From Surviving to Thriving: Developing Personal and Academic Resilience

Pilot Program Evaluation Report



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Table of Contents

Background 1
Purpose 2
Methods 4
  Study Design 4
  Sampling and Participants 4
  Procedure 5
  Measures 6
Results 8
  Demographics 8
  Distress 10
  Resilience 11
  Response to the Guide 13
Discussion 15
References 17
Appendix A i
  Control Group Analyses i
Appendix B ii
  Qualitative Feedback iii

Disclaimer

The Queen's University research team has provided this third-party, independent evaluation of Great-West Life's Surviving to Thriving Guide for post-secondary students. While funding support for this project was provided by Great-West Life, the views conveyed in this report are entirely the authors' and were not influenced in any way by Great-West Life.

Background

On Workplace Strategies for Mental Health (www.workplacestrategiesformentalhealth.com), an initiative of the Great-West Life Centre for Mental Health in the Workplace, free resources are provided for all employers and employees who want to protect psychological safety at work. In the development of the free resource *Plan for Resilience: Workplace Edition*, it became apparent to the experts involved that developing these resilience skills could also be important as students made the transition to post-secondary school (1). The identified resilience skills were known to help prevent suicidal ideation, burnout, and the worst effects from exposure to trauma (2,3). Of course, the approach taken in developing the workplace resource had to be refined for the age and stage of a different audience.

An initial draft of the Guide, now adapted for a post-secondary setting, was then provided to researchers and students at McMaster University, University of British Columbia Okanagan, and University of Waterloo for review. Subsequently, Dr. James Gillet supervised the use of the resource with an analysis of the first draft with students at McMaster University. Once the results were available, a roundtable with a variety of experts was held to consider next steps.

All participants of the roundtable acknowledged the importance of ensuring that the resource would do no harm and would provide benefit to the intended users – post-secondary students. A new draft incorporating the analysis from McMaster University and feedback from the roundtable, was titled, *From Surviving to Thriving: Developing Personal and Academic Resilience*. Dr. Heather Stuart, who participated in the roundtable, was asked to conduct a third party, independent evaluation of the resources through a pilot study conducted among Queen's University students before the final version would be made freely available to the public.



Purpose

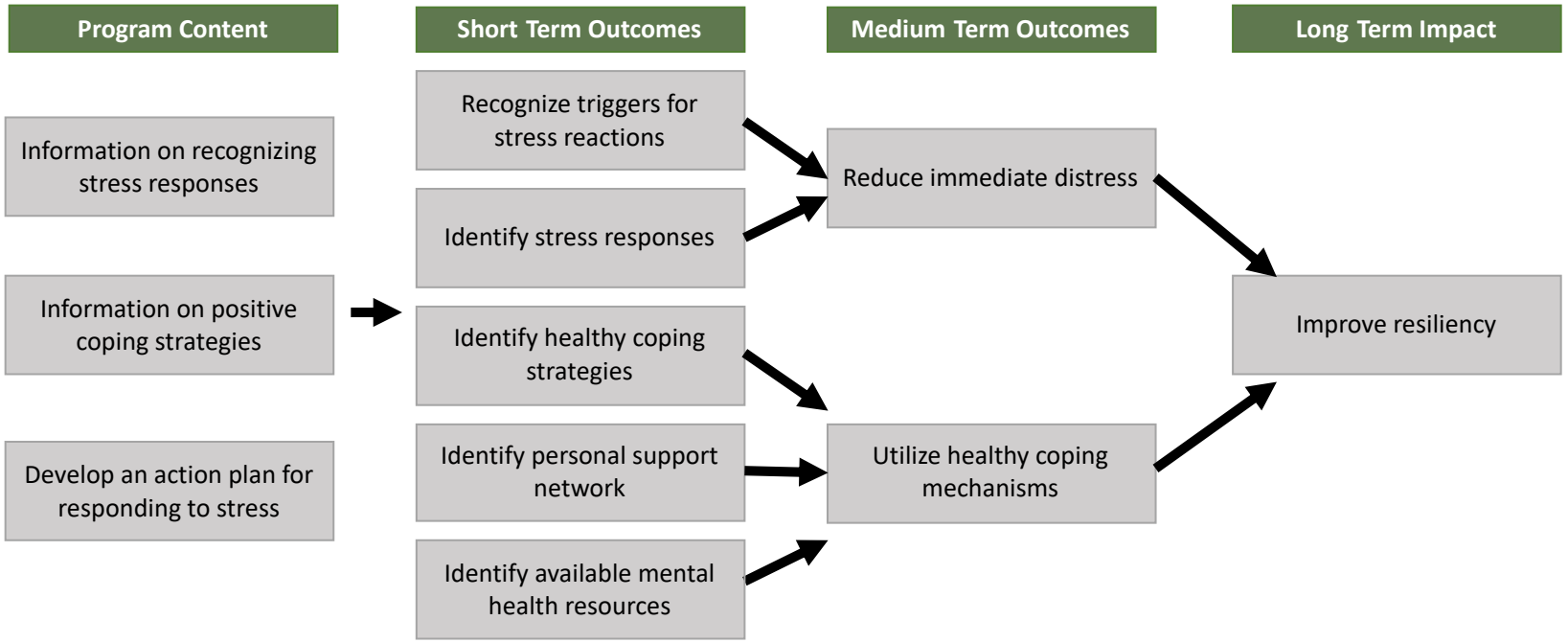
The Great-West Life Centre for Mental Health in the Workplace's Guide, *From Surviving to Thriving: Developing Personal and Academic Resilience,* was designed to assist post-secondary students with developing the skills required to effectively mediate and respond to stress. The overall goals of the Guide are to reduce short-term distress with the long-term goal of improving students' personal resilience.

The Guide assists students in identifying their personal strengths and encourages them to reflect on frequently experienced stressors and their impacts. Students learn about automatic behavioural and emotional responses to stress and are encouraged to articulate how they might manage these context-based challenges, be it through the use of personal strategies, or by seeking help from various sources. Major sections of the Guide include:

- Recognizing and understanding responses to common stressors;
- Identifying healthy coping strategies;
- Recognizing and understanding personal triggers for a stress response;
- Outlining personal social support networks, as well as available mental health resources;
- Identifying personal strengths; and
- Designing a plan of action for managing commonly experienced stressors.

It is important to note that the Guide was not intended as an intervention for someone in crisis.

Figure 1. Logic Model



Note. The short-term outcomes shown on the logic model mirror the **objectives** of the program, while the overall **goal** of the program is expressed through the long-term impact. See definitions for these concepts below (4).

OBJECTIVE
Statements describing the results to be achieved, and the manner in which they will be achieved. You usually need multiple objectives to address a single goal.

GOAL
The long-term expectation of what should happen as a result of your program (the desired result). Serves as the foundation for developing your program objectives.

Methods

EFFICACY
The extent to which an intervention produces the expected, beneficial results under the ideal conditions of a randomized controlled trial.

Figure 1 depicts the theory of change we developed to assist with the evaluation of the Guide. This theory of change, which allows us to highlight the mechanisms of action, is expressed through the use of a logic model. A logic model shows the logical series of events through which the desired outcomes of a program or service are expected to be reached (5).

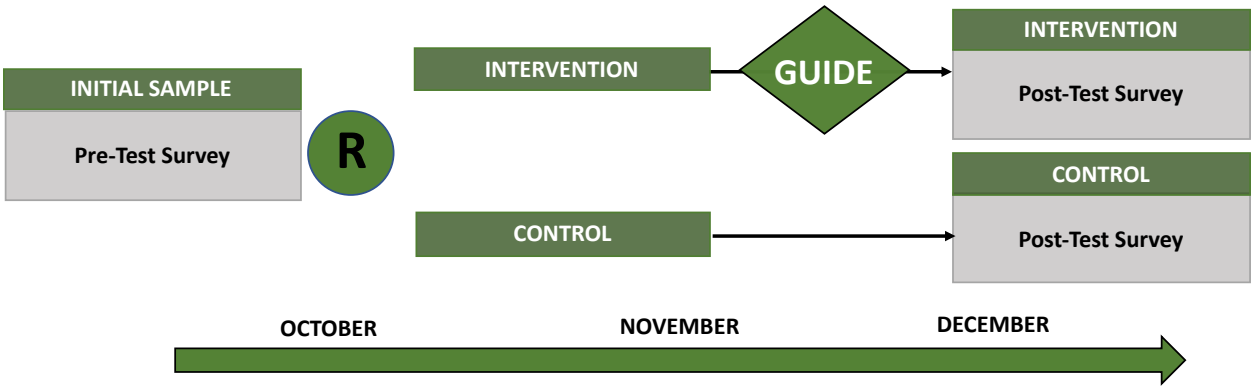
Study Design

The efficacy (6) of the Guide was assessed through the use of a randomized controlled trial conducted among students at Queen's university during the fall semester of 2018.
This study design randomly splits the sample into two "arms" – one arm receives the intervention (e.g., the Guide), while the other arm (referred to as the "control arm") does not. All participants were invited to complete the evaluation survey at pre- and post-test (e.g., before and after the intervention group received the Guide). Including a control arm in our study allowed us to separate any "background noise" and improved our confidence that the observed results could be directly attributed to the Guide and not to external factors.

Sampling and Participants

A random sample of 3,000 undergraduate and graduate students was drawn. The initial sample of students were invited to participate in the pre-test survey. Following receipt of the pre-test surveys, the research team randomized respondents into to either the intervention or the control arm of the study using an online, unbiased randomizer (Figure 2). Students randomized into the intervention arm of the study were e-mailed the Guide and asked to complete it within the next 4 weeks. A follow-up, the post-test survey was sent to both the control and intervention groups in early December 2018.

Figure 2. Study Design and Timeline



Procedure

Both the control and intervention groups completed online surveys at pre- and post-test (e.g., before and after the intervention group received the Guide). The survey was distributed to students through the Qualtrics Surveys platform. Students' pre- and post-test responses were linked through the use of a unique identification code in order to preserve anonymity and confidentiality of responses. In order to maximize participation rates, participants were invited to enter their e-mail into a draw for a chance to win one of several $100 grocery gift cards to Metro. This project was reviewed and approved for ethical compliance by the Queen's University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB).



Measures

Demographics

Demographic information was collected from students in order to understand the variability of our sample and assess the equivalence of our study groups. Students were asked to share the following information: sex, age, year of study, faculty of study, level of study, number of children, relationship status, living arrangement, location of residence, and estimated grade point average (GPA). Students were also asked to rate their current quality of social support received from friends/family on a scale of 1 to 10.

Kessler Psychological Distress Scale (K6)

The K6 is a brief, 6-item scale designed to detect serious emotional disturbance among youth. It is comprised of symptoms of depression and anxiety, which are strong predictors of mental illness. Response options range on a 5-point scale from 'never' to 'all of the time'. Responses are scored from 0 to 4, generating a scale with a total score ranging from 0-24, with higher values indicating a higher level of distress. A score of 13 or higher discriminates between respondents with and without a serious mental illness, though we used a continuous scoring scheme, as recommended by the developers, to assess changes in overall distress (7). If the guide were efficacious, we would expect to see a statistically significant decrease in distress scores from pre- to post-test in the intervention group and no or minor improvements in the control group.



Connor-Davidson Resiliency Scale (CD-RISC)

The 10-item CD-RISC is a brief scale designed to measure a person's ability to cope with adversity (e.g., resiliency). Examples include being able to adapt to change, achieving goals despite obstacles, and staying focused under pressure. Respondents rate items on a scale

ranging from 0 (not true at all) to 4 (true nearly all of the time). Responses are then summed to provide a score ranging from 0 to 40, with higher scores reflecting a greater level of resilience (8,9). The scale has been demonstrated to have good psychometric properties among samples of university students. Given the short time window of this pilot test (four weeks), we were uncertain whether we would be able to detect a significant change in resilience. However, if a change was detected, a statistically significant improvement in resilience from pre- to post-test in the intervention group would be desired.

Impressions of the Guide

In addition to the measures outlined above, the post-test survey asked intervention arm participants for their impressions of and opinions about the Guide and its utility. Additionally, in order to determine whether there were any unanticipated negative consequences resulting from the Guide, students were asked if there was anything in its contents that caused them distress or made them think more negatively about their current situation.





Results

Demographics

A total of 519 participants completed the pre-test survey (17% response rate). Of these, 259 were randomized into the control arm, and 260 were randomized to the intervention. Of the 260 students who were sent the Guide, 133 returned a completed post-test survey. A total of 159 controls completed the post-test survey (Figure 3).

The majority of participants who completed the post-test survey were female (72%), with an average age of 25 years. The majority were in their second (40%) or third (30%) year of fulltime (98%) study. Most students were single (83%), did not have children (93%), and lived in off-campus housing (98%) with friends (41%) or roommates (26%). The sample showed good diversity across levels of study (e.g., undergraduate, graduate, etc.) and department of study. The majority of participants reported their GPA to be in the 80-100% range (69%). Participants rated their quality of social support to be an 8 on a scale from 1 to 10 (where ten was high).

Figure 3. Participation Flow Chart

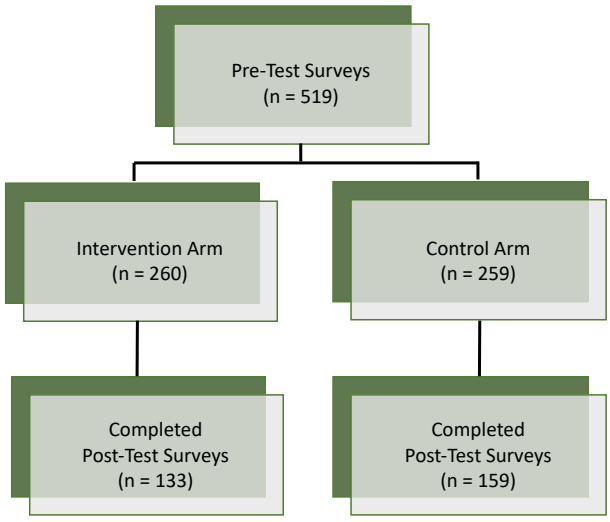


Table 1 shows the demographic breakdown for the total sample of participants who completed the post-test survey, as well as the breakdown by control and intervention groups. Demographic comparisons between participants in the control and intervention groups were not statistically significant, indicating that randomization was successful (e.g., the groups shared similar demographics, with an equal distribution of confounding factors).

Table 1. Demographic Characteristics of Sample

Demographic Characteristics	Total		Controls		Intervention	
	N (=292)	Valid %	N (=159)	Valid %	N (=133)	Valid %
Gender						
• Female	207	71.6%	108	68.4%	99	75.6%
• Male	82	28.4%	50	31.6%	32	24.4%
Relationship Status						
• Single and not dating	129	44.9%	68	43.0%	61	47.3%
• Single and dating	109	38.0%	62	39.2%	47	36.4%
• Married/common-law	35	12.2%	24	15.2%	11	8.5%
• Other	14	4.9%	4	2.5%	10	7.8%
Living Location						
• Off campus housing	284	97.9%	157	99.4%	127	96.2%
• On campus in residence	6	2.1%	1	0.6%	5	3.8%
Living Situation						
• Living with friends	119	41.0%	59	37.3%	60	45.5%
• Living with roommates	74	25.5%	40	25.3%	34	25.8%
• Live alone	44	15.2%	24	15.2%	20	15.2%
• Live with spouse/partner	31	10.7%	18	11.4%	13	9.8%
• Live with family	22	7.6%	17	10.8%	5	3.8%
Year of Study						
• 1	52	17.9%	34	21.5%	18	13.6%
• 2	116	40.0%	56	35.4%	60	45.5%
• 3	88	30.3%	48	30.4%	40	30.3%
• 4	13	4.5%	9	5.7%	4	3.0%
• 5+	21	7.2%	11	7.0%	10	7.6%
Level of Studies						
• Undergraduate	167	57.6%	88	55.7%	79	59.8%
• Masters	74	25.5%	40	25.3%	34	25.8%
• Doctoral	39	13.4%	24	15.2%	15	11.4%
• Professional Degree	10	3.4%	6	3.8%	4	3.0%
Student Status						
• Full time	283	97.6%	155	98.1%	128	97.0%
• Part time	7	2.4%	3	1.9%	4	3.0%
GPA Last Academic Term						
• 90-100%	56	19.3%	29	18.4%	27	20.5%
• 80-89%	144	49.7%	83	52.5%	61	46.2%
• 70-79%	67	23.1%	34	21.5%	33	25.0%
• 60-69%	13	4.5%	7	4.4%	6	4.5%
• 50-59%	1	0.3%	0	0.0%	1	0.8%
• 0-49%	0	0.0%	0	0.0%	0	0.0%
• Prefer not to answer	9	2.1%	5	3.2%	4	3.0%

Department						
• Arts and Science	124	42.8%	62	39.2%	62	47.0%
• Engineering	51	17.6%	28	17.7%	23	17.4%
• Business School	33	11.4%	21	13.3%	12	9.1%
• Health Sciences	33	11.4%	19	12.0%	14	10.6%
• Other	25	8.6%	15	9.5%	10	7.6%
• Education	16	5.5%	8	5.1%	8	6.0%
• Law	5	1.7%	2	1.3%	3	2.3%
• Policy Studies	3	1.0%	3	1.9%	0	0.0%

Distress

Table 2 shows the improvements among the intervention group[1] for individual scale items from pre- to post-test (where a decrease in distress, and therefore a *positive* percent difference is considered to be an improvement). Participants demonstrated improvements on all but one item, with the largest change being 11.3% fewer participants reporting feeling "nervous."

Table 2. Proportion of Intervention Group Reporting "Distress" at Pre- and Post-Test

During the past 4 weeks, how often have you felt…	Pre-Test Distress	Post-Test Distress	Percent Improvement
Nervous	37.1%	25.8%	11.3%
That everything was an effort	29.5%	20.8%	8.7%
Hopeless	19.7%	12.5%	7.2%
So depressed that nothing could cheer you up	10.6%	6.7%	3.9%
Worthless	12.9%	12.5%	0.4%
Restless or fidgety	34.1%	34.2%	-0.1%

Note. Distress determined by the percent of participants who reported experiencing these symptoms "most of the time" or "all of the time". A decrease in score is an improvement.

[1] All results in the body of this document are primarily reported for the intervention group. The same analyses for the control group can be found in Appendix A.

Figure 4. Boxplot for Distress Scores in Intervention Group at Pre- and Post-Test

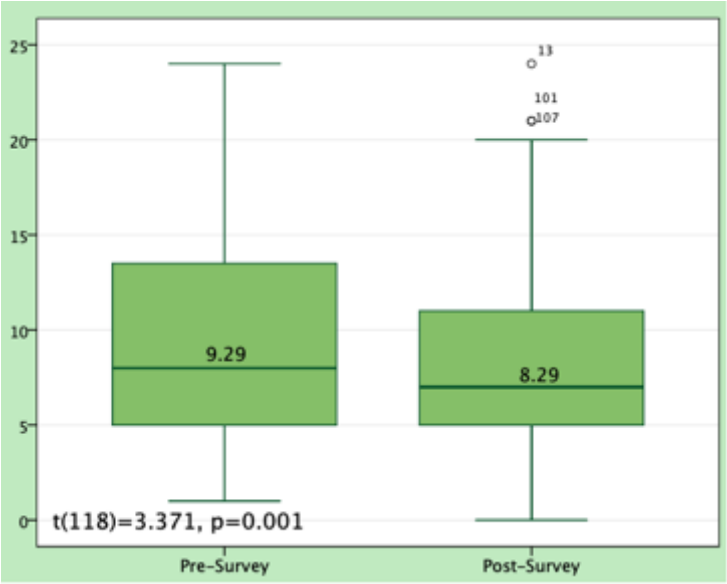


Figure 4 shows a box and whisker plot for the distribution of distress scale scores at pre- and post-test for the intervention group. The shaded box shows the 25th to 75th percentiles, with the line showing the median (50th percentile). The whiskers extend out to the extreme values on either end of the distribution of scores. The figure shows an improvement from an average score of 9.29 to 8.29. A paired t-test was statistically significant ($p<0.001$). Cohen's *d* for the standardized effect size was 0.31 (95% CI 0.05, 0.56), indicating a small effect (10,11). No statistically significant differences were observed in the control arm (See Appendix A).

Resilience

Table 3 shows the improvements among the intervention group for individual scale items from pre- to post-test, with an increase in the proportion of participants reporting that each item was true "often" or "nearly all of the time". Participants demonstrated improvements on all but two items. The largest improvement was observed for the first two items, feeling "that coping with stress could strengthen you" (+11.0%) and "that you think of yourself as a strong person" (+10.6%).

Table 3. Proportion of Intervention Group Reporting "Resiliency" at Pre- and Post-Test

Over the past 4 weeks, how often have you felt…	Pre-Test Resiliency	Post-Test Resiliency	Percent Improvement
That coping with stress could strengthen you	42.7%	53.7%	11.0%
That you think of yourself as a strong person	48.1%	58.7%	10.6%
You could deal with whatever comes	51.9%	60.3%	8.4%
That you are not easily discouraged by failure	34.4%	42.1%	7.7%
That you can stay focused under pressure	51.1%	57.0%	5.9%
That you can achieve goals despite obstacles	60.3%	65.3%	5.0%
That you could handle unpleasant feelings	45.0%	48.8%	3.8%
You tried to see the humorous side of problems	58.8%	62.0%	3.2%
That you tend to bounce back after illness or hardship	59.5%	54.5%	-5.0%
You were able to adapt to change	67.2%	60.3%	-6.9%

Note. "Resiliency" determined by percent reporting items true "often" or "nearly all the time"

Figure 5. Boxplot for Resiliency Scores in Intervention Group at Pre- and Post-Test

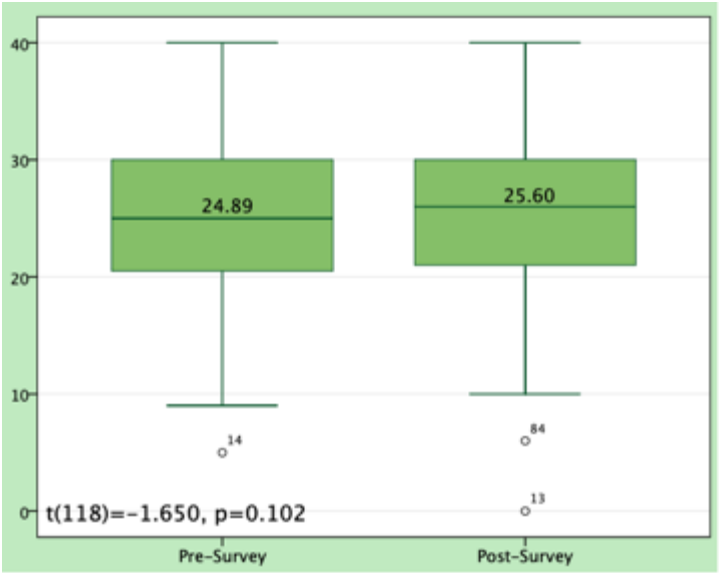


Figure 5 shows a box and whisker plot for the distribution of resilience scale scores at pre- and post-test for the intervention group. The figure shows an improvement from an average score of 24.89 to 25.60, however, a paired t-test did not demonstrate statistical significance ($p>0.5$) for differences in scores. Additionally, Cohen's d for the standardized effect size was -0.16 (95% CI -0.41, 0.10), indicating no effect (10,11). Similarly, no statistically significant difference was observed among the control arm.

Response to the Guide

Of the students who received the Guide, approximately sixty-five provided qualitative feedback regarding its utility. The following results are based on this sub-sample of participants.

Table 4 shows the main competencies (objectives) of the Guide. Across all categories, the majority of participants indicated feeling that they better understood each of these competencies following receipt and completion of the Guide. This demonstrates that the short-term objectives of the Guide were met.

Table 4. Guide Competencies

Since receiving the Guide, do you feel you better understand…	Yes	Maybe	No
Your personal strengths	60.0%	12.7%	27.3%
Sources of social supports in your life	58.2%	18.2%	23.6%
Your stressors and their impacts	65.5%	12.7%	21.8%
Healthy coping strategies that work for you	63.6%	14.5%	21.8%
Your stressors and their triggers	63.6%	18.2%	18.2%
Where you can go on campus for help	61.8%	10.9%	27.3%

Despite the fact that no statistically significant change was observed in aggregated resiliency scores between pre- and post-test, over a quarter (26%) of participants reported that they felt better about their personal resiliency after having received and reviewed the Guide (Figure 6).

Similarly, the majority of students reported that they found the Guide to be useful either all of the time (42.8%) or sometimes (37.5%) (Figure 7).

Figure 6. How do you feel about your personal resiliency after completing the Guide?

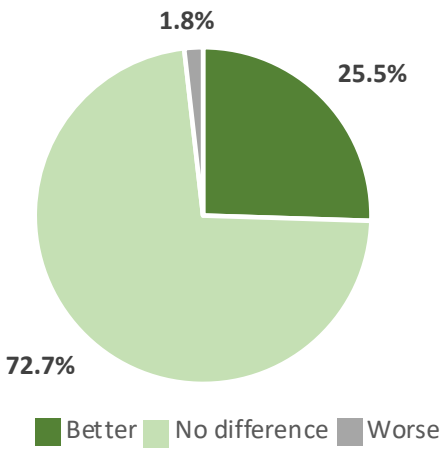
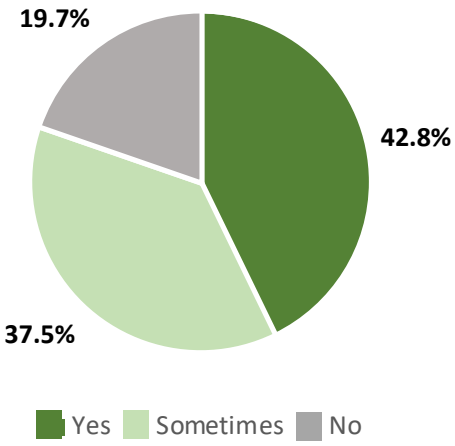


Figure 7. Did you find the Guide to be useful?



We provided respondents with a list of on-campus mental health resources. About 31% of participants indicated that they became more aware of these resources after completing the Guide, while 44% reported becoming moderately more aware (Figure 8). Nearly half of participants indicated that they had looked into these resources since receiving the Guide (23.6%) or planned to do so in the future (20.0%) (Figure 9).

Figure 8. Did you become more aware of campus mental health resources after receiving the Guide?

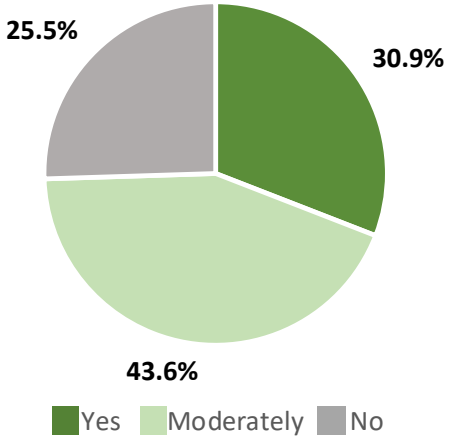
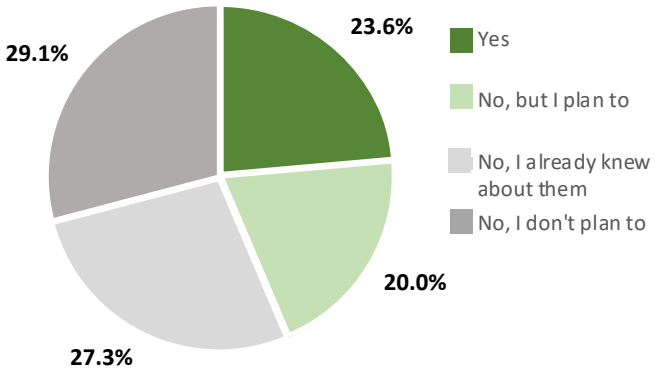


Figure 9. Have you looked into these resources since receiving the Guide?



Discussion

Based on the results of this analysis, there is evidence to suggest that the Guide achieved its intended short-term objectives, which were considered to be the key stepping stones for longer term improvements in resilience. The Guide appeared to improve students' ability to recognize common stressors in their lives, triggers for these stressors, as well as typical emotional responses they experienced as a result. Additionally, data suggested that students' understanding of and ability to apply healthy coping strategies was greatly bolstered by the Guide. Students learned how to map out healthy emotional responses to stress by gaining a better understanding of the social supports and formal resources available to them on their campus.

In terms of outcomes, the Guide improved students' immediate level of distress. We observed a statistically significant improvement in students' self-report distress scores before and after receiving and completing the Guide. However, we did not observe a statistically significant change in resiliency scores at the aggregated (group) level. This may suggest that the period of study was not long enough to detect a significant change. Due to the time and scope restraints of this study, participants were asked to complete the Guide and provide feedback within just four weeks. It is possible that one month is not long enough for an individual to make or experience a significant improvement in their personal resiliency.

The construct of resiliency is complex and has been defined and evaluated in a multitude of ways within the academic literature over the past decade (12). Many define resiliency simply as the ability to bounce back through adversity; this conceptualization of resiliency implies that "resilience" is something that can be easily developed when given the right tools. It also suggests that we can all be resilient, if we choose to make the effort. Many others have defined resiliency more narrowly as an individual, intrinsic trait, that takes work and personal growth to develop, and can vary over the course of one's lifespan at both individual and cultural levels (12,13). Studies focusing on the determinants of resilience have found a number of important predictors of an individual's resiliency, including genetic, psychologic, and socio-cultural vulnerabilities. While this demonstrates the complexity of the concept of resiliency, is also explains the difficulty in attempting to measure such a complex

(and potentially, personal) construct in a short time frame. However, there may be components of “resilience” that can be assessed in an attempt to understand individuals’ progress.

In some studies, positive, effective coping has been conceptualized as a facet, or component, of resiliency (14), which can be drawn on “as a buffer against a wide range of future adversities” (5, p.481). “Coping” is also a more straight- forward concept that is much easier to operationalize and evaluate. In this study, while we did not observe a statistically significant improvement in aggregate resiliency scores, we did observe substantial improvements on many of the individual items within the CD-RISC scale, several of which assessed coping directly. For example, the largest improvement was observed in the proportion of participants who reported that “coping with stress could strengthen [them]” (+11%). A similarly large improvement was observed in the proportion who felt “[they] could deal with whatever comes” (+8.4%). Additionally, three of the six main competencies of the Guide directly targeted improvements in coping ability: 1) identifying sources of social supports in your life, 2) understanding healthy coping strategies that work for you, and 3) knowing where you can go on campus for help. For all three of these, 60% or more of the respondents indicated that they felt their understanding of these things had improved.

Improved understanding of one’s stressors and their triggers, as well as the knowledge of how best to mediate them through the use of effective and positive coping mechanisms (e.g., social support, formal resources) are key components of developing or improving resilience. Therefore, we concluded that “From Surviving to Thriving: Developing Personal and Academic Resilience” provided students with an important toolkit to take the first steps towards becoming more resilient individuals.

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Appendix A

Control Group Analyses

Analyses for the participants in the control arm of the study are presented here.

Table A-1. Proportion of Control Group Reporting "Resiliency" at Pre- and Post-Test

During the past 4 weeks, how often have you felt…	Pre-Test Resiliency	Post-Test Resiliency	Percent Improvement
You tried to see the humorous side of problems	47.5%	53.9%	6.40%
You could deal with whatever comes	48.1%	53.9%	5.80%
That you tend to bounce back after illness or hardship	53.8%	57.8%	4.00%
That you are not easily discouraged by failure	34.2%	36.4%	2.20%
That coping with stress could strengthen you	45.6%	47.4%	1.80%
That you can achieve goals despite obstacles	65.2%	64.3%	-0.90%
That you can stay focused under pressure	53.8%	52.6%	-1.20%
That you think of yourself as a strong person	54.4%	53.2%	-1.20%
That you could handle unpleasant feelings	49.4%	46.1%	-3.30%
You were able to adapt to change	62.7%	59.1%	-3.60%
You tried to see the humorous side of problems	47.5%	53.9%	6.40%

Table A-2. Proportion of Control Group Reporting "Distress" at Pre- and Post-Test

During the past 4 weeks, how often have you felt…	Pre-Test Distress	Post-Test Distress	Percent Improvement
Hopeless	15.2%	9.9%	5.30%
That everything was an effort	24.7%	21.7%	3.00%
Restless or fidgety	37.3%	36.2%	1.10%
Nervous	30.4%	30.3%	0.10%
So depressed that nothing could cheer you up	8.9%	9.2%	-0.30%
Worthless	8.9%	9.9%	-1.00%

Figure A-1. Boxplot for Distress Scores in Control Group at Pre- and Post-Test

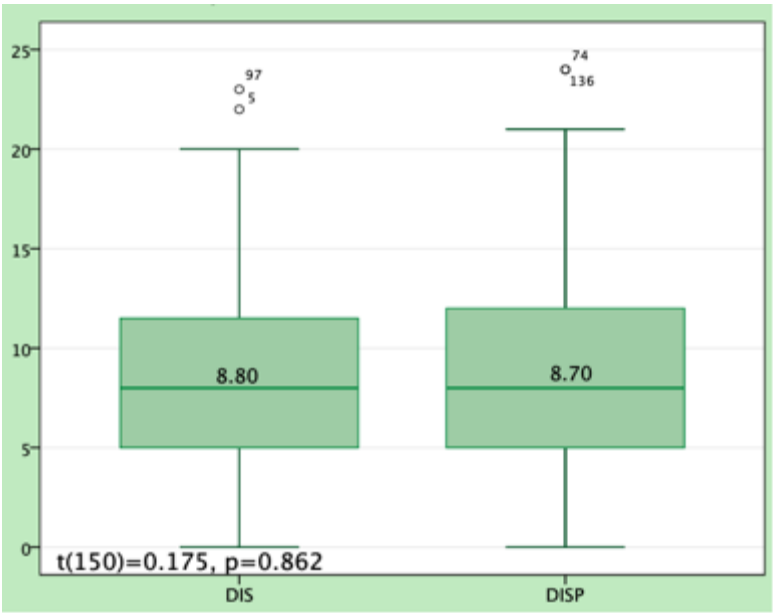
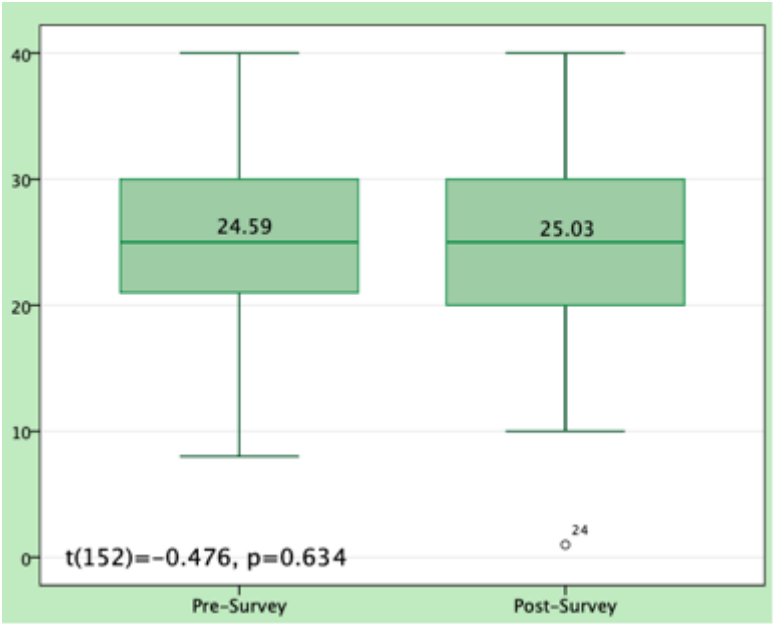


Figure A-2. Boxplot for Resiliency Scores in Control Group at Pre- and Post-Test



Appendix B

Qualitative Feedback

Three questions asked participants what they found to be useful, what (if anything) they found to be harmful, as well as what they would suggest for improvement (Tables B1-B3).

Table B-1. Did you find anything in the Guide that caused you distress?

Mentions	Topic	Details
12	Stressors Checklist	• Helpful to identify stressors. • Variability of stressors including non-school related stressors. • Knowing the stressors were common.
8	Resiliency Skills	• More confident in their resiliency • Having plans to accept and avoid certain stressors. Being proactive.
8	Resource List	• Good to know about.
6	Guide Quality	• The guide was comprehensive, easy to understand, honest, and well researched.
5	Recognize Automatic Stress Behaviours	• Knowing their automatic behaviours helped them better understand their stressors, themselves, and the impacts of these behaviours.
4	Thriving from Stress	• Being taken out of their comfort zone. • The focus on self-improvement.
2	Stress is normal	• Felt comforted knowing it was normal.
2	Reaching out is not Weakness	• Felt supported by the guide and not weak when needing help.
2	Guide was Interactive	•
1	Practical	•
1	Overview	• The guide was an overview, not just dispersed information.
1	Relax Item List	•
1	Personal Strength	• Being able to identify their person strength.

Table B-2. Did you find anything in the Guide that caused distress or made you more stressed?

Mentions	Topic	Details
5	More Stressed	• Checklist made them see their situation more negatively. • Made them feel overwhelmed.
2	Negative Impacts	• Worried that they had already triggered some of the negative impacts of behaviours to stress.
1	Unavailable Services	• They were unable to reach some of the services.

Table B-3. Having completed the Guide, do you have any suggestions for improvement?

Mentions	Topic	Details
6	More Interactive	• Be able to 'click' the checkboxes on the pdf. • Include more activities or videos. • Better pictures, not just smiling/happy people.
4	Lengthy	• Guide was too long.
4	Campus Information	• Include contact information for support on their campus.
3	System Approach	• The intervention should address the school/system, not just individuals that are suffering. Identified as 'victim'-blaming.
3	Accessibility	• Make the format mobile-friendly. • Make the URLs direct link instead of text.
3	Specific Stressor Tips	• Include information on how to approach specific stressors, not just a general overview. • Identify how the tips help/benefit
1	Resiliency or Resilient	• Choose one or the other. Using both was confusing.
1	Define Resiliency	• Define resiliency at the start of the guide.
1	Meditation	• Include how to meditate as a coping skill.
1	Case Studies	• Include case studies as an example of how these behaviours work.
1	Repetition	• Include a repetition element that can reiterate the information when the person is distressed.
1	Ask for Help	• Better explain how to 'ask for help'.
1	Spelling	• Found at least 2 spelling errors.
1	Timing	• Give the guide at the start of the semester.
1	Mental Health Input	• Need more input from mental health experts. Felt too 'common sense'.
1	Common Stressors	• List only common stressors, not all stressors, to decrease the size of the guide.
1	Coping Strategies	• Add more coping strategies.
1	Information Density	• Spread the information over more pages to decrease the density of information and making it easier to read.
1	Table of Content	• Make information easier to find by having more detail in the table of contents and overview.
1	Include Disabilities	• Make the guide more inclusive by including people with disabilities.
1	Great-West Life	• Great-West Life is attached to this intervention, but they have poor coverage for psychologists and psychotherapists.