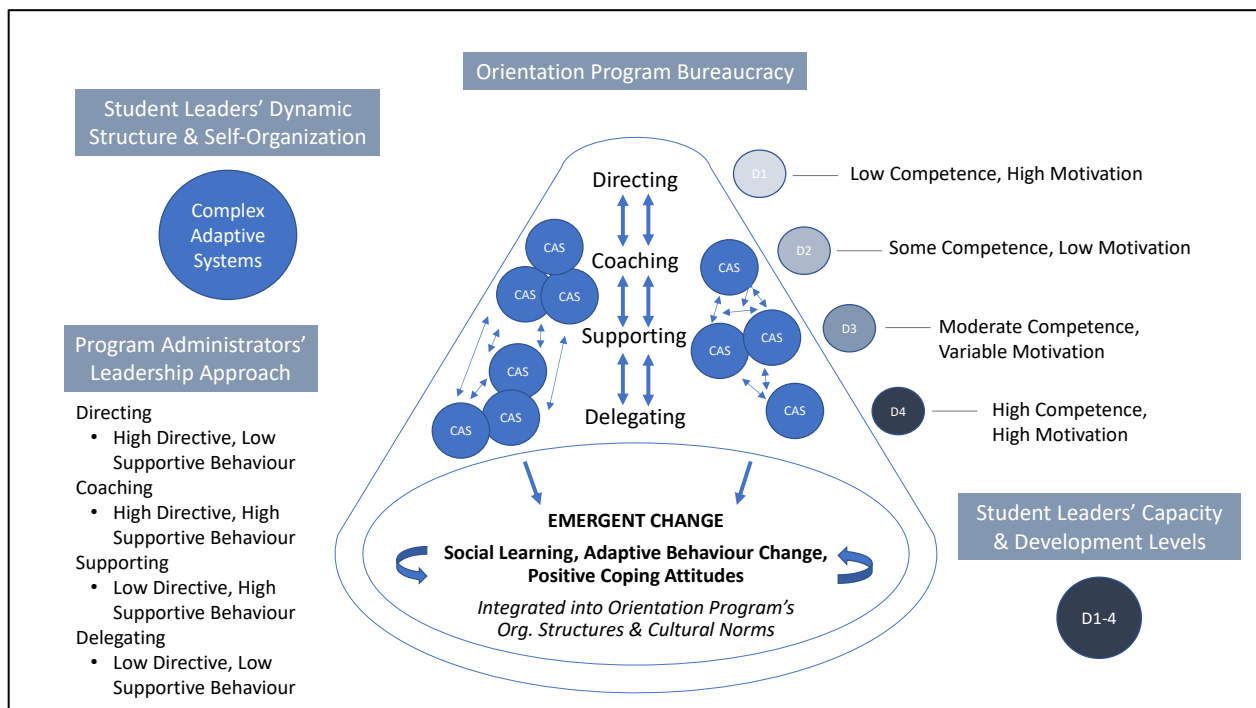


Figure 2. Adapted from the Uhl-Bien & Marion (2009) meso model, this figure incorporates situational leadership behaviours (Blanchard et al., 2013) to illustrate emergent behaviour change in the Orientation Program.

This model acknowledges informal interactions and social contracts between student leaders as sources of power that can stimulate dynamic change. By leveraging self-organizing networks, culture change is more probable because student leaders are not positioned as static

recipients of top-down interventions by administrators. SLII's methodology applies a range of directive and supportive behaviours to optimize individual development, while the adhocratic value of CLT offers a new paradigm for thinking about change management in which student leaders and administrators can explore issues collaboratively. Together, SLII and CLT demonstrate a deep-seated pragmatism to determine the most effective leadership behaviours and conditions to influence change.

Complexity Leadership Theory. CLT (Uhl-Bien & Marion, 2009) describes a system of self-organizing agents that interact with each other in feedback networks to produce adaptive outcomes to complex organizational problems (Uhl-Bien et al., 2007). A key distinction between CLT and other models of leadership is that CLT does not view change as top-down or autocratic. A central premise of CLT is that change is an emergent property of numerous interacting forces, each with unique degrees of influence and creative potential to problem solve. CLT was developed to explain how complex adaptive systems (CAS) operate within bureaucratic organizations. Complex adaptive systems describe groups of individuals who interact with sufficient intricacy that their behaviour cannot always be predicted or controlled (Levy, 1992). Student leader groups within the Orientation Program can be viewed as complex adaptive systems because of the blurred peer-to-peer boundaries and "chaordic" leadership (Hock, 2005) often associated with internal dynamics.

CLT (Uhl-Bien & Marion, 2009) is useful to consider how to elicit emergent leadership behaviours to affect widespread change within hierarchical systems and structures. CLT suggests that innovative change emerges when connectivity between three leadership functions are entangled: *adaptive* (i.e., group decision-making, lateral learning); *administrative* (i.e., formal planning, delegation of roles and resources); and *enabling* (i.e., self-directed learning, adhocracy)

(Avolio, Walumbwa, & Weber, 2009). Entanglement refers to a dynamic relationship between the formal and informal leaders in organizations (Thomas, Kaminska-Labbé, & McKelvey, 2005). Entanglement recognizes that administrators and student leaders must be willing to compromise their preferred modes of operation to create a more collaborative problem solving strategy.

Although CLT (Uhl-Bien & Marion, 2009) offers a useful framework for change, the model does have limited predictive power. CLT can describe what has occurred and what is occurring in a CAS but fails to predict what will occur or what behaviours will be exhibited by student leaders. This may limit its use to address maladaptive coping habits other than to create conditions that encourage self-organization by student leaders to improve personal practice.

Situational Leadership® II. SLII (Blanchard et al., 2013) utilizes four leadership styles to represent varying degrees of supportive and directive behaviours: *directing* (high directive and low supportive behaviour), *coaching* (high directive and high supportive behaviour), *supporting* (low directive and high supportive behaviour), and *delegating* (low directive and low supportive behaviour) (Zigarmi & Roberts, 2017). The model also categorizes follower development on a scale from *developing* (D1 - low competence and high commitment) to *developed* (D4 - high competence and high commitment) (Zigarmi & Roberts). SLII suggests effective leadership behaviours are situation-dependent and should change based on the development levels of followers. When leaders match their behaviours with the needs, competencies, and motivations of followers, greater outcomes will result.

SLII (Blanchard et al., 2013) is an optimal approach to leadership development in the Orientation Program because it emphasizes administrator flexibility to a range of student leader coping abilities, frequent assessment of student leader needs, practical and prescriptive

outcomes, and shows that administrators and student leaders can be proficient in different ways, yet task achievement can still be accomplished. Likewise, SLII is ideal for leading student leaders through culture change because of the unknown rate of adoption, which necessitates a malleable approach that can adjust to changing environmental conditions.

However, the model is not clear how commitment and competence form four distinct levels of follower development. The behaviours listed for each level are linear and fail to account for how certain demographic information (i.e., education, experience, age, gender) influence leader-follower relationships (Northouse, 2016). There are too few administrators to accurately assess development levels of all 950 student leaders, so administrators will need to generalize student leader development levels based on behavioural trends gleaned from personal interactions.

Organizational Change Readiness

This section examines Orientation Program stakeholders' preparedness for change using the five-factor analysis developed by Armenakis, Harris, and Field (1999).

Factor 1: The Gap Between the Current State and the Desired State

Program administrators' current relationships with student leaders make it difficult to fairly evaluate their readiness for change. Many administrators have developed inferences about student leader coping habits since attempting to provide interim support to languishing individuals. Conversely, student leaders' variable demonstrations of coping habits and abilities to regulate stress make it difficult to generalize consistent patterns of behaviour. These experiences have skewed administrators' perspectives on the severity of the problem and increased their sensitivity to the deleterious impacts on student leader wellbeing. In addition to administrators

struggling to understand the source and scope of the problem, Institution X is missing some foundational components to improve student leaders' capacity to withstand VT.

Although members on the Advisory Board may be politically motivated to address this problem, the Operations Committee lacks the human resources, structural fluidity, and instructional knowledge to effectively reframe coping habits. The professional bureaucracies (Mintzberg, 1979) on campus make it difficult to mobilize a critical mass of leaders to address gaps in critical incident response/performance without first obtaining permission from senior technocrats. Although a current wave of reform may be imminent, the outcomes may be limited because the University's preference is to implement change at a glacial pace (Bolman & Deal, 2008). Fortunately, there is a general awareness amongst members on the Operations Committee that maladaptive coping habits are becoming more pervasive, so some form of intervention or innovative praxis is needed soon.

Factor 2: The Proposed Change is the Right Change to Make

Although 95% of student leaders claim to understand their role, including its limitations, in supporting a student in distress, 62% believe Institution X does not provide adequate supports to help them maintain their own mental health and wellness when they are in distress (Institution X, 2017a). This finding illustrates an awareness of the need for improved systems and structures to help student leaders develop adaptive coping habits. Because the wellbeing and resiliency of student leaders is threatened by complex and dynamic stressors (internal & external), a progressive vision for change is needed to reduce the negative symptoms of VT. Persuading student leaders to mobilize around a new vision for peer support will require diligent communication. Communicating the need for change will be challenging and require some posturing (Binder, 2002) to find common ground, especially when discussing the limits of peer-

to-peer boundaries. Using reflective dialogue to invoke an emotional response will be useful to alter student leaders' disposition for maladaptive coping habits and move them to act differently (Snow, Rochford, Worden, & Benford, 1986). Dialogue will also help student leaders visualize what may be required of them to reframe attitudes, and why it is important (Cawsey et al., 2016).

Factor 3: The Commitment of Organizational Leaders to Accomplish the Change

As a result of the Orientation Strategic Plan (Institution X, 2016), five new working groups were created to examine many facets of the Program. These groups, entitled "Communities of Practice" (Institution X, 2017c), were established to accomplish three main objectives: 1) address issues facing new students and student leaders, 2) explore high impact transitional practices, and 3) gather feedback on operational decisions from a diverse group of campus leaders. These Communities of Practice signalled a political breakthrough for the Program because they brought together campus leaders (i.e., student leaders, staff, and faculty who were previously disenfranchised from the orientation planning process) to participate in a formal assessment of how Institution X welcomes new students and supports student leader development. These working groups have increased interdepartmental engagement and student leader retention after Orientation Week and have created a more collaborative organizational climate. This annual commitment to continuous improvement has also bolstered the Operations Committee's ability to generate recommendations to address systemic concerns facing students. As such, the perceived threat of change amongst stakeholders has reduced because incremental changes are sought out and embraced regularly (Cawsey et al., 2016). These Communities of Practice are useful consultative bodies to advance new initiatives and will be used to enhance the Program's capacity to support student leader wellbeing and coping skills.

Factor 4: The Support of Key Individuals within the Organization

Institution X's Campus Mental Health & Wellness Strategic Plan (Institution X, 2018a), calls for the cultivation of institutional commitment for student mental health at all levels of the University. Administrative leaders, faculty, and staff are encouraged to improve ongoing learning and professional development opportunities in the area of mental health and wellness for student leaders. Providing accessible tools and resources to help student leaders identify signs and symptoms of distress and build mental health literacy is another expectation. As such, Program administrators have an official mandate to increase student leaders' capacity for help-seeking behaviours in an effort to improve early and ongoing access of support services. Because broad institutional commitments have been codified into this long-term planning document, efforts to enhance distress tolerance and emotion regulation techniques amongst student leaders will be increased.

Factor 5: Addressing the "What's in it for Me/Us" Question

Although my values align with the vocational principles espoused in the Orientation Strategic Plan (Institution X, 2016) and Campus Mental Health & Wellness Strategic Plan (Institution X, 2018a), the degree to which other members on the Operations Committee feel invested to address this problem is unknown. Most members possess the skills, abilities, and knowledge to initiate programmatic change, but their motivations to act may differ. However, if administrators agreed that a VT-growth mindset was the appropriate framework to address maladaptive coping habits and enhance student leader wellbeing, there would be greater investments of time and resource parity to actualize change.

Similarly, student leaders' motivations to change their coping behaviours may be inconsistent despite their understanding of the deleterious effects of VT. Reframing what may be inhibiting their ability to generate positive growth from VT is needed to elicit adaptive attitude

adjustment. An effective way to influence student leaders' mindset and overcome sedentary views is to understand their concerns about the dilemmas they face when supporting students in distress. However, if I were to use my positional authority to demand behaviour change, I could risk fracturing a reciprocal bond. Although this use of power may promote compliant behaviour in the short-term, it could restrict the use of healthy attitudes towards VT in the long-term, which are needed to instill positive coping habits.

Chapter One Summary

Chapter One described the pervasive impacts of vicarious trauma on student leaders in the Orientation Program, and the importance of adaptive coping skills to preserve their mental health and wellbeing. This chapter discussed how mental health support on campus is difficult to obtain and that students cannot depend solely on institutional systems or structures to foster a VT-growth mindset. Finding belonging amongst an established group of peers was shown to create a shared identity for student leaders that emboldens them with social status. These relationships represent information arteries that student leaders use to explore mutual interests, share emotions, and communicate personal needs when in distress (Sitkin, Sutcliffe, & Schroeder, 1994). However, many of these relationships negatively influence the manner with which student leaders respond to stress, especially when supporting new students. Because maladaptive coping habits have become a common response pattern to VT, action must be taken to reframe student leaders' outlook on and capacity for distress tolerance and emotion regulation. My hope is Institution X recognizes the inherent trauma associated with providing peer support to new students, and that senior leaders see the value in allocating institutional resources to address this problem.

Chapter Two examines critical frameworks to implement change at Institution X and discusses leadership pathways to implement potential solutions.

Chapter Two: Planning and Development

This chapter is divided into five sections. The first and second sections outline a leadership framework for culture change and offer an analysis of how Situational Leadership® II (SLII) (Blanchard, Zigarmi, & Zigarmi, 2013; Zigarmi & Roberts, 2017) and Complexity Leadership Theory (CLT) (Uhl-Bien & Marion, 2009; Uhl-Bien, Marion, & McKelvey, 2007) influence the vision for change and optimize stakeholder engagement. The third section provides a critical organizational analysis of the problem and identifies strategies to reform student leaders' maladaptive coping habits. Possible solutions to address the problem are outlined in section four, and a summary of ethical considerations are explored in section five.

Leadership Approaches to Change

A common belief shared by many student leaders is to be able to determine their own threshold of peer support when helping others in distress, without institutional input or interference (Institution X, 2017a). While student leaders may advocate for increased autonomy, many insist on being taught advanced coping and peer advising techniques, similar to case management frameworks used by mental health professionals. This implies student leaders want the Institution to provide them with the skills and knowledge to prepare them as primary caregivers to support new students following a critical incident. As such, student leaders' perceptions of their roles and obligations to new students contradict administrators' expectations of the limits and provisions of peer support.

Despite attempts to be forthcoming with student leaders about institutionally adopted provisions for peer support, administrators often encounter adverse reactions. This is particularly apparent when student leaders' propensity for maladaptive coping is used as evidence to discredit their competence and capacity. These insinuations tend to bolster resentment towards

administrators for assuming student leaders lack the cognitive and emotional maturity to regulate their emotions, tolerate stress, or set proper boundaries in their peer support roles. This illustrates the complexity of the problem and the defensive routines that make it difficult for student leaders and administrators to compromise.

To converge these diametric perspectives and reframe maladaptive coping schemas surrounding peer support, two adaptive leadership approaches can be used: Situational Leadership® II (SLII) (Blanchard, Zigarmi, & Zigarmi, 2013; Zigarmi & Roberts, 2017), and Complexity Leadership Theory (CLT) (Uhl-Bien & Marion, 2009; Uhl-Bien, Marion, & McKelvey, 2007).

As discussed in Chapter One, the premise of adaptive leadership is to use collaborative and distributed approaches to change management. Adaptive leadership requires Program administrators to work across departmental boundaries and utilize adhocracy when making decisions in both formal and informal systems. Formal systems represent hierarchical reporting procedures and bureaucratic committees at the Institution, and informal systems represent self-organized networks of student leaders (Tsoukas & Chia, 2002). For example, members on the Operations Committee can foster conditions for self-directed learning amongst student leaders (i.e., VT-growth mindset) rather than waiting for senior leaders on the Advisory Board to enforce these programmatic mandates. By incorporating the adaptive properties of CLT (Uhl-Bien & Marion, 2009) within the flexible model of SLII (Blanchard et al., 2013), administrators are able to co-opt creative solutions instead of imposing top-down regulations.

SLII (Blanchard et al., 2013) proposes that no single-best leadership style exists, but instead suggests that any one of the four leadership styles can be used, so administrators can change their leadership style to match the skillset of each student leader. The relationship

between formal leadership and power also provides a basis for understanding administrators' ability to influence student leaders' coping habits. Knowing incoming student leaders have moderate-to-low levels of maturity and motivation to control their emotional responses to VT (Park, Edmondson, & Lee, 2012), a range of power bases (i.e., referent, legitimate, and reward) can be leveraged to increase administrators' ability to influence student leader behaviour. Knowing that context shapes student leaders' motivations for helping others (Osborn, Hunt, & Jauch, 2002), administrators can use situational leadership behaviours to generate new insights and learning pathways for student leaders to develop positive response patterns to VT. Understanding how to match student leaders' receptivity to institutional support with the appropriate amount of direction can enable Program administrators to influence the adoption of adaptive coping behaviours.

The need for CLT (Uhl-Bien & Marion, 2009) is equally apparent because of the political climate in the Orientation Program. Relying on simple, organizational systems or structures that underestimate the complexity of student leader networks to shape new attitudes and response patterns towards VT is short-sighted. A CLT philosophy orients student leaders away from being static recipients of leadership interventions by administrators and creates optimal change management conditions. In practice, this can take many forms, as bottom-up change is often unpredictable and requires connectivity, networking, and feedback (Stacey, 2000) between formal and informal leaders to be effective. Thus, a prescriptive problem-solving strategy to address maladaptive coping habits is not sensible given the social undercurrents on campus, which drive student leader behaviour.

Framework for Leading the Change Process

This section examines the strengths and limitations of the Change Path Model (Cawsey,

Deszca, & Ingols, 2016) and the Eight Step Model of Organizational Change (Kotter, 1996). I discuss how both models can be layered into an Integrative Change Model and describe how this offers a more constructive approach to change management.

Change Path Model

Cawsey et al.'s (2016) model summarizes change efforts into four stages (Awakening, Mobilization, Acceleration, Institutionalization), which sequence organizational change in the following order: determine opportunities for growth or improvement, assess impact, implement new structures or systems, and evaluate success using continuous improvement methodologies. Numerous exercises, inventories, and peer-reviewed case studies in Cawsey et al.'s published toolkit help leaders understand and apply the prescribed actions listed in each stage. The model identifies actions within each stage and outlines best practices for change implementation, while also addressing important nuances of leader-member exchanges in the workplace, including resistance and ethics, power and politics, information sharing, and evaluation. In addition to providing a number of examples to demonstrate the practical aspects of the model, the authors provide theoretical support for each action. This balance of organizational pragmatism with theory-informed practice strengthens the model's applicability in a range of contexts.

As prescriptive as Cawsey et al.'s (2016) model is, it is also assumptive in nature. The model does not advise how to navigate interpersonal relationships or leverage organizational assets to implement change visions. Successful change seems to be a presumed outcome if organizations follow the stages in the model, which is inherently misleading. This is also overly simplistic and places too much pressure on individuals to interpret complex organizational dynamics. It also categorizes stakeholders as either *for* or *against* change, which neglects the multidimensional aspects of how individuals perceive change (Piderit, 2000). Lastly, the model

does not fully explain or acknowledge how a leader can use moral rhetoric to persuade others to change their disposition for existing structures or systems.

Eight Step Model of Organizational Change

Kotter's (1996) eight step model fundamentally frames how organizations can cope with the challenges of a competitive marketplace (Kotter, 2007). This model was designed to serve the interests of business leaders, which suggests it may not be applicable in an educational leadership context. Kotter's model was originally based on the notion that leadership lessons could be learned when transformation efforts failed. However, Kotter could not explain how to evaluate transformation efforts as failures (Hughes, 2016), so he instead created eight sequential change steps he believed resulted in successful organizational change (Kotter, 1996) – each step being the positive action to negate a fundamental error in leadership.

Although there is practical value in using the eight step formula, a major limitation to Kotter's (1996) model is the lack of empirical research or theory used to confirm its leanings. Kotter acknowledged he made many inferences from personal experiences he garnered as a business consultant (Hughes, 2016). Because Kotter's model lacks evidentiary support from contemporary organizational change management studies (Todnem, 2005), its construct validity is weak. Another limitation of Kotter's (1996) model is the rigid sequence of the eight steps. A prescriptive approach does not offer organizations the flexibility to use novel approaches to change attitudes or behaviours that stem from deep rooted cultural norms or beliefs. Neglecting the nuances of interpersonal dynamics make it difficult to follow all the change steps and may be a reason why employees either ignore change plans or find them ineffective (Burnes, 1996), especially when they don't align with organizational customs.

Integrative Change Model

For the purposes of this OIP, I have created an Integrative Change Model (see Figure 3), which combines the work of Cawsey et al. (2016) and Kotter (1996).

The model has a sequential framework and begins with a critical organizational analysis intended to examine factors that contribute to student leaders' abilities to cope with VT. The findings from this analysis can help me understand the implicit challenges and perceived norms associated with maladaptive coping habits. This insight is needed to confirm my understanding of the scope of the problem and to establish viable methods to influence culture change.

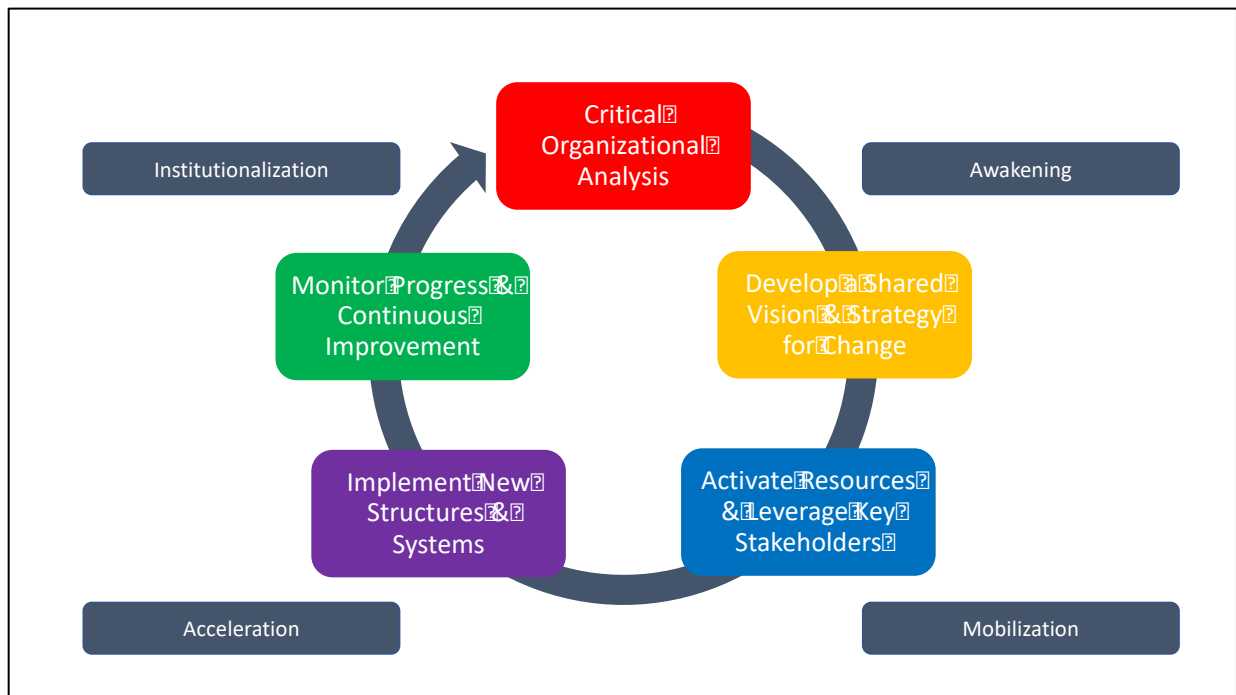


Figure 3. The Integrative Change Model. This figure illustrates the relationship between Kotter's (1996) Eight Step Model of Organizational Change and Cawsey et al.'s (2016) Change Path Model.

Subsequent to identifying the scope of the problem, communicating the need for change is an important step. This helps gauge the perceived impacts on key stakeholders. Taking time to enlist a diverse mix of student leaders to help frame the problem and assess the potential implications of these changes is needed to improve the overall effectiveness of my

implementation strategies. If student leaders are equally motivated to address this problem, then a variety of interventions involving structural, programmatic, informational and psychological shifts have a higher probability of success. Furthermore, the need to build consensus amongst Program administrators to ensure there is proportional, inter-departmental support for the change is apparent, otherwise my intervention efforts would be remiss and lead to superficial outcomes. These efforts are an essential stopgap before a proper vision for change can be formed.

The model insists the need for change must be adopted through bilateral agreement by students and staff, as well as validated by institutional data (i.e., thriving key-performance indicators). This stage calls for broad consultation with student leaders, especially senior leaders, to discuss strategies to preserve important values and customs associated with the current culture of peer support in the Program. This action mitigates the potential for strong internal opposition to proposed change by ingratiating student leaders who have a high degree of referent power (French & Raven, 1959) and an affinity for traditional behaviours.

The latter stages of the Integrative Change Model focus on implementing broad-based action by deploying tools to manage the adoption of new coping habits and fix institutional systems and structures that may be reinforcing maladaptive behaviours. During this stage it is important to communicate incremental gains to retain institutional commitment and encourage continued student leader engagement. Some of these are decreased rates of burnout after Orientation Week, increased use of psychological support resources, and increased participation in wellness education programs.

The dyadic nature of the Integrative Change Model emphasises the importance of two-way communication between administrators and student leaders before changes are made. However, the sheer complexity and variability in the Integrative Change Model makes it difficult

to evaluate the degree of transferability of the proposed solutions and to corroborate change implementation efforts with implementation success (Penrod & Harbor, 1998; Sidorko, 2008). Therefore, I must temper the expectations of institutional leaders (knowing an element of trial and error exists with this model) and promote patience as student leaders slowly frame their coping habits. Another limitation of the Integrative Change Model is that it lacks specificity to know how to continuously influence student leaders' behaviours once the initial aura of the change vision wears off. Thus, it is very important to validate the efforts of student leaders who have agreed to discontinue maladaptive practices. Doing this affirms the value of adaptive coping behaviour and rewards student leaders who choose to demonstrate positive affect management and distress tolerance.

Critical Organizational Analysis

This section identifies what changes need to occur in the Orientation Program and the leadership approaches that are useful to influence student leaders' maladaptive coping schemas. I also discuss how administrators can enable conditions to combine bureaucratic operations with student leaders' self-organizing functions to circumvent the existing culture of peer support, improve VT-growth, and reduce institutional barriers to mental health support.

The implicit social pressures faced by student leaders in the Program have prompted me to search for a greater understanding of the circumstances that compel student leaders to sacrifice their personal wellbeing to support new students in distress. After conducting a critical organizational analysis of the problem, I've gained insight into several factors that contribute to the use of maladaptive coping habits by student leaders. This information has helped me understand how to improve student leaders' ability to develop VT-growth mindsets.

Knowing that culture change requires systematic shifts in “beliefs, teaching style, and materials, which can come about only through a process of personal development in a social context” (Fullan, 2007, p. 139), institutional efforts to curb maladaptive coping habits requires entanglement with social norms and behaviours, rather than abandonment. Thus, the Institution’s ability to change the culture associated with peer support is critical.

Changing the Culture of Peer Support

Although most student leaders claim to understand their roles in supporting students who experience transition-stress, there is still a need to make mental health resources more accessible and less stigmatized. The stigma associated with campus mental health services has disillusioned many student leaders from seeking help when in distress (Institution X, 2018a). Student leaders’ desire to be perfect and revered by their peers must be interrogated, otherwise they may be more likely to develop languishing schemas when forced to cope with VT. Because student leaders’ motivations to change their coping habits are inconsistent, and their behaviours are strongly influenced by groupthink attitudes, one goal of this OIP is to disrupt social norms that may be inhibiting help-seeking behaviours. To change the maladaptive culture of coping, it will require persistent and judicious interventions over the span of many years.

One change that will help ameliorate maladaptive coping behaviours is to clarify the formal roles and expectations of student leaders when providing peer support. Many student leaders have a limited understanding of the need for boundaries when supporting peers in distress, which hinders their ability to moderate the amount and type of support needed to avoid unnecessary exposure to VT. Knowing social prominence and likeability contribute to student leaders’ desire to help their peers overcome stressful situations, even when their own wellbeing

is jeopardized, a balanced approach is needed to simultaneously leverage their ability to influence students' perceptions while reducing their propensity for self-sabotage.

Despite their awareness of the deleterious effects of VT, student leaders' motivations to change their coping behaviours vary widely. Reframing what may be inhibiting their ability to generate positive growth from VT is needed to elicit adaptive attitude adjustment. Educating them about the risks associated with maladaptive coping without undermining their natural coping tendencies or insinuating they are incapable of moderating their own emotions without institutional guidance must be examined. The majority of student leaders claim to understand their role, including its limitations, when supporting a student in distress, yet their use of maladaptive coping behaviours suggests a lapse in judgment. The historical disagreements between student leaders and administrators over actual versus perceived roles may exacerbate this misunderstanding. Therefore, revised institutional provisions for how peer support is provided to new students, and what is required or what is not required, are needed.

There is also a clear need for improved mental health training to help student leaders develop VT-growth following traumatic incidents. To address student leaders' limited supply of ego resources (Pearlman & Saakvitne, 1995), training should focus on practical methods to decrease their likelihood of ego depletion after supporting a peer in distress. Formally educating student leaders about the effects of vicarious trauma is needed to increase their competence for self-monitoring and use of adaptive coping skills. Knowing most student leaders begin their term with low-to-moderate competence for distress tolerance and mid-to-high motivation for prosocial behaviours, student leaders' socioemotional needs cannot be neglected. To successfully reframe maladaptive coping schemas, I must be careful not to prescribe unidimensional coping habits, but instead encourage student leaders to deconstruct their own feelings and devise individualized

coping strategies. This approach minimizes student leaders feeling judged by formal leaders and validates a range of constructive coping methods.

As student leaders' coping skills develop, so too should my leadership pedagogy. Alternating between coaching and supportive leadership behaviours (Zigarmi & Roberts, 2017) will maximize my ability to influence student leaders' propensity to learn and employ adaptive coping habits. This approach will hopefully develop highly competent student leaders who have mastered positive rumination techniques and are proficient at regulating their emotional baseline when exposed to stress. As more and more student leaders reach this level of task competence, I will be less directive in guiding their coping behaviour as they are more capable of maintaining their own wellbeing with less institutional support. As this happens, an effort will be made to promote these students to senior leadership roles in the Program as a reward for demonstrating high task competence and high motivation for adaptive coping skills. This strategy represents an attempt to normalize adaptive coping habits within the culture of the Program, and to replicate these habits by incoming student leaders over time. By modelling these behaviours, maladaptive coping habits and languishing schemas will soon fade from student leaders' consciousness and no longer be a prototypical VT response.

Addressing Institutional Barriers to Mental Health Support

Innovative mental health assessment and delivery services on campus are clearly needed for student leaders who are experiencing negative symptoms of VT. The institutional spaces and treatments available to triage student leader concerns must be examined. In addition, the use of less formal approaches should be explored as an alternative to traditional counselling and clinical praxis. These efforts should focus on helping student leaders understand the source of their trauma and the factors underlying their emotional response.

Strengthening student leaders' propensity for proactive and ongoing self-care is critical to help them restore a subjective feeling of control over their emotions when exposed to VT. To accomplish this, the Institution must not judge student leaders who demonstrate maladaptive coping, but instead encourage affect regulation strategies, such as trying to understand their feelings, making plans to avoid stressful situations, talking to peers outside of formal student leader groups, and physically detaching from stressful routines on a regular basis (Knoesen, & Naudé, 2018). These techniques are critical to developing VT-growth mindsets.

Establishing forums to help student leaders reflect on their coping attitudes and negotiate a healthy integration of trauma into their cognitive schemas (Howlett & Collins, 2014) are also essential. This type of reflection represents a restorative process of learning that will help student leaders make more constructive choices, actions, and attitudes over time (Carver & Scheier, 1982). Self-reflection is an integral measure to avoid destructive ways of thinking that diminish student leaders' perception of their own efficacy. For example, an effective approach when supporting student leaders following a critical incident may be to advise them not to ruminate over what experiences negatively impacted them or what coping behaviours did not work. Instead, they should be encouraged to positively ruminate, which involves a repetitive, re-examination of a situation coupled with higher levels of resistance and negative judgment (Nolen-Hoeksema, 1991). This approach can help determine what habits can be changed, otherwise rumination becomes increasingly more maladaptive to the extent that it depletes student leaders' cognitive resources that could have been applied to positive attitude adjustment.

The short supply of supervisory support available from other administrators necessitates an increased staffing complement so that timely critical incident support can be provided to all student leaders. It is evident that more connection points are needed with student leaders to talk

to administrators about their traumatic experiences in order to decrease their feelings of isolation, provide constructive validation, and allow student leaders to safely vent their feelings (Bonanno, Westphal, & Mancini, 2011). A personnel shortage in the Program has created disproportional access to mental health support dependent on student leaders' constituency affiliation. Combined with the confusion caused from trying to navigate the complex bureaucracies of campus resources, student leaders are in desperate need of dedicated resources to treat their symptoms of vicarious traumatization.

Possible Solutions to Address the Problem of Practice

This section examines three possible solutions to address the problem of practice.

Possible Solution 1: More Institutional Resources and Supervisory Support

The current deficit of human resources dedicated to the direct supervision and support of student leaders following a critical incident is a major contributor to maladaptive coping behaviours. The disproportional staffing complement in the Program reduces the effectiveness of mental health training; complicates the process to obtain academic accommodations; limits the examination of emotional impacts following critical incidents; and fosters help-seeking avoidance (France & Finney, 2010). Ultimately, this erodes trust between student leaders and administrators, which lowers student leaders' propensity to rely on institutional resources if and when they are suffering from VT.

A possible solution to address this human resource gap is to establish routine critical incident check-ins with campus mental health providers. Frequent supervisory check-ins are common practice for clinical professionals who work with trauma survivors to prevent vicarious traumatization (Trippany, Kress, & Wilcoxon, 2004). A prominent feature in clinical supervision is working through regressive reactions, which are explored cautiously and without evoking a

sense of shame or excessive exposure (Ganzer & Ornstein, 2004). A similar approach should be adopted in the Orientation Program to help student leaders recognize and work through their emotions after stressful interpersonal situations. Mandatory supervision and timely check-ins with student leaders will help them better monitor and manage their symptoms of VT before more deleterious effects develop. Given the institutional mandate to improve all staff's literacy of mental health support and awareness through professional development programs (Institution X, 2018a) (such as Mental Health First Aid and ASIST suicide alert training), the collective capacity of administrators to facilitate critical incident check-ins is increasing. However, additional human resources are still needed to deliver clinical and counselling support to student leaders in crises.

Encouraging student leaders to accept help following a critical incident requires administrators to adopt a more open and indulgent stance (Peled-Avram, 2017) to appear less judgmental. Because of the latent pressure imposed on student leaders to be hyper-vigilant, Program administrators must not judge student leaders who demonstrate maladaptive coping habits, but instead facilitate a VT-growth mindset that allows them to construct healthy coping habits. Student leaders cannot fear their standing in the Program will be jeopardized as a result of disclosing languishing behaviours. Instead, their status should be protected and their courage to acknowledge coping deficits should be lauded by the Institution. These efforts will help strengthen student leaders' psychological wellbeing by restoring a subjective feeling of control over their emotions and reduce recidivism rates of repeating maladaptive habits.

In addition to debriefing critical incidents with mental health providers, more informal reflection measures should be instituted to share and discuss common stressors in the role (i.e., monthly student leader meetings). Social support is a significant factor associated with

compassion satisfaction, so sharing experiences of VT with peers offers a chance for student leaders to seek social support to remove the stigma of VT. Peer-based learning has been shown to be an effective social norming strategy to decrease cognitive disruptions and alleviate issues of post-traumatic stress (Rosenbloom, Pratt, & Pearlman, 1995). Thus, using both peer and supervisory approaches will help student leaders identify and validate signs of VT after a critical incident occurs.

The Institution also needs to rethink its service delivery model to remove student leaders' burden to act as substitute caregivers to new students who have difficulty understanding how and where to access supports on campus (Bell, Kulkarni, & Dalton, 2003). A major issue on campus is that although there are a wide range of health and wellness services, they are situated in different units and located in multiple buildings. Albeit, a promising outcome of the Mental Health & Wellness Strategic Plan (Institution X, 2018a) is to deliver medical, counselling, and wellness services from an integrated health and wellness centre that will offer more coordinated mental health supports to students. This shift may alleviate the confusion of a segmented system for support services on campus. The essential services that will be included in the centre will be Student Health Services and Psychological Services, which establishes three core arms of mental health care in one place (a medical group, a counselling group, and a wellness education group). This creates a single point of entry to health and wellness services on campus, so student leaders have one destination when struggling with their mental health. In turn, this may optimize referrals to other campus support units (i.e., academic counsellors, career counsellors, financial services, equity services), and generate fewer delays between appointments. Student leaders will undoubtedly receive better care to deal with acute trauma, as well as situations in which more immediate support might be necessary. For student leaders who struggle to reach out for help and

who are concerned with the stigma associated with mental health challenges, this integrated service model eliminates some of the pressure that might come with going to a secluded psychological support unit.

Lastly, increasing the prevalence of mental health and wellness initiatives, counselling sessions from Psychological Services, and ad-hoc walk-in crisis appointments may reduce the burden of peer support during peak periods when student leaders are susceptible to higher exposure to VT (such as Orientation Week, the first six weeks of the fall term, and exam periods). Although these resources currently exist on campus, they tend to operate during regular business hours (i.e., 8:30am-4:30pm, Monday-Friday). I recommend the Institution redeploy its mental health professionals and shift operations to be open on weekends and over statutory holidays (i.e., Labour Day, Thanksgiving, Family Day, etc.). Priority appointments should be held for student leaders during these periods when they are known to be under heightened levels of stress and may feel added pressure to act as peer supports.

Possible Solution 2: Improve Student Leaders' VT-Growth Mindset

To increase student leaders' capacity to self-regulate their emotions and withstand vicarious trauma, the Institution could offer a diverse mix of information-rich training sessions using experiential learning (EL) frameworks. EL is an effective teaching method because it rejects a dichotomous approach to behaviour change, and instead uses interdisciplinary practice to construct new social skills and attitudes (Hajdukowski-Ahmed & Hitchcock, 1998). This would help student leaders to increase and apply theoretical knowledge, clarify interests and values, and develop ethical decision-making skills (Ghaye et al., 2008). The practical outcomes of EL training would help student leaders establish boundaries in their roles, strengthen their referral skills, improve mental health literacy, and lower their propensity to neglect their

wellbeing. This type of training could be delivered in periodic segments over the course of several months, prior to, and throughout, the school year. One study by Falsafi (2016) discovered that the repeated practice of adaptive coping skills for at least four weeks in duration proved to be a viable alternative to forming lasting habits compared to single session demonstrations. Thus a distributed training schedule would allow more time to integrate adaptive coping habits into student leaders' cognitive schemas and increase their familiarity with mental health support resources.

In addition to EL training, the current suite of mental health training sessions delivered to student leaders by Program administrators must continue. These include teaching referral protocols; frameworks to handle social disturbances; and strategies to manage physical, cognitive and emotional stress tied to situational crises. As noted in previous sections, there is a gap in knowledge about on- and off-campus resources. Student leaders' understanding of the practical steps to obtain help from mental health resources is often vague. Therefore, training needs to review the procedures for how and when students can access professional supports on campus and in the community. A revised approach to training could be to incorporate case studies, which simulate frequent and realistic stressors experienced by new students. Extending invitations to mental health providers to address student leaders directly and share their approaches to mental health treatment and support could also improve the efficacy of training.

Addressing and removing the implicit barriers experienced by students when trying to access support services on campus will decrease the stigma associated with VT and increase referrals to support units. Although strengthening the support pipeline to mental health resources on campus will shift some burden off student leaders to provide continuous peer support and reduce exposure to VT, it will not eliminate it. An emphasis needs to be placed on teaching self-

directed coping strategies for student leaders to practice while awaiting psychological support or assessment from mental health providers. One way of improving interim VT resilience and decreasing negative rumination and self-loathing (Moody, Childs, & Sepples, 2003) is to strengthen student leaders' sense of empowerment through mindfulness exercises. Mindfulness is a technique that reveals the inherent ability of the mind and body to rebalance, sustain wellbeing, and discover new perspectives (Halladay et al., 2018). The results of a systematic review and meta-analysis of mindfulness for the mental health and wellbeing of post-secondary students indicate that mindfulness activities produce small to moderate reductions in symptoms of depression, anxiety, and perceived stress post-intervention when compared to passive control (Halladay et al., 2018). Therefore, mindfulness is an effective regulatory philosophy that will help student leaders learn to habitually manage and monitor their own emotions, which will make it easier to cope with VT over time.

Research has shown that it is relatively easy to elicit maladaptive thinking when individuals are asked to focus on the things that went wrong with a situation (Watkins & Teasdale, 2004). If prolonged, this type of rumination can become increasingly more destructive to the extent that it drains cognitive resources (Avolio & Hannah, 2008) that could have otherwise been applied to adaptive problem solving. Given student leaders' frequent involvement in situations involving high levels of emotional stress, and their propensity to neglect their wellbeing, they are more likely to demonstrate negative rumination, thus inhibiting their adaptive coping potential. This affirms the value of mindfulness as a protective measure to avoid burnout.

Mindfulness also helps student leaders recognize and overcome the ways they tend to get stuck in negative stress loops. Mindfulness activities have low-to-no costs, can be practiced by student leaders in many settings, and have virtually no risks of adverse effects. Therefore,

teaching mindfulness may be an appropriate solution as an early intervention for VT-related stress symptoms, or as a protective measure for student leaders who are waiting for professional counselling support. Some examples of mindfulness activities are yoga, walking, controlled breathing exercises, body scan meditations, and self-guided imagery. If practiced daily, mindfulness can enhance student leaders' ability to observe, explore, and experience their emotions and increase their awareness of the VT stressors. This combination of emotional observation and attitude examination is a catalyst for effective behaviour modification (Bishop et al., 2004) when in distress.

To evaluate the extent to which the use of mindfulness exercises improves student leaders' adaptive coping skills, the use of psychometric measurements will be needed. The *Connor-Davidson Resilience Scale (CD-RISC)* is a practical tool which has high internal consistency, good test-retest reliability, and adequate construct validity (Connor & Davidson, 2003). This scale can provide objective evaluations of student leaders' emotion regulatory abilities and tolerance for stress if administered pre/post mindfulness interventions. Additionally, once a baseline is established, more refined mindfulness resources can be provided to increase self-monitoring techniques in hopes of lowering student leaders' likelihood of experiencing negative symptoms when forced to cope with stressful events (Inzlicht, Aronson, Good, & McKay, 2006).

These scales are another tool to improve ego resources so that student leaders are less reliant on institutional interventions for VT support. Although these scales will not fix student leaders' coping habits, they will increase awareness of maladaptive habits and have a positive impact on reducing stigma surrounding VT, and decrease feelings of alienation (Bonanno et al., 2011). However, further consultation with campus mental health professionals will be needed to

examine the appropriate and ethical use of these scales when applied in an educational context. Accredited training for myself and other Program administrators will be required to administer these scales and to accurately interpret the results.

Possible Solution 3: Clarify Student Leader Roles and Expectations

Studies have shown that subjective workload (i.e., feeling that one's academic and extracurricular load is too heavy) is more closely related to emotional exhaustion than actual load of academics and extracurricular activities (Jacobs & Dodd, 2003). This underscores the psychological nature of stress and the subjective experience of workload. Knowing that extracurricular activities play a protective role against some aspects of burnout and a sense of personal accomplishment, student leaders should not be punished (i.e., suspended or removed from their roles) as a tactic to reduce VT symptoms. Instead, student leaders' workload must be redistributed to offset the typical investment of time and effort (emotional and physical) expended to support new students in distress.

A potential solution to address this concern is to impose mandatory breaks or separation so student leaders can be given temporary reprieve from stressful first-year environments. Intentional detachment can reduce student leaders' likelihood of observing new students in need of help and buffer against the implicit pressure to provide support. In theory this recommendation makes sense, but in practice it will be difficult to implement. One reason is because younger and less mature student leaders tend to experience higher levels of stress (Howlett & Collins, 2014) and have more difficulty developing peer-to-peer boundaries, so they may be less willing to follow these expectations. Another reason is because social media apps on cellular phones provide unfettered access to student leaders, which make it difficult to appear unreachable if/when a first-year student sends a distressing message.

As mentioned in Chapter One, senior student leaders are change drivers who must not encourage attitudes that perpetuate prosocial behaviours as a means to disregard self-care and gain popularity or status. Although there is evidence showing the association of empathy and moral reasoning with prosocial behaviour (Berger & Palacios, 2014), student leaders should not receive social praise for sacrificing their own wellbeing to support the needs of others. It is incumbent on Program administrators to devise a structure that affords student leaders a reasonable degree of flexibility to operate with sufficient autonomy while prescribing terms to prevent unrestricted access and communication with new students. Although these parameters would be difficult to enforce, I am still inclined to establish them in hopes that student leaders view them as sensible solutions. Albeit, I am aware any structural intervention must not impose unrealistic expectations that impede student leaders' ability to form authentic relationships with new students.

Therefore, these changes cannot be couched in blame, as this implies that student leaders are not balancing life and work adequately or are not making effective use of their leisure time or self-care. Knowing that a primary predictor of VT exposure is hours per week spent working with traumatized individuals (Bober & Regehr, 2006; Killian 2008; Whitfield & Kanter, 2014), adding structural controls to better regulate student leaders' interactions with new students may be beneficial. A possible solution is to examine the number of new students assigned to student leaders. Currently, student leaders who are associated with smaller constituencies (especially faculties) are assigned fewer students to support (i.e., 1:10), which creates disproportionate ratios between peers. Student leaders from larger constituencies are expected to provide comparable levels of support (i.e., 1:20) to their peers who are assigned fewer students. As such, some student leaders tend to experience added stress and have a higher risk of developing languishing

schemas. Lowering the student leader-to-new student ratio for larger constituencies is therefore needed.

Lastly, the Institution needs to outline and communicate other student leaders' roles and responsibilities (i.e., student staff) who are also trained and expected to provide peer support to new students in distress. Clearly defined responsibilities of volunteer versus paid student leaders need to be communicated to all first-year students at the outset of the school year (i.e., summer academic orientation, mandatory first-year seminars in Orientation Week), and stressed several times throughout the year, to reduce confusion and competition. Another possible initiative is to create an inventory of student leader certifications and skillsets on campus. This will make it easier to refer distressed students to the appropriate leaders when specialized peer support is needed.

Although each solution addresses several gaps that contribute to the problem, finding ways to integrate their components is needed to create systemic change in the Orientation Program. A comprehensive solutions strategy will be examined in Chapter Three.

Leadership Ethics and Organizational Change Issues

This section discusses some ethical challenges associated with my leadership position in the Orientation Program and the unintended consequences of initiating culture change within a complex social environment.

Insider Knowledge

My desire to address the maladaptive coping behaviours of student leaders in the Orientation Program may be perceived as a conflict of interest. Specifically, the focus of my OIP may be biased by the knowledge I have acquired in my professional practice, which necessarily skews my preferred approach to change management. A major source of my insider-bias stems

from my role in drafting the Institution's renewed Orientation Strategic Plan (Institution X, 2016). In September 2015 I joined a campus-wide steering committee responsible for enacting a new long-term vision for the Program. A number of the outcomes listed in the plan target the issues associated with my problem of practice. The plan identifies mental health stigma as a pervasive issue amongst student leaders and tasks Program administrators with addressing help-seeking avoidance to improve early and ongoing access of support services. Given that I made this a central theme of my OIP, the confluence of professional and scholarly priorities may appear contrived. Therefore, the research data collected for the strategic plan must not be used as conclusive evidence to substantiate my problem of practice. Any inferences made from the data are possible, in part, because of my access to privileged documents, which an outside researcher would not have. Although this gives me the unique ability to understand and examine the problem, it also emphasizes the need to corroborate my findings with external research data.

Alternatively, the nature of my relationships with student leaders poses an ethical dilemma when addressing this problem. Holding dual roles as a scholar practitioner and a Program administrator makes it difficult to remain unbiased upon reviewing organizational data and trends in student leader behaviour. I am responsible for providing supervisory support to student leaders who are suffering from VT, thus I have observed maladaptive coping habits firsthand. These experiences have given me anecdotal evidence to believe the scope of this problem is widespread and in need of institutional attention. This is not a unique perspective held solely by me as many other administrators have witnessed similar accounts of maladaptive coping and have formally raised concerns at recent Operations Committee meetings. Nevertheless, I acknowledge my own observations of emotion dysregulation may be inflating my overall perception of the severity of the problem.

The Consequences of Culture Change

Knowing that a major predictor of success with my OIP will be the extent to which prosocial attitudes related to peer support can be reframed, I must consider the potential consequences of attempting to change cultural norms. Although the culture associated with peer support may appear malleable, it is fraught with ethical dilemmas. This view is evident in the work of Schein (1992) who perceives culture as a deeply complex phenomenon, which is difficult to conceptualize and impossible to manufacture, especially when attempting to change the status quo.

A serious concern with any attempt to challenge conventional coping habits is that the original meaning of these elements will be lost or distorted. I have to consider the possibility that student leaders may be reluctant to admit their struggles or unwilling to reframe their coping habits when the problem becomes mainstream. Attempting to characterize the scope and severity of the problem may educe feelings of guilt, shame, and resentment as student leaders face heightened pressure to reflect on their own attitudes and behaviours. These emotional discharges may trigger negative responses during the *Awakening* stage of the Integrated Change Model and lead to active disengagement. I worry my administrative colleagues will not empathize with student leaders' melancholy and decide that changing social norms is inconsequential compared to reducing acute impacts from VT. Ignoring the sociological underpinnings of the problem, may erode student leaders' trust in the Institution and dilute administrators' change management credibility. This can lead to myopic mindsets by both groups and convergence on known and convenient positions, as opposed to innovative praxis.

Although culture is not easily controlled, it can be influenced under certain conditions. However, such attempts may create unpredictable outcomes and raise a number of ethical issues

(Anthony, 1990; Hawkins, 1997). For example, Harris and Ogbonna (2002) found that the initial attempts of managers to inculcate established cultural values in staff resulted in a range of unpredicted and undesired responses. While some employees complied with the espoused organizational traits, the majority of staff reacted to the culture change efforts in an ambivalent manner.

The following paragraphs outline potential reactions by student leaders and administrators as a result of coordinated efforts to influence culture change.

Ritualization of culture change. The first unintended consequence of culture change initiatives involves the effects of the ritualization of culture change. Inattention to the symbolic dimensions of culture change (i.e., traditions and social ceremonies) can significantly undermine culture change efforts. Fulghum (1995) describes rituals as “anchors”, which serve as a “solid footing and springboard, providing a stable dynamic in our lives” (p. 261). Rituals create order, clarity, and predictability, so they must be practiced regularly. While Institution X’s efforts to change student leader coping habits vary widely in application, after the initial wave of changes are introduced, ongoing administrative interventions will be required to sustain new norms over time. Therefore, administrators must encourage positive coping schemas as conventional habits to VT, otherwise student leaders will vacillate between maladaptive habits and self-care vigilance. Any efforts to impose finite timeframes on culture change can detrimentally ritualize the initiative, and possibly lead to negative and unanticipated interpretations by student leaders.

Hijacked process. The second administrative action that can result in unintended consequences of culture change centers on the extent to which the vision for change is maintained throughout the process. While culture change may be facilitated by myself and my colleagues on the Operations Committee, our actions can engender opposing student leader

views. During the *Mobilization* stage of the Integrated Change Model, the scope of change can be altered by student leaders given their self-organizing potential as complex adaptive systems (CAS). The impact of such interference can either subvert the change design process that is outlined in my OIP or mask the process so that culture change occurs in unknown ways and at unknown intervals. If student leaders view the Institution's attempts to curb their coping habits and structure their relationships with new students as an erosion of culture, that is, the extent to which the espoused values for change appear to undermine or threaten their social customs, these CAS conquests will increase. Therefore, a hijacked process can impede, slow, or redirect change efforts in a way that disguises the continuation of existing socialized attitudes and behaviours under a veneer of support for new coping habits.

Top-down culture change. Another factor that can result in unexpected consequences stems from the perception that the Institution knows the best recourse for student leader wellbeing and has the positional authority and informational expertise to decide how student leaders ought to cope with VT. The ethical concern is that if the genesis for change comes from the perspectives of administrators and lacks sufficient awareness from other students or leaders on campus, this casts doubt on the evidence given to suggest culture change is needed. These insider perspectives may not represent the full scope or source of the problem and can lead to meaningless implementation if acted on. If insufficient input is gathered, I worry student leaders will not accept the Institution's outlook on the problem and will reject or delay invitations to reframe their coping habits.

Uncontrolled and uncoordinated efforts. Lastly, while a significant portion of change will be controlled and coordinated by myself and my colleagues on the Operations Committee, the value of leveraging complex leadership theories to foster student leader skill development

reduces the Institution's central agency and can create inconsistent outputs. The impact of such inconsistencies can stunt student leaders' ability to reframe coping habits and make it difficult to measure the effectiveness of planned interventions. As a result, behavioural compliance will be an impossible goal of this OIP. Instead, the objective of culture change efforts will be to influence student leader behaviours to reduce maladaptive coping habits as much as possible. This will almost certainly be a long-term goal, which requires the Institution to be patient before expecting adaptive coping behaviours to materialize as prototypical response patterns to VT.

Chapter Two Summary

Chapter Two discussed the inherent challenges associated with influencing culture change in the Orientation Program and the importance of adaptive leadership approaches to overcome ambivalent reactions. Administrators' use of situational leadership to help student leaders reconcile conflicting values and disparate coping skills was also examined. This chapter discussed how optimal change depends on innovative solutions to reframe what may be inhibiting student leaders' ability to generate positive growth from VT and practice healthy coping habits. While situation-dependent leadership behaviours can be used to optimize student leader performance, incorporating complex leadership theory increases the prospect of dynamic culture change because student leaders and administrators can more easily explore issues collaboratively in a traditional learning environment.

Chapter Three outlines my preeminent strategy for implementing culture change in the Program and discusses tactical measures to mobilize engagement, assess goals, and communicate action items to key stakeholders.

Chapter Three: Implementation, Evaluation & Communication

This chapter is divided into three sections. The first section outlines a change implementation plan and proposes short-, medium-, and long-term goals to address maladaptive coping habits. The second section presents monitoring and evaluation tools that will be used to track these goals and gauge their effectiveness within the Orientation Program. The third section summarizes a communications plan to enlist stakeholders in change implementation efforts.

Change Implementation Plan

As outlined in previous chapters, my capacity to undertake any new or substantive initiative is limited given the low staff-to-student leader ratio in the Orientation Program. Staffing deficits make it challenging for me to examine the problem and develop innovative solutions. As a result, training outputs seldom change. Student leader training mostly addresses measures to manage short-term risks rather than facilitate long-term skill development. A critical goal of this OIP is to find ways to create more capacity for myself by increasing the number of institutional leaders from multiple departments directly involved in supporting student leaders' who experience VT. Interdepartmental involvement is critical to improving service quality and rethinking the delivery of mental health resources. Shaping the Institution's strategic mandates and measures for supporting students in distress will require persistence, internal advocacy, methodical persuasion, and a multi-year approach.

Improvements to Organizational Structures and Systems

In considering the scope of the problem, and the means through which behaviour change may be optimized, I recommend creating an extended training framework to improve student leaders' competence and motivation to monitor their emotions, practice mindfulness, and manage stress. To accomplish this, learning communities (LCs) should be implemented as a

vehicle to emphasize and impart adaptive coping techniques. These learning communities should convene regularly throughout the fall term and be co-facilitated by university staff/faculty and senior student leaders. Studies have shown that students who participate in learning communities outside of the classroom are better able to integrate diverse perspectives into their personal schemas, analyze and synthesize ideas, apply theories, judge the value of information as well as their own views, and understand others' perspectives (Brownell & Swaner, 2009). Lardner (2005) describes the importance of institutions creating learning communities to target the problematic nuances associated with improving complex behaviours. By creating learning communities in the Orientation Program, student leaders will be able to develop VT-growth mindsets and discuss their coping habits in an environment with fewer social pressures and consequences.

To establish continuity throughout the change implementation process, and to increase the likelihood of learning communities being adopted by campus leaders, I have created a chronological timeline to forecast interim goals before LCs can be implemented. Knowing I cannot complete this implementation schedule on my own, all goals will be presented to the Orientation Operations Committee in an attempt to persuade members to adopt these changes as tactical priorities within the Orientation Strategic Plan (Institution X, 2016). This ensures all subsequent decisions within the Program will be informed, in part, by the findings and recommendations of this OIP.

The following paragraphs outline a sequential approach to changing organizational structures, roles, and responsibilities in the Program. Because a major impediment to implementing LCs will be the limited staffing resources, I have separated my implementation

plan into short-, medium-, and long-term goals to illustrate the gradual escalation of institutional support.

Short-term goals. My first short-term goal will be to work with administrators on the Orientation Operations Committee to discuss resource sharing and develop action plans to ameliorate concerns that are easy to address and require less structural upheaval. For example, lowering student leader-to-new student ratios, imposing mandatory breaks during Orientation Week, and formalizing a communications plan to outline student leader roles to new students. These efforts are critical to allay student leaders' fears that institutional bureaucracy is stunting action, and to build momentum for more staff involvement with learning communities.

Another short-term goal will be to work with the Health and Wellness Community of Practice (CoP) to publish a survey to garner student leaders' perspectives on learning communities. These findings can be used as a baseline to either corroborate or contradict the conclusions derived from this OIP's literature review regarding antecedents to maladaptive coping. This data can also gauge student leaders' views of psychological support services to determine if there is a perception problem with campus resources. If conducted annually, these assessment tools can track whether student leaders' attitudes towards their trauma narrative and coping habits change in concert with their participation in learning communities. The data can also be used to identify stigmas associated with traditional support units on campus and leveraged to advocate for more resources from the Institution. For example, sharing the frequency and sources of trauma can substantiate claims for extended hours of operation during peak periods of student leader stress. In addition, by identifying the pressures associated with peer support roles, I can present a more compelling case for a streamlined accommodations

process (i.e., academic deferrals and expedited psychological counselling) for student leaders who are involved in critical incidents.

The last short-term goal will be to establish an annual inquiry by an “arms-length” examiner, such as Equity Services, to assess the demands associated with peer support roles on campus and evaluate the Orientation Program’s current measures to help student leaders overcome VT. These inquiries will seek to identify institutional barriers that inhibit the wellbeing of student leaders and recommend provisions to ameliorate them. Although this may inadvertently create criticism for other aspects on the Program, I believe this is an effective approach to spotlight programmatic gaps that internal reviews often overlook.

Medium-term goal. My primary medium-term goal, which will require a higher amount of staff participation, is to create a student leader critical incident response team comprised of Program administrators and campus mental health providers (i.e., representatives from the Operations Committee, Student Health Services, Psychological Services, and Residence Counselling). This team will meet weekly to discuss cases of recent trauma exposure reported by student leaders in the Orientation Program. As discussed in Chapter Two, more communication channels are needed for student leaders and administrators to check-in on a regular basis. The need for student leaders to have reliable outlets when they are unable to cope with stress is essential, as is an established system to track, triage, and respond to student leaders in distress. Comparable to other case management committees on campus (i.e., Sexual Violence Response Team), this team’s objective will be to deploy coping resources to at-risk student leaders. This establishes a legitimate forum for administrators to share and discuss approaches to support students in distress, while providing resources in a timely, coordinated manner. This team will not only fill a structural gap in the Program, but it will also engage personnel from existing

support units who have the professional knowledge and expertise to treat deleterious psychological symptoms.

Long-term goals. Although gradual reorganization of staffing resources is a sensible approach, this delay will continue to exacerbate acute psychological stressors for many student leaders who aren't beneficiaries of shorter-term solutions. For example, overloaded counselling units and ineffective skills training will mean that staff are under pressure to juggle administrative duties while trying to support student leaders in distress. The risk in maintaining current practice is that staff become increasingly more susceptible to developing compassion fatigue as a result of having to keep up with high demands for scarce resources. A probable implication is that staff will become more reluctant to participate in duties outside of their primary job function (Johansson et al., 2014), which makes it difficult to convince them to continue to participate in these change efforts. However, successful implementation of short-term and medium-term goals should heighten vigilance surrounding VT exposure and hopefully encourage administrators to participate in learning communities throughout the academic year.

Developing extended learning communities with experiential learning frameworks to teach adaptive coping techniques is both an innovative and a practical solution. The goal with each learning community will be to deliver customized curricula based on Linehan's (2015) work on Dialectical Behaviour Therapy (DBT) skills training. DBT asserts that emotional distress is overcome by invalidating self-destructive emotions and mastering the necessary skills to self-regulate (Feigenbaum, 2007). Although originally conceived as a cognitive behavioural treatment model for chronically suicidal individuals, DBT can be an effective intervention to reframe dysfunctional habits for a wide range of personality disorders and problems, including instability in emotion regulation, impulse control, interpersonal relationships, and self-image

associated behavioural patterns (Linehan, 2015). An important goal of DBT training is to help individuals thrive in transitional environments. DBT training does not focus on maintaining a stable, consistent environment, but instead helps individuals become comfortable with change. These psychosocial principles are perfectly aligned with the circumstances surrounding maladaptive coping habits, which affirms DBT's potential to inform a series of lesson plans to accommodate a wide range of student leaders with varying coping abilities and motivations. The benefit of this approach is that student leaders will receive more tailored support to help them monitor and manage their emotional response to VT over an extended period of time, as opposed to a single day of training.

To create high-impact learning, LCs should uphold the following principles:

- Experiential learning should be the primary form of pedagogy.
- Learning communities should be generally small, unique, and cohesive units organized by similar coping skillsets. Curricula should be applicable to a wide range of students with varying coping competencies and confidence levels.
- DBT techniques should be practical, self-explanatory, and require minimal staff/senior student leader training or increase in workload.
- Information should be communicated using simple messages to improve recall and application for novice student leaders who are prone to emotion dysregulation.
- Learning communities should be student centric and emphasize self-directed learning. They should exhibit a clear set of values and expectations for active participation (Schroeder & Mable, 1994).

To determine the type of support each student leader will need to bolster his/her coping skills, the Connor-Davidson Resilience Scale (CD-RISC) will be administered at the start of the term. The CD-RISC assess resilience and views it as a measure of stress coping ability. The scale is comprised of 25 items, each rated on a 5-point scale (0–4), with higher scores reflecting greater resilience. The scale demonstrates that resilience can improve with training or treatment.

As such, resilience is an important target of treatment of emotion dysregulation and VT stress reactions.

Figure 4 is an example of how the results of the CD-RISC test can be organized using a Situational Leadership (Blanchard, et al., 2013) matrix to match individual motivations and skill levels with the appropriate type of institutional support and direction. This scale can also be used to track growth as part of a longitudinal study if administered at regular intervals throughout the term. An inventory of resiliency scores can be kept by the Institution to study the difference in student leader resiliency levels after each year in the Program. Over time, the Program will be able to compare the mean scores of entire student leader cohorts as culture changes take root and collective coping patterns improve.

	CD-RISC (4)	CD-RISC (3)	CD-RISC (2)	CD-RISC (0-1)
	<p>D4: Very High Competence; High Commitment (i.e., mastery of skills and motivation)</p> <p style="text-align: center;">↕</p> <p>S4 (Low Directive-Low Supportive)</p> <p style="text-align: center;"><i>“Delegating”</i></p> <p>Institutional leaders offer limited input or support to influence coping habits, and instead encourage student leaders to maintain high confidence and motivation levels. Admin are not focused on correcting habits, setting boundaries, or reframing stress as an antecedent to VT-growth.</p>	<p>D3: High Competence; Variable Commitment (i.e., proficient skills, lacking confidence)</p> <p style="text-align: center;">↕</p> <p>S3 (Low Directive-High Supportive)</p> <p style="text-align: center;"><i>“Supporting”</i></p> <p>Institutional leaders use supportive behaviours to strengthen student leaders’ coping skills and reinforce positive resilience behaviours. Admin encourage autonomous decision making and self-care but remain vigilant to correct reoccurring maladaptive habits.</p>	<p>D2: Moderate Competence; Low Commitment (i.e., variable skills and motivation)</p> <p style="text-align: center;">↕</p> <p>S2 (High Directive-High Supportive)</p> <p style="text-align: center;"><i>“Coaching”</i></p> <p>Institutional leaders focus on improving coping deficits with tempered instruction while meeting student leaders’ socioemotional needs. Admin give ongoing encouragement to strengthen student leaders’ resilience capacity.</p>	<p>D1: Low Competence; High Commitment (i.e., novice skills, willing to learn)</p> <p style="text-align: center;">↕</p> <p>S1 (High Directive-Low Supportive)</p> <p style="text-align: center;"><i>“Directing”</i></p> <p>Institutional leaders focus on rudimentary skill development by giving frequent instruction on effective coping skills, and strategies to reframe VT into a growth mindset. Admin provide frequent supervision and monitoring following a critical incident.</p>
Mindfulness: The student leader reacts to emotionally traumatic	The student leader readily acknowledges VT as a validating experience, which strengthens their	The student leader is aware of how stress impacts their own emotions and is able to regulate their	The student leader seldom recognizes the growth potential following critical incidents unless	The student leader negatively ruminates following a critical incident and is unable to differentiate

experiences in the spirit of acceptance, without judgement, and a willingness to learn/listen through a self-reflective lens.	resilience capacity. They are extremely self-aware of their emotions and offer practical suggestions to help others reframe trauma as an antecedent to personal growth.	expression with encouragement. Non-defensive attitudes are common following VT exposure, yet negative rumination occurs occasionally until feedback is given.	coached to do so. They are reluctant and unable to examine the source of their emotional response or recognize the deleterious impacts of maladaptive coping.	adaptive from maladaptive coping. When confronted with evidence of maladaptive habits, they are resistant to accepting help and are reluctant to study their irrational perceptions or reframe their myopic mindsets .
Interpersonal Effectiveness: The student leader is able to balance and prioritize needs versus wants of others and has constructed effective peer support boundaries.	The student leader models healthy, flexible boundaries and does not establish dependency relationships with peers in distress. They model principles of positive psychology, which generate prosocial attitudes driven by self-efficacy, not popularity	The student leader demonstrates active listening and is usually able to discern appropriate levels of peer support without compromising their own wellbeing. They occasionally over commit personal resources to support others but are able to regain balance with support.	The student leader has the ability to ask for things that they want or need to establish reciprocity in a peer-to-peer relationship yet neglects to do so until given feedback. They oblige requests for peer support often, despite the personal consequences.	The student leader is unable to balance their own needs with others' wants. They demonstrate minimal or no self-respect and routinely sacrifice their personal wellbeing for others' benefit.
Emotion Regulation: The student leader demonstrates effective emotional expression and controlled affect management when in distress.	The student leader possesses complete emotional self-control, even in the most difficult and traumatic situations. The leader provides guidance, support, and constructive feedback to help languishing peers	The student leader is methodical about how they deal with their emotions and is able to compartmentalize sources of stress. The leader is aware of their own emotional intelligence but requires support to control hyper vigilance.	The student leader occasionally exhibits erratic behaviour which suggests an inability to regularly and independently manage their emotions	The student leader cannot control their response to stress (i.e., aggression, dismissiveness, or self-loathing) and is emotionally unstable when exposed to VT.
Distress Tolerance: The student leader demonstrates tolerance of stressful situations and reframes VT into a growth opportunity.	The student leader actively seeks different perspectives and practices restraint when exposed to high levels of stress. The leader is able to prevent maladaptive thoughts from overriding their cognitive schema through positive rumination.	The student leader demonstrates a consistent ability to reframe VT to limit negative symptoms, however they still require some support to overcome complex and recurring trauma.	The student leader understands the deleterious effects of VT yet inconsistently demonstrates adaptive attitude adjustments when in distress.	The student leader suppresses adaptive attitudes when in distress and is unable to demonstrate a VT-growth mindset. Attitudes towards positive rumination are fleeting or nonexistent.

Figure 4. This figure matches student leader development levels with institutional support using a situational leadership matrix for DBT areas tested in the Connor-Davidson Resilience Scale (Connor & Davidson, 2003).

The major difficulty with implementing LCs will be designing mindfulness exercises and modifying DBT content to be facilitated by non-clinical staff. As such, I am recommending

that a clinical psychologist or a graduate student fluent in DBT skills training be hired to assist me with curriculum development, feasibility planning, and overall project management. This individual should have extensive knowledge of mental health literacy programs, a collaborative approach to leadership, and experience working across divisional lines within the education sector. With their help, we will decide how LCs can be designed and deployed, and the right balance of instruction versus self-directed learning.

Another factor tied to the success of LCs is the Institution's financial health and appetite to allocate monies to fund innovative mental health resources and programs. Unfortunately, the current climate for new expenditures is poor given the provincial government's austerity measures to reform ancillary fees at Ontario post-secondary institutions as part of the *Student Choice Initiative*. The Ministry of Training, Colleges and Universities (2019) recently announced that students should have more choice over their non-essential student fees and have the discretion to decide which ancillary funded services they wish to pay for. A potential outcome of these legislative changes is that many support services, which rely on ancillary fees to cover operating costs, will no longer have stable funding streams and be forced to cut-back on service provisions and staff. The Orientation Program's entire operating budget is funded through a first-year student ancillary fee. This presents a major roadblock for my OIP as any attempt to hire new staff in the foreseeable future as a way to free up my capacity to implement LCs is unlikely. Therefore, finding ways to realign organizational resources to find efficiencies within current staffing and training frameworks is my default plan of action. By spending time on short- and medium-term goals, this will gradually disrupt the maladaptive culture embedded within student leaders' coping schemas, while I wait for the opportune time to negotiate for more permanent resources.

Change Process Monitoring and Evaluation

This section outlines a breadth of monitoring and evaluation tools to gauge the effectiveness of learning communities. As discussed in the previous section, LCs are a long-term goal for this OIP that will create consistent educational forums to help student leaders label feelings, identify events and thoughts that tend to precede increases in emotional distress, understand physical and psychological manifestations of VT, and disassociate from maladaptive urges (Sharp et al., 2018).

Figure 5 displays a logic model that outlines the financial, material, and informational resources needed to create a DBT curriculum, train facilitators, develop rewards, and design assessments to initiate LCs. The model illustrates the causal relationships between basic outputs and a series of consecutive learning outcomes. The outcomes are organized as short-, medium-, and long-term to depict the degree to which LCs are able to reframe student leaders' coping habits to be less maladaptive over time. The outcomes correspond with the effectiveness of LCs to teach DBT skills and instill VT growth-mindsets. The progression between outcomes is not stated, or known, because of the variability associated with complex adaptive systems. Because an implementation timeline is not prescribed, the model offers a generic pathway to change without time constraints. In all likelihood, the long-term outcomes will not be met immediately given the Institution's steep learning curve to refine the LC delivery model.

The model identifies a series of assumptions and external factors that contextualize LCs' ability to influence coping habits. The logic model will be used as a visual aid to communicate the necessary elements to implement inaugural LCs and to temper stakeholders' expectations of the immediate impacts of LCs, while also forecasting long-term gains.

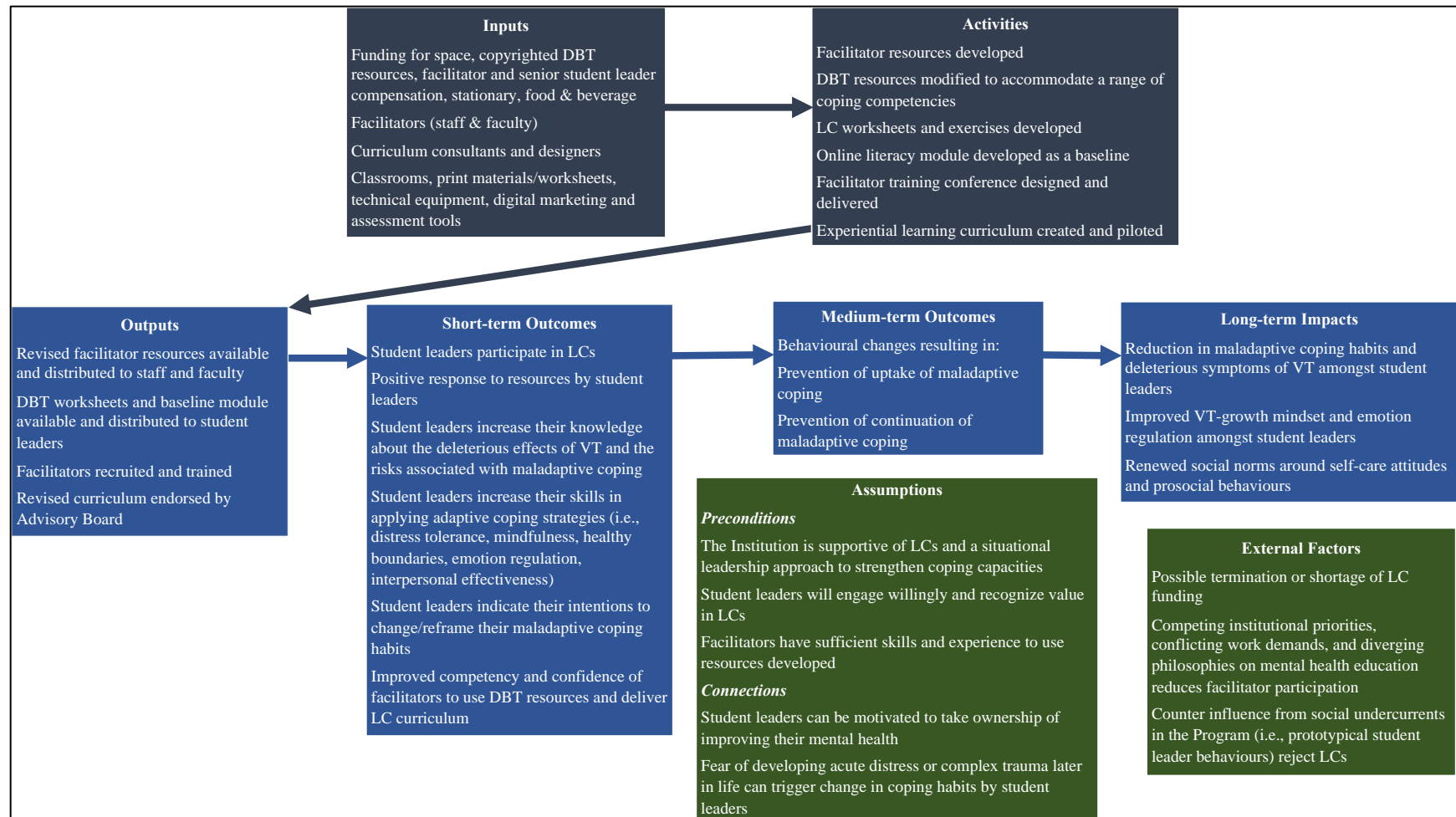


Figure 5. This figure incorporates elements from the W.K. Kellogg Foundation (2004) development guide and illustrates a logic model to address maladaptive coping habits using DBT learning communities.

Monitoring and Evaluation Plan

Culture change requires a deep commitment to studying all facets of new interventions, including any structural, political, or social consequences as a result of major system overtures. This is especially true when the outcomes are unexpected or contrary to the intended results. As such, both qualitative and quantitative data will be gathered to represent a range of opinions and observations. This mixed-methods approach ensures the data collected represents a diversity of thought and acknowledges the complexity of stakeholder experiences during LCs. Incorporating multiple sets of monitoring and evaluation data within my assessment methodology will enrich the feedback in ways that one form of data does not allow (Brewer & Hunter, 1989; Tashakkori & Teddlie, 1998). This approach will help triangulate findings to gain a deeper understanding of whether LCs are an effective and sustainable method to influence coping habits amongst student leaders.

To monitor and evaluate LCs and their attributable outcomes, various assessment tools will be used to collect feedback from student leaders and facilitators before, during, and following the fall term. These tools will be administered annually to measure and follow trends in both satisfaction and (in)direct forms of learning. Figure 6 outlines a plan to monitor and evaluate several mechanisms for change and test LCs' program logic solvency. I have organized the evaluation questions within five performance domains: appropriateness, effectiveness, efficiency, impact, sustainability (Markiewicz & Patrick, 2016). Each question is assessed using both formative and summative forms of data collection. The analytical use/value of what is being assessed is denoted within the figure using the following symbols: monitoring (M), evaluation (E), or both (M&E).

<i>Evaluation Questions</i>	<i>Focus of Monitoring (M) and Evaluation (E)</i>	<i>Indicators</i>	<i>Targets</i>	<i>Monitoring and Evaluation Data Sources</i>	<i>Who is Responsible and When</i>
Appropriateness To what extent are learning communities an appropriate method to enhance student leaders' abilities and motivations to reframe maladaptive coping habits?	(M&E) Baseline knowledge	Percentage of student leaders with knowledge of deleterious effects of vicarious trauma and an awareness of maladaptive coping habits	60% literacy rate of trauma types, causes, and contributors	Online proficiency test	Operations Committee Annually in the spring during student leader onboarding
	(E) Social learning pedagogies	Use of peer-to-peer and experiential learning techniques	50/50 curriculum	Program audit and resource satisfaction survey	Health and Wellness Community of Practice Annually in second semester
	(M) Participation in LCs	Number of student leaders (new and returning) from each constituency	60% participation (equivalent to average percentage of new student leaders per annum)	Attendance records	Orientation Program Intern Monthly
Effectiveness To what extent are improved coping habits attributable to student leaders' participation in learning communities?	(M) Student leaders' application of emotion regulation, mindfulness, boundary setting, and distress tolerance techniques	Number of DBT exercises used by student leaders to moderate VT symptoms	Over 60% report using 1 technique acquired from a learning community	Student leader verbal feedback	Members on student leader critical incident response team Disclosed during check-ins
	(E) Factors that inhibit participation in LCs	Number of student leaders who reported LCs were an ineffective approach to teaching coping skills	Over 60% participation rate in survey	Anonymous post-survey	Operations Committee Following the completion of LCs
	(E) Student leaders' cognitive-behavioural development	Difference between student leaders' coping competencies and application of adaptive coping techniques before and after LCs	Increase in individual scores for each marker of resilience	Pre-post test Connor-Davidson Resilience Scale	Program administrator Prior to and following completion of LCs
Efficiency To what extent are learning communities a good use of institutional resources?	(M) Human resource costs to facilitate LCs	Number of facilitators who participated in LCs and who experienced minimal or no	75% satisfaction reported by facilitators	Focus group with facilitators	Co-Chairs of Operations Committee Following the completion of LCs

		disruption in daily workload			
	(E) Cost/benefit analysis of LCs	Knowledge, skills gained and attitude, behaviour change against LCs' budgetary needs	10% difference between the operating costs to facilitate LCs, train facilitators and expenses incurred from current mental health training programs (i.e., safeTALK)	Audit of financial records	Advisory Board Annually
Impact To what extent do learning communities reframe student leaders' coping habits?	(M) Positive relationship between attitude and behaviour adjustment and LCs	Trends in behavioural responses to LCs	60% report LCs provide adequate training and support to maintain their mental health and wellness	Administrative findings from questionnaires administered by Psychological Services, Student Health Services, and/or Residence Counselling following appointments with student leaders	Unit Directors and Campus Mental Health Providers Ongoing
	(M) Unintended consequences of LCs	Trends and patterns of coping attitudes and behaviours	No Target	Discussion with senior student leaders	Myself Monthly meetings
Sustainability To what degree do learning communities develop capacity in student leaders to use adaptive coping behaviours (more) regularly when exposed to VT?	(M&E) Ongoing ability to self-regulate emotions following stressful interpersonal situations	Percentage of student leaders who report an enhanced ability to cope with VT beyond the first semester	60% report they are comfortable and willing to support their own mental health and wellness before seeking professional help	Mid- and end-of-year student leader survey	Operations Committee Biannual formative assessments
	(M&E) Development of partnership agreements to facilitate subsequent LCs	Number of Program administrators who agree to facilitate LCs the following year	75% agree to facilitate LCs again	1-1 debriefs	Myself and Advisory Board Following the completion of LCs

Figure 6. This figure uses an outline of a monitoring and evaluation plan adapted from Markiewicz and Patrick (2016) to categorize measures to gauge student leaders' VT-growth mindsets and tools to assess learning communities' ability to reframe coping habits.

Baseline information. To quantify the extent to which student leaders are able to employ adaptive coping skills prior to participating in LCs, they will be asked to complete an online

mental health literacy test and the Connor-Davidson Resilience Scale (Connor & Davidson, 2003) during their spring onboarding. Because student leaders have varying degrees of knowledge about mindfulness activities, stress tolerance techniques, effective boundary setting, and approaches to regulate emotions, these measures will objectively evaluate their coping skill levels. Once a baseline is established, customized resources and modified-DBT content will be provided within LCs. In addition, the annual findings from the Health and Wellness CoP survey will provide a macro analysis of how comfortable and willing student leaders are to access campus resources to support their mental health and wellness.

The next section discusses a comprehensive communications plan to recruit and retain facilitators, increase student leader participation, and manage institutional perceptions surrounding LCs.

Plan to Communicate the Need for Change and the Change Process

As described in Chapter One, improving stakeholders' ability to challenge conventional norms relies on five preparedness factors (Armenakis, Harris, & Field, 1999). These factors outline critical approaches to instigate culture change within complex organizational structures. To avoid spreading misinformation or invoking animus towards my views on student leader coping habits, a robust communication strategy is needed. A priority within my communication strategy will be to compartmentalize the antecedents for change, the intended outcomes, and the implications if nothing is done. This will require a mix of negotiation and collective learning to find common ground and to convey a sense of urgency for behaviour change without bestowing blame on current or previous student leaders. Incorporating my adaptive leadership model within the strategy is needed to communicate an innovative methodology to reframe a wide range of coping skills and motivations for peer support.

The following paragraphs outline communication provisions for specific stakeholder groups to convey how the proposed changes will impact them and how they can support the implementation process.

Communication with Student Leaders

As discussed in Chapter Two, a clear path to the implementation and ongoing success of LCs will require ideological approval from student leaders. This is needed because enlisting student leader support for LCs will be challenging given the added investment of time and effort being asked of them throughout the fall term. To overcome staunch opposition from student leaders, both the theoretical and concrete benefits of LCs must be explained. Clear and transparent communication will quell negative impressions, legitimize LCs' value, and increase my confidence to pilot modified-DBT content.

To accomplish this, I will communicate directly with student leaders (on behalf of the Operations Committee) via several townhall-style meetings. Townhalls are frequently used in the Orientation Program to discuss new initiatives and to garner feedback, which make them a convenient and familiar forum to discuss LCs. When given the chance to comment, one decision I predict student leaders will question is the need to segregate individuals based on their coping skill levels. In response, I will explain how the size and composition of LCs necessarily impacts the extent to which student leaders can develop adaptive coping behaviours. For example, in well-structured smaller groups, student leaders are able to discuss issues, cooperate more easily, and reflect on their coping styles and own development needs. Although there are many benefits to organizing LCs by constituency, this approach may limit learning, supplant the development of less capable students, and inadvertently create a dynamic wherein competent student leaders dominate the group process (Hogan and Tudge, 1999). Communicating these risks will be

important to deter support for groupings where senior student leaders can create status dichotomies and pacify the learning potential of novice leaders (Dembo & McAuliffe, 1987).

Additionally, some student leaders may be unsatisfied with the intended goals and format of LCs given the historical skepticism surrounding the Institution's motives for using student leaders as peer supports, and the inconsistent track record of providing effective training resources to support their ability to withstand VT. Although these concerns may be justifiable, the research presented in this OIP, which exposes the psychosocial risks many student leaders face in their roles, delivers a persuading narrative that affirms my desire to change the neoliberal reputation of the Institution and establish innovative praxis to help student leaders reframe their maladaptive coping habits. These goals are foremost about improving student leaders' self-efficacy, which will be important to emphasize during townhalls.

In addition to townhall meetings, I will also schedule monthly meetings with senior student leaders to review wellness resources and provide guidance on how to support less developed leaders who have diminished emotion regulation and distress tolerance skills. By establishing this routine forum, I am able to decrease my workload by increasing the capacity of senior student leaders to respond to lower level critical incidents experienced by their peers. This approach exemplifies a strategy to distribute accountabilities across several competent student leaders to help reframe system wide coping habits through social learning. This approach also leverages existing communication pathways between senior and novice student leaders, which increases the likelihood of cooperation from both groups.

Communication with the Operations Committee

As discussed in Chapter Two, as Co-chair of the Operations Committee, I will use this steering group to discuss a feasibility plan and to approve the curriculum for LCs. Garnering

members' perspectives is part of the *Awakening* stage in the Integrative Change Model, which ensures proposed changes represent the needs and wants of affected stakeholders. This approach aligns with May et al.'s (2009) Normalization Process Theory (NPT), which denotes factors that promote the routine incorporation of complex interventions into everyday practice. For example, in evaluating how these solutions can be incorporated into the Orientation Program, NPT asks whether the interventions are coherent (i.e., can stakeholders differentiate them from their normal practice or the status quo, are they considered to be valuable, and do they align with the parameters of the Institution's operational mandate). NPT also asks what cognitive participation will be likely (i.e., will student leaders engage and commit to these coping techniques, and will administrators reframe their thinking on provisions for mental health support). Finally, NPT considers what the collective effect of the interventions will be (i.e., will they help or impede existing mental health resources, and is extensive training and organizational realignment required to materialize changes) (Murray et al., 2010). These questions will help the Operations Committee determine the optimal implementation mechanisms and timeline for LCs.

Communication with Communities of Practice

As discussed in Chapter One, the current Communities of Practice within the Orientation Program will be consulted to engage campus stakeholders in innovative and ongoing change design. CoPs are comprised of a diverse group of campus leaders who share an interest in a specific dimension of student transition and endeavour to develop a repertoire of resources, tools, and strategies to address systemic issues in the Program. The benefit of using CoPs to examine maladaptive coping habits is that members can offer unique perspectives on the problem by drawing on their lived experiences and disciplinary knowledge.

Specifically, I will work with the Health and Wellness CoP and the Year-Long Transitions CoP whose mandates both align with the scope of this OIP. By sharing the findings of this OIP, I can crowdsource insight from members and gather feedback on LCs' design and function. Subsequent findings gleaned from all LC developments will be presented to the CoPs on an annual basis to gauge their effectiveness. Over time, this practice will turn CoPs into "clearing houses" for extended training initiatives, which ensures a high standard of continuous improvement.

Communication with Program Administrators

The need to build consensus amongst Orientation Program administrators is essential to enlist their support for LCs and to recruit them as facilitators. However, the challenge in communicating with them will be to find time within their busy work schedules. Because regular face-to-face communication will be limited, I will use an online file sharing site for regular correspondence. The Institution has a digital communication portal that is widely used within the academy and by most campus committees and interdepartmental taskforces. Uploading files and forum posts to this site will allow administrators to monitor and receive updates at their own pace and convenience.

I will also attempt to convene administrators for a facilitator retreat prior to implementing LCs. This will give me the opportunity to respond to frequently asked questions, discuss and teach curriculum, review logistical matters, clarify monitoring and evaluation measures, and foster information sharing between administrators in a conference-style format. My ultimate goal is to harvest the collective contributions of Program administrators to create a learning climate that leads to greater collaboration, issue clarity, and information exchange. Helping facilitators see the benefit of sharing their knowledge will positively relate to their propensity to share that

knowledge with others (Cyr & Choo, 2010). This type of collective learning will foster a gradual suspension of any defensive routines and allow for vigorous exploration of their predispositions towards teaching effective coping skills (Isaacs, 1993) and their assumptions of student leaders' motivations for maladaptive behaviour. It will be important to provide clear direction to facilitators about DBT theories and methodologies, to ensure dialogue remains relevant and doesn't lead to unproductive outcomes. If retreat discussions are not productive, I risk jeopardizing my credibility and the reputation of LCs. To best enable facilitators' learning, I will clearly explain how the Operations Committee will support LCs' delivery model and the full extent of their responsibilities. Otherwise, a lack of clarity regarding goals, logistics, or roles may result in a divergence of interest, a lack of integration (Ameijde, Nelson, Billsberry, & Meurs, 2009), and conflict between facilitators.

Communication with the Advisory Board

Lastly, it will be important to review the overall vision for LCs and present the findings from this OIP, as well as recommendations from CoP meetings and facilitator retreats, during quarterly Advisory Board meetings. This will ensure senior institutional leaders are kept apprised of all tactical advancements with respect to LCs. The first matter to review with Advisory will be LCs' operating costs and resources required to deliver quality experiential learning for student leaders. During subsequent meetings, requests for additional resources (i.e., financial, human, technological) can be made to support facilitator recruitment and professional development. This ensures LCs remain sustainable and can maximize their learning outputs.

Chapter Three Summary

Chapter Three discussed strategies to increase the number of institutional leaders directly involved in supporting student leaders and outlined measures to monitor and evaluate their

appropriateness, effectiveness, efficiency, impact, and sustainability (Markiewicz & Patrick, 2016). A multi-year change implementation plan was presented, which culminates in the creation of an extended training framework. Learning communities were explored as the preferred means to develop VT-growth mindsets and reframe coping habits. A critical review of LCs potential to initiate culture change in the Orientation Program was also shared. Lastly, this chapter provided an overview of a communications plan which outlined key stakeholder groups who require specific provisions to understand how the proposed changes impact them and how they can support implementation efforts.

The next section outlines key insights from this OIP and potential next steps to address vicarious impacts associated with peer support roles on campus.

Next Steps and Future Considerations

After an extensive literature review and analysis of the Orientation Program's organizational structures and systems, several revelations can be inferred about the antecedents to the problem:

- The Program does not adequately foster a culture that promotes wellbeing amongst peer support volunteers.
- The Program does not measure student leaders' coping skills or capacities.
- Program administrators underestimate the social pressures which impact student leaders' coping habits and prosocial behaviours.
- Program administrators are aware that exposure to VT affects student leader wellbeing yet are unable to prevent exposure.
- The Program does not have the capacity to provide regular supervision, training, or critical incident support for student leaders during the academic year.
- The Institution has been reluctant to reform mental health support frameworks despite knowing student leaders are frustrated by the financial and structural limitations of the mental health resources on campus.

The recurring dilemma of soaring demands for mental health resources and limited institutional capacity is that more and more student leaders are dealing with the pressure to provide peer support to new students as substitute aid. Interestingly, there are no formal systems in place to recognize, assess, or ameliorate the rising burden of unpaid, informal support experienced by student leaders in the Orientation Program. This gap is a necessary future consideration for the Institution to address, and if not done, it will result in exacerbated symptoms of VT.

A critical element that will set apart the Institution in the future will be its ability to foster a culture of self-care and self-directed learning amongst student leaders. More than an investment of funds, it will require an investment of effort. It will require administrators, faculty, and staff to demonstrate commitment through sustained, coordinated action to reassure student leaders that the University will not discriminate against those who display maladaptive coping behaviours. A commitment to develop innovative praxis to support individuals struggling to withstand VT is a significant statement from senior institutional leaders. This will signal a strategic mandate to develop a visible, systematic plan to help student leaders balance their personal, academic, and volunteer endeavours. This plan should consider efforts to triage and rehabilitate student leaders who are suffering from VT regardless of their transgressions. As such, the Institution must celebrate and showcase success stories, so that student leaders can begin to trust that they will not be directly or indirectly penalized for their maladaptive coping behaviours. Establishing reward systems to recognize LC completion, or incentives to encourage participation, are necessary considerations. While the Institution's co-curricular record serves as the traditional medium to recognize student leader achievement, further consideration should go

towards accrediting LCs as a pass/fail seminar course to appear on student leaders' academic transcripts.

Collaborating with other institutions and local mental health agencies to benchmark and share best practices is another consideration. More data sharing with community organizations will help the Institution develop innovative and cost-effective praxis; however administrators should avoid the temptation to delegate solutions to external health care providers or to municipal or provincial governments. The stakes are too high for student leaders to await the type of broad-based mandates public programs or legislation may yield. Instead, the Institution needs to seize the opportunity to be seen as a leader in the nation by delivering cutting-edge, experiential mental health education and designing coping toolkits specifically for peer support volunteers. To achieve this objective, it will require a high degree of collaboration between divisions on campus and an investment in human resources to strengthen the outreach of support services on campus.

The Orientation Program's fixed operating budget and limited staffing complement are the two primary constraints to the successful implementation and continuation of DBT learning communities. Therefore, an investment of new resources is required to ensure LCs remain sustainable. A potential source of financial support or subsidy is from alumni donations or private-sector grants. LCs offer a tangible funding opportunity for donors to directly impact the development of student leaders while supporting the strategic goals of the Institution. Funding for a clinical instructor to teach DBT skills to a core group of Operations Committee members would increase our institutional knowledge to expand the LCs facilitator network over time.

If new funds or staff cannot be obtained, current spending will need to be reprioritized to develop in-house training sessions that focus on new learning outcomes. In all likelihood, the

Institution will need to make resource trade-offs in lieu of service reforms. Programmatic changes that are experimental, but require minimal resources, may need to take priority in the short-term. For example, the Operations Committee might consider the use of the Connor-Davidson Resilience Scale (Connor & Davidson, 2003) during the student leader selection period. Rather than implement pre/post testing with LCs, gauging coping skill levels prior to student leaders being offered a position could serve as a screening factor to limit the number of leaders with poor ego resources into the Program. The decision to incorporate student leaders' abilities to cope with stress as a determinant to either deny or accept their application could have significant social and political consequences. With an already hyper-competitive selections process, this change could result in the creation of a two-class hegemony that might advantage mature students and discriminate against younger, less experienced students who are prone to burnout. Albeit controversial, this decision minimizes the Institution's exposure following critical incidents because student leaders being admitted to the Orientation Program are presumably more capable of withstanding VT and less likely to develop languishing schemas. However, the efficacy and procedural fairness of this decision will need to be examined given the potential marginalization that could occur as a by-product.

Knowing the Institution has a poor record of anticipating student leaders' needs and implementing measures to ease peer support burdens, integrating LCs will not happen immediately and require patience to overcome insouciant student leader attitudes and staffing limitations. Tracking metrics on the adoption, utilization, and impact of LCs and/or new calls on fulltime staff and faculty are essential to garner more institutional resources. The Institution must be careful not to underestimate the costs of offering an extended training curriculum and routine

critical incident check-ins during the academic year. Like any new venture, these initiatives must be measured to assess their impact on retention, yearlong engagement, and overall wellbeing.

Finally, rather than focus on coping issues in isolation, the issue of VT-resilience within the context of the administrator-to-student leader relationship must be continuously examined.

This work ultimately will fall to me as the lead administrator for the Orientation Program. I will need to diligently pursue a radical departure from the status quo, in hopes of co-opting colleagues to support this cause. Ongoing consultations to further explore the appropriateness of LCs, although repetitive, will not be seen as wasted efforts knowing that a larger resource investment is unlikely to materialize in the short-term. Continuing to examine the stressors that impact student leaders' ability to withstand VT in a peer support role will only strengthen my case until the Institution recognizes their ethical imperative to revise its provisions of peer support, mental health training/treatment, and critical incident response procedures.

References

- Aarons, G. A., & Sawitzky, A. C. (2006). Organizational culture and climate and mental health provider attitudes toward evidence-based practice. *Psychological Services, 3*(1), 61-72. doi:10.1037/1541-1559.3.1.61
- Abrahamson, E. (2004). Avoiding repetitive change syndrome. *MIT Slogan Management Review, 45*(2), 93-95. Retrieved from Business Source Premier.
- Ameijde, J., Nelson, P., Billsberry, J., & Meurs, N. (2009). Improving leadership in higher education institutions: A distributed perspective. *Higher Education, 58*(6), 763-779. doi:10.1007/s10734-009-9224-y
- Anthony, P. D. (1990). The paradox of the management of culture or "He Who Leads is Lost". *Personnel Review, 19*(4), 3-8. doi:10.1108/00483489010143131
- Armenakis, A. A., Harris, S. G., & Field, H. S. (1999). Making change permanent: A model for institutionalizing change interventions. In W. Passmore & R. Woodman (Eds.), *Research in organizational change and development* (pp. 289-319). Greenwich, CT: JAI Press.
- Astin, A. W. (1993). *What matters in college? Four critical years revisited*. San Francisco: Jossey-Bass.
- Avolio, B. J., & Hannah, S. T. (2008). Developmental readiness: Accelerating leader development. *Consulting Psychology Journal: Practice and Research, 60*(4), 331-347. doi:10.1037/1065-9293.60.4.331
- Avolio, B. J., Walumbwa, F. O., & Weber, T. J. (2009). Leadership: Current theories, research, and future directions. *Annual Review of Psychology, 60*, 421-449. doi:10.1146/annurev.psych.60.110707.163621
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117*, 497-529. doi:10.1037/0033-2909.117.3.497
- Bell, A. C., & D'Zurilla, T. J. (2009). The influence of social problem-solving ability on the relationship between daily stress and adjustment. *Cognitive Therapy & Research, 33*(5), 439-448. doi:10.1007/s10608-009-9256-8
- Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in Society, 84*(4), 463-470. Retrieved from <https://www.lib.uwo.ca/cgi-bin/ezpauthn.cgi?url=http://search.proquest.com/docview/230161232?accountid=15115>
- Berger, C., & Palacios, D. (2014). Associations between prosocial behavior, machiavellianism, and social status: Effects of peer norms and classroom social contexts. *The Journal of Latino - Latin American Studies, 6*(1), 19-30. Retrieved from <https://www-lib-uwo->

ca.proxy1.lib.uwo.ca/cgi-bin/ezpauthn.cgi?url=http://search.proquest.com.proxy1.lib.uwo.ca/docview/1549551548?accountid=15115

- Bernier, A., Larose, S., & Whipple, N. (2005). Leaving hope for college: A potentially stressful event for adolescents with preoccupied attachment patterns. *Attachment & Human Development, 7*(2), 171-185. doi:10.1080/14616730500147565
- Binder, A. J. (2002). *Contentious curricula: Afrocentrism and Creationism in American public schools*. Princeton, NJ: Princeton University Press.
- Bishop, S., Lau, M., Shapiro, S., Carlson, I., Anderson, N., Carmody, J., & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice, 11*(3), 230-241. doi:10.1093/clipsy/bph077
- Blanchard, K., Zigarmi, P., & Zigarmi, D. (2013). *Leadership and the one minute manager: Increasing effectiveness through Situational Leadership® II*. New York: William Morrow.
- Bober, T., & Regehr, C. (2006). Strategies for reducing secondary or vicarious trauma: Do they work? *Brief Treatment and Crisis Intervention, 6*(1), 1-9. doi:10.1093/brief-treatment/mhj001
- Bolman, L. G., & Deal, T. E. (2008). *Reframing organizations: Artistry, choice, & leadership* (4th ed.). San Francisco, CA: Jossey-Bass.
- Bonanno, G. A., Westphal, M., & Mancini, A. D. (2011). Resilience to loss and potential trauma. *Annual Review of Clinical Psychology, 7*, 511-535. doi:10.1146/annurev-clinpsy-032210-104526
- Brewer, J., & Hunter, A. (1989). *Multimethod research: A synthesis of styles*. Newbury Park, NJ: SAGE.
- Brownell, J. E., & Swaner, L. E. (2009). High-impact practices: Applying the learning outcomes literature to the development of successful campus programs. *Peer Review, 11*(2), 26-30. Retrieved from <https://www.lib.uwo.ca/cgi-bin/ezpauthn.cgi?url=http://search.proquest.com/docview/216602278?accountid=15115>
- Burbules, N. C. (1993). *Dialogue in teaching theory and practice: Advances in contemporary educational thought*. New York: Teachers College Press.
- Burnes, B. (1996). No such thing as a “one best way” to manage organizational change. *Management Decision, 34*(10), 11-18. doi:10.1108/00251749610150649
- Cameron, K. S., & Quinn, R. E. (2011). *Diagnosing and changing organizational culture: Based on the competing values framework*. San Francisco, CA: Jossey-Bass.

- Caravita, S., Di Blasio, P., & Salmivalli, C. (2009). Unique and interactive effects of empathy and social status on involvement in bullying. *Social Development, 18*(1), 140-163. doi:10.1111/j.1467-9507.2008.00465.x
- Carver, C. S., & Scheier, M. F. (1982). Control theory: A useful conceptual framework for personality-social, clinical, and health psychology. *Psychological Bulletin, 92*(1), 111-135. doi:10.1037//0033-2909.92.1.111
- Cawsey, T. P., Deszca, G., & Ingols, C. (2016). *Organizational change: An action-oriented toolkit*. Los Angeles, CA: SAGE.
- Cillessen, A. H. N., Schwartz, D., & Mayeux, L. (2011). *Popularity in the peer system*. New York, NY: Guilford.
- Clarke, I., & Wilson, H. (2009). *Cognitive behaviour therapy for acute inpatient mental health units: Working with clients, staff and the milieu*. London: Routledge.
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety, 18*(2), 76-82. doi:10.1002/da.10113
- Coordinating Committee of Vice Presidents Students of Colleges Ontario. (2015). *White paper on postsecondary student mental health*. Retrieved from <https://occcco.files.wordpress.com/2015/05/ccvps-white-paper-on-postsecondary-student-mental-health-april-2015.pdf>
- Council of Ontario Universities. (2017). *In it together: Taking action on student mental health*. Retrieved from <http://cou.on.ca/reports/in-it-together/>
- Cyr, S., & Choo, C. (2010). The individual and social dynamics of knowledge sharing: An exploratory study. *Journal of Documentation, 66*(6), 824-846. doi:10.1108/00220411011087832
- Dembo, M. H., & McAuliffe, T. J. (1987). Effects of perceived ability and grade status on social interaction and influence in cooperative groups. *Journal of Educational Psychology, 79*(4), 415-423. doi:10.1037/0022-0663.79.4.415
- Deville, G. J., Wright, R., & Varker, T. (2009). Vicarious trauma, secondary traumatic stress or simply burnout? Effect of trauma therapy on mental health professionals. *Australasian Psychiatry, 43*(4), 373-385. doi:10.1080/00048670902721079
- Eacott, S. (2013). Towards a theory of school leadership practice: A Bourdieusian perspective. *Journal of Educational Administration and History, 45*(2), 174-188. doi:10.1080/00220620.2013.768966

- Everly, G. S., Flannery, R. B., & Eyler, V. A. (2002). Critical incident stress management (CISM): A statistical review of the literature. *Psychiatric Quarterly*, *73*(3), 171-182. doi:10.1023/A:1016068003615
- Falsafi, N. (2016). A randomized controlled trial of mindfulness versus yoga. *Journal of the American Psychiatric Nurses Association*, *22*(6), 483-497. doi:10.1177/1078390316663307
- Feigenbaum, J. (2007). Dialectical behaviour therapy: An increasing evidence base. *Journal of Mental Health*, *16*(1), 51-68. doi:10.1080/09638230601182094
- France, M. K., & Finney, S. J. (2010). Conceptualization and utility of university mattering: A construct validity study. *Counseling and Development*, *43*(1), 48-65. doi:10.1177/0748175610362369
- French, J. R. P., & Raven, B. (1959). The bases of social power. In D. Cartwright (Ed.), *Studies in social power* (pp. 259-269). Ann Arbor, MI: Institute for Social Research, University of Michigan.
- Fulghum, R. (1995). *From beginning to end: The rituals of our lives*. New York, NY: Villard Books.
- Fullan, M. (2007). *The new meaning of educational change* (4th ed.). New York, NY: Teachers College Press.
- Galatzer-Levy, I. R., & Bonanno, G. A. (2013). Heterogeneous patterns of stress over the four years of college: Associations with anxious attachment and ego-resiliency. *Journal of Personality*, *81*(5), 476-486. doi:10.1111/jopy.12010
- Ganzer, C., & Ornstein, E. D. (2004). Regression, self-disclosure, and the teach or treat dilemma: Implications of a relational approach for social work supervision. *Clinical Social Work Journal*, *32*(4), 431-449. doi:10.1007/s10615-004-0541-4
- Ghaye, T., Melander-Wikman, A., Kisare, M., Chambers, P., Bergmark, U., Kostenius, C., & Lillyman, S. (2008). Participatory and appreciative action and reflection (PAAR): Democratizing reflective practices. *Reflective Practice*, *9*(4), 361-397. doi:10.1080/14623940802475827
- Gino, F., & Bazerman, M. (2009). When misconduct goes unnoticed: The acceptability of gradual erosion in others' unethical behaviour. *Journal of Experimental Social Psychology*, *45*, 708-719. doi:10.1016/j.jesp.2009.03.013
- Government of Canada (2006). *The human face of mental health and mental illness in Canada*. Ottawa: Minister of Public Works and Government Services Canada.
- Graen, G. B., & Uhl-Bien, M. (1998). Individual self-management: Analysis of professionals'

- self-managing activities in functional and cross-functional work teams. *The Academy of Management Journal*, 41(3), 340-350. doi:10.2307/256912
- Gronn, P. (2010). Leadership: Its genealogy, configuration and trajectory. *Journal of Educational Administration and History*, 42(4), 405-435. doi:10.1080/00220620.2010.492959
- Guttek, G. (1997). Conservatism and Schooling (Chap 12). In G. Guttek (Ed.), *Philosophical and ideological perspectives in education* (2nd ed., pp. 18-46). Boston, MA: Allyn and Bacon.
- Hajdukowski-Ahmed, M., & Hitchcock, P. (1998). Bakhtin without borders: Participatory action research in the social sciences. *South Atlantic Quarterly*, 97(3/4), 643-668. Retrieved from Academic Search Premier.
- Halladay, J. E., Dawdy, J. L., McNamara, I. F., Chen, A. J., Vitoroulis, I., McInnes, N., & Munn, C. (2018). Mindfulness for the mental health and well-being of post-secondary students: A systematic review and meta-analysis. *Mindfulness*, 1, 1-18. doi:10.1007/s12671-018-0979-z
- Hardy, S. E., & Dodd, D. K. (1998). Burnout among university resident assistants as a function of gender and floor assignment. *Journal of College Student Development*, 39(5), 499. Retrieved from <https://www-lib-uwo-ca.proxy1.lib.uwo.ca/cgi-bin/ezpauthn.cgi?url=http://search.proquest.com.proxy1.lib.uwo.ca/docview/195171700?accountid=15115>
- Harris, L. C., & Ogbonna, E. (2002). The unintended consequences of culture interventions: A study of unexpected outcomes. *British Journal of Management*, 13(1), 31-49. doi:10.1111/1467-8551.00221
- Harris, K. J., Wheeler, A. R., & Kacmar, K. M. (2009). Leader-member exchange and empowerment: Direct and interactive effects on job satisfaction, turnover intentions, and performance. *Leadership Quarterly*, 20(3), 371-382. doi:10.1016/j.leaqua.2009.03.006
- Hawkins, P. (1997). Organizational culture: Sailing between evangelism and complexity. *Human Relations*, 50(4), 417-440. doi:10.1023/A:1016906911841
- Hellman, C. M., & House, D. (2006). Volunteers serving victims of sexual assault. *The Journal of Social Psychology*, 146(1), 117-123. doi:10.3200/SOCP.146.1.117-123
- Hock, D. (2005). *One from many: VISA and the rise of chaordic organization*. San Francisco, CA: Berrett-Koehler.
- Hogan, D. M., & Tudge, J. R. H. (1999). Implications of Vygotsky's theory for peer learning. In A. M. O'Donnell, & A. King (Eds.), *Cognitive perspectives on peer learning* (pp. 39-65). Mahwah, NJ: Lawrence Erlbaum.

- Horner, M. (1997). Leadership theory: Past, present and future. *Team Performance Management*, 3(4), 270-287. doi:10.1108/13527599710195402
- Howlett, S. L., & Collins, A. (2014). Vicarious traumatisation: Risk and resilience among crisis support volunteers in a community organization. *South African Journal of Psychology*, 44(2), 180-190. doi:10.1177/0081246314524387
- Hughes, M. (2016). Leading changes: Why transformation explanations fail. *Leadership*, 12(4), 449-469. doi:10.1177/1742715015571393
- Ifeagwazi, C., Chukwuorji, J., & Zacchaeus, E. (2015). Alienation and psychological wellbeing: Moderation by resilience. *Social Indicators Research*, 120(2), 525-544. doi:10.1007/s11205-014-0602-1
- Institution X. (2014). *Achieving excellence on the world stage*. Retrieved from [university website].
- Institution X. (2016). *Orientation strategic plan*. Retrieved from [university website].
- Institution X. (2017a). *Supporting student mental health and wellbeing: Feedback from [student leaders]*. [City]: [Author].
- Institution X. (2017b). *[Student leader] mental health and wellbeing consultation*. [City]: [Author].
- Institution X. (2017c). *[Institution X] Orientation program governance committees: Terms of reference*. [City]: [Author].
- Institution X. (2018a). *Mental health and wellness strategic plan-DRAFT*. Retrieved from [university website].
- Institution X. (2018b). *Institutional metrics*. Retrieved from [university website].
- Inzlicht, M., Aronson, J., Good, C., & McKay, L. (2006). A particular resiliency to threatening environments. *Journal of Experimental Social Psychology*, 42(3), 323-336. doi:10.1016/j.jesp.2005.05.005
- Isaacs, W. (1993) Taking flight: Dialogue, collective thinking and organizational learning. *Organizational Dynamics*, 22(2), 24-39. Retrieved from Business Source Premier.
- Jacobs, S. R., & Dodd, D. (2003). Student burnout as a function of personality, social support, and workload. *Journal of College Student Development*, 44(3), 291-303. Retrieved from Project MUSE database.
- Johansson, C., Aström, S., Kauffeldt, A., Helldin, L., & Carlstrom, E. (2014). Culture as a

- predictor of resistance to change: A study of competing values in a psychiatric nursing context. *Health Policy*, 14(2-3), 156-162. doi:10.1016/j.healthpol.2013.07.014
- Johnson, B. (1996). *Polarity management: Identifying and managing unsolvable problems*. Amherst, MA: HRD Press, Inc.
- Kao, Y. T. (2009). Burnout in college student volunteers: A cross-level study. *College Student Journal*, 43(3), 872-878. Retrieved from <http://link.galegroup.com.proxy1.lib.uwo.ca/apps/doc/A206687081/AONE?u=lond95336&sid=AONE&xid=addedffa>
- Kaufman, P., & Feldman, K. A. (2004). Forming identities in college: A sociological approach. *Research in Higher Education*, 45(5), 463-496. Retrieved from <http://www.jstor.org.proxy1.lib.uwo.ca/stable/40197379>
- Keyes, C. L. M., & Haidt, J. (2003). *Flourishing: Positive psychology and the life well lived*. Washington DC: American Psychological Association.
- Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology*, 14(2), 32-44. doi:10.1177/1534765608319083
- Kirk, P., & Shutte, A. M. (2004). Community leadership development. *Community Development Journal*, 39(3), 234-251. doi:10.1093/cdj/bsh019
- Knoesen, R., & Naudé, L. (2018). Experiences of flourishing and languishing during the first year at university. *Journal of Mental Health*, 27(3), 269-278. doi:10.1080/09638237.2017.1370635
- Kolb, A., & Kolb, D. (2005). Learning styles and learning spaces: Enhancing experiential learning in higher education. *Academy of Management Learning and Education*, 4(2), 193-212. doi:10.5465/AMLE.2005.17268566
- Kotter, J. P. (1996). *Leading change*. Boston, MA: Harvard Business School Press.
- Kotter, J. P. (2007). Leading change: Why transformation efforts fail. *Harvard Business Review*, 85(1), 96-103. Retrieved from <http://search.ebscohost.com.proxy1.lib.uwo.ca/login.aspx?direct=true&db=bth&AN=23363656&site=ehost-live>
- Kuh, G. D. (1995). The other curriculum: Out-of-class experiences associated with student learning and personal development. *The Journal of Higher Education*, 66(2), 123-155. doi:10.2307/2943909
- Kuh, G. D., & Schneider, C. G. (2008). *High-impact educational practices: What they are, who*

- has access to them, and why they matter.* Washington, DC: Association of American Colleges and Universities.
- Lardner, E. (2005). *Diversity, educational equity, and learning communities.* Olympia, WA: Washington Center for Improving the Quality of Undergraduate Education.
- Lees, J., & Dietsche, P. (2012). *An analysis of counselling services in Ontario colleges initial report.* Retrieved from <http://www.occcco.ca/pdfs/Research%20Documents/Jim%20Lees%202012/Final%20Documents/Initial%20Report/An%20Analysis%20of%20Counselling%20Services%20in%20Ontario%20Colleges%20-Initial%20Report.pdf>
- Leithwood, K., & Mascall, B. (2008). Collective leadership effects on student achievement. *Education Administration Quarterly*, 44(4), 529-561. doi:10.1177/0013161X08321221
- Levy, S. (1992). *Artificial life: The quest for new creation.* New York: Random House.
- Linehan, M. M. (2015). *DBT skills training manual* (2nd ed.). New York: The Guilford Press.
- Mack, L. (2010). The philosophical underpinnings of educational research. *Polyglossia*, 19(October), 5-11. Retrieved from http://en.apu.ac.jp/rcaps/uploads/fckeditor/publications/polyglossia/Polyglossia_V19_Lindsay.pdf
- Mann, J. J., Apter, A., Bertolote, J., Beautrais, A., & Currier, D. 2005. Suicide prevention strategies: A systematic review. *JAMA*, 294(16), 2064-2074. doi:10.1001/jama.294.16.2064
- Markiewicz, A., & Patrick, I. (2016). *Developing monitoring and evaluation frameworks.* Thousand Oaks, California: SAGE.
- May, C. R., Mair, F., Finch, T., MacFarlane, A., Dowrick, C., & Treweek, S. (2009). Development of a theory of implementation and integration: Normalization process theory. *Implementation Science*, 4, 29. doi:10.1186/1748-5908-4-29
- McCann, I. L., & Pearlman, L. A. (1992). Constructivist self-development theory: A theoretical model of psychological adaptation to severe trauma. In D. K. Sakheim & S. E. Devine (Eds.), *Out of darkness: Exploring satanism and ritual abuse* (pp. 185–206). New York: Lexington.
- Ministry of Training, College and Universities. (2019). Government for the People to Lower Student Tuition Burden by 10 per cent. Retrieved from <https://news.ontario.ca/maesd/en/2019/01/government-for-the-people-to-lower-student-tuition-burden-by-10-per-cent.html>
- Mintzberg, H. (1979). *The structuring organization.* Upper Saddle River, NJ: Prentice Hall.

- Moody, K. A., Childs, J. C., & Sepples, S. B. (2003). Intervening with at-risk youth: Evaluation of the youth empowerment and support program. *Pediatric Nursing, 29*, 263–270. Retrieved from <http://go.galegroup.com.proxy1.lib.uwo.ca/ps/i.do?p=AONE&u=lond95336&id=GALE|A107215862&v=2.1&it=r&sid=summon#>
- Mor, N., & Winquist, J. (2002). Self-focused attention and negative affect: A meta-analysis. *Psychological Bulletin, 128*(4), 638-662. doi:10.1037/0033-2909.128.4.638
- Murray, E., Treweek, S., Pope, C., MacFarlane, A., Ballini, L., & Dowrick, C. (2010). Normalisation process theory: A framework for developing, evaluating and implementing complex interventions. *BMC Medicine, 8*, 63. doi:10.1186/1741-7015-8-63
- Nolen-Hoeksema, S. (1991). Responses to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology, 100*(4), 569-582. doi:10.1037/0021-843X.100.4.569
- Northouse, P. G. (2016). *Leadership: Theory and practice* (7th ed.). Thousand Oaks, CA: Sage.
- Osborn, R., Hunt, J. G., & Jauch, L. R. (2002). Toward a contextual theory of leadership. *The Leadership Quarterly, 13*(6), 797-837. doi:10.1016/S1048-9843(02)00154-6
- Park, C., Edmondson, D., & Lee, J. (2012). Development of self-regulation abilities as predictors of psychological adjustment across the first year of college. *Journal of Adult Development, 19*(1), 40-49. doi:10.1007/s10804-011-9133-z
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York: Norton.
- Pearce, C. L., & Conger, J. A. (2003). *Shared leadership: Reframing the hows and whys of leadership*. Thousand Oaks, CA: Sage.
- Peled-Avram, M. (2017). The role of relational-oriented supervision and personal and work-related factors in the development of vicarious traumatization. *Clinical Social Work Journal, 45*(1), 22-32. doi:10.1007/s10615-015-0573-y
- Penrod, J. I., & Harbor, A. F. (1998). Building a client-focused IT organization. *Campus-Wide Information Systems, 15*(3), 91-102. doi:10.1108/10650749810227161
- Peters, E., Cillessen, A. H. N., Riksen-Walraven, J. M., & Haselager, G. J. T. (2010). Best friends' preference and popularity: Associations with aggression and prosocial behavior. *International Journal of Behavioral Development, 34*(5), 398-405. doi:10.1177/0165025409343709
- Piderit, S. (2000). Rethinking resistance and recognizing ambivalence: A multidimensional view

- of attitudes toward an organizational change. *The Academy of Management Review*, 25(4), 783-794. Retrieved from <http://www.jstor.org.proxy1.lib.uwo.ca/stable/259206>
- Reed, M. S., Evely, G., Cundill, I., & Fazey, J. (2010). What is social learning? *Ecology and Society*, 15(4), r1. doi:10.5751/ES-03564-1504r01
- Rosenbloom, D. J., Pratt, A. C., & Pearlman, L. A. (1995). Helpers' responses to trauma work: Understanding and intervening in an organization. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 65-79). Lutherville, MD: Sidran.
- Ryan, J. (2005). What is leadership? In W. Hare and J. Portelli (Eds.), *Key questions for educators* (pp. 22-25). Halifax, NS: Edphil Books.
- Schein, E. H. (1992). *Organizational culture and leadership*. San Francisco, CA: Jossey-Bass.
- Schneider, B., Bowen, D., Ehrhart, M. E., & Holcombe, K. M. (2000). The climate for service: Evolution of a construct. In N. M. Ashkanasy, C. Wilderom, & M. F. Peterson (Eds.), *Handbook of organizational culture and climate* (pp. 21-36). Thousand Oaks, CA: Sage.
- Schroeder, C. C., & Mable, P. (1994). *Realizing the educational potential of residence halls*. San Francisco, CA: Jossey-Bass.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology. An introduction. *American Psychology*, 55(1), 5-14. doi:10.1037/0003-066X.55.1.5
- Senge, P. (2006). *The fifth discipline: The art and practice of the learning organization*. London: Random House.
- Sharp, M., Gulati, A., Barker, C., & Barnicot, K. (2018). Developing an emotional coping skills workbook for inpatient psychiatric settings: A focus group investigation. *BMC Psychiatry*, 18(1), 2-11. doi:10.1186/s12888-018-1790-z
- Sidorko, P. E. (2008). Transforming library and higher education support services: Can change models help? *Library Management*, 29(4/5), 307-318. doi:10.1108/01435120810869093
- Sitkin, S., Sutcliffe, S., & Schroeder, R. (1994). Distinguishing control from learning in total quality management: A contingency perspective. *Academy of Management Review*, 19(3), 537-564. Retrieved from <http://www.jstor.org.proxy1.lib.uwo.ca/stable/258938>
- Snow, D. A., Rochford, E. B., Worden, S. K., & Benford, R. D. (1986). Frame alignment processes, micromobilization, and movement participation. *American Sociological Review*, 51(4), 464-481. doi:10.2307/2095581
- Sommer, C. A., & Cox, J. A. (2005). Elements of supervision in sexual violence counselors'

- narratives: A qualitative analysis. *Counselor Education and Supervision*, 45(2), 119-134. Retrieved from <https://www-lib-uwo-ca.proxy1.lib.uwo.ca/cgi-bin/ezpauthn.cgi?url=http://search.proquest.com.proxy1.lib.uwo.ca/docview/201059912?accountid=15115>
- Stacey, R. D. (2000). *Strategic management and organizational dynamics: The challenge of complexity*. New York, NY: Prentice Hall.
- Tashakkori, A., & Teddlie, C. (1998). *Mixed methodology: Combining qualitative and quantitative approaches*. Thousand Oaks, CA: SAGE.
- Thomas, C., Kaminska-Labbé, R., & McKelvey, B. (2005). Managing the MNC and exploitation/exploration dilemma: From static balance to dynamic oscillation. In G. Szulanski, Y. Doz, & J. Porac (Eds.), *Advances in strategic management: Expanding perspectives on the strategy process* (pp. 213-250). Amsterdam, NL: Elsevier.
- Tinto, V. (1987). *Leaving college: Rethinking the causes and cures of student attrition*. Chicago: University of Chicago Press.
- Todnem, R. (2005). Organisational change management: A critical review. *Journal of Change Management*, 5(4), 369-380. doi:10.1080/14697010500359250
- Torres, V., Jones, S. R., & Renn, K. A. (2009). Identity development theories in student affairs: Origins, current status, and new approaches. *Journal of College Student Development*, 50(6), 577-596. doi:10.1353/csd.0.0102
- Trippany, R. L., Kress, V. E. W., & Wilcoxon, S. A. (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling & Development*, 82(1), 31-37. doi:10.1002/j.1556-6678.2004.tb00283.x
- Tsoukas, H., & Chia, R. (2002). On organizational becoming: Rethinking organizational change. *Organization Science*, 13(5), 567-582. Retrieved from <https://www.jstor.org/stable/3086078>
- Tuckman, B. W., & Jensen, M. A. C. (2010). Stages of small-group development revisited. *Group Facilitation*, 10, 43-48. Retrieved from <https://www-lib-uwo-ca.proxy1.lib.uwo.ca/cgi-bin/ezpauthn.cgi?url=http://search.proquest.com.proxy1.lib.uwo.ca/docview/747969212?accountid=15115>
- Uhl-Bien, M., & Marion, R. (2009). Complexity leadership in bureaucratic forms of organizing: A meso model. *The Leadership Quarterly*, 20(4), 631-650. doi:10.1016/j.leaqua.2009.04.007
- Uhl-Bien, M., Marion, R., & McKelvey, B. (2007). Complexity leadership theory: Shifting leadership from the industrial age to the knowledge era. *The Leadership Quarterly*, 18(4),

298-318. doi:10.1016/j.leaqua.2007.04.002

Vogt, E. E., Brown, J., & Issacs, D. (2003). *The art of powerful questions: Catalyzing insight, innovation, and action*. Mill Valley, CA: Whole Systems Associates.

W.K. Kellogg Foundation. (2004). *Logic model development guide*. Battle Creek, MI: W.K. Kellogg Foundation.

Watkins, E., & Teasdale, J. D. (2004). Adaptive and maladaptive self-focus in depression. *Journal of Affective Disorders*, 82(1), 1-8. doi:10.1016/j.jad.2003.10.006

Weckwerth, A. C., & Flynn, D. (2006). Effect of sex of perceived support and burnout in university students. *College Student Journal*, 40(2), 237-249. Retrieved from <http://go.galegroup.com.proxy1.lib.uwo.ca/ps/i.do?p=AONE&u=lond95336&id=GALE|A147389127&v=2.1&it=r&sid=summon&authCount=1#>

Whitfield, N., & Kanter, D. (2014). Helpers in distress: Preventing secondary trauma. *Reclaiming Children and Youth*, 22(4), 59-61. Retrieved from <https://search-proquest-com.proxy1.lib.uwo.ca/docview/1658765523/abstract/59F7EE74FA6F43A9PQ/1>

Wong, J. L., & Whitaker, D. J. (1993). Depressive mood states and their cognitive and personality correlates in college students: The improve over time. *Journal of Clinical Psychology*, 49(5), 615-621. doi:10.1002/1097-4679(199309)49:5<615::AID-JCLP2270490503>3.0.CO;2-O

Zigarmi, D., & Roberts, T. P. (2017). A test of three basic assumptions of Situational Leadership® II Model and their implications for HRD practitioners. *European Journal of Training and Development*, 41(3), 241-260. doi:10.1108/EJTD-05-2016-0035