A Model for Development of Counseling Centers in Thai Higher Education to Improve Student Services

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Abstract

In Thailand, college counseling centers (CCCs) are nascent. This research aimed to develop a model for the CCC in the context of Thai higher education to improve student services, and it comprised four objectives. To achieve Objective One, to determine the current organizational structure and services offered by CCCs, three research methods were utilized. Standardized open-ended interviews were conducted with key experts in CCCs. Second, the webpage of each CCC was analyzed. Third, feedback was gathered from students who had previously used the services of their CCC. For Objective Two, to determine the current needs related to psychological counseling of students in Thai private universities and the significant services related to their needs, a students' questionnaire was developed. The source of data was a random convenience sample of undergraduate students during the 2019/2020 academic year from seven private Thai universities, totaling 1,423 students. The questionnaire data was analyzed by standard linear multiple regression. For Objective Three, to determine students' perceptions of CCC, six items on the questionnaire were used. For the final objective, the results of objectives one through three were synthesized to create a model for the CCC in the context of Thai higher education. The model is comprised of four domains: Leadership and Administration, Information, Services, and Accessibility (LISA). The model was validated by external experts. Among the key findings of this study were that 90% of students who had received counseling services believed that it had helped them academically, and that issues in academic performance and social relationships were the strongest predictors of students' likelihood to seek counseling. This research is useful for Thai universities which are seeking to improve their student services by establishing a new CCC or enhancing the service of their current one.

Keywords: College Counseling Center, Higher Education, Mental Health, Thailand, Well-Being

1.   Introduction

American CCCs are facing increasing and competing demands (Bishop, 2006). CCCs are serving a rising numbers of students to a more diverse student body demographic, there are higher numbers of parents and older citizens; workers returning to education for (re)training; minorities; international students; women; and gay, lesbian and transgender students (Center for Collegiate Mental Health [CCMH], 2015). The conflation of increased demand with a

diversified student body means that CCCs must provide greater access of services to clients who do not fit the traditional college student mold, hence do not fit the traditional CCC client mold. At the same time, state and federal budget cuts have affected higher education (Bishop, 2006). Consequently, CCCs must now operate more efficiently and these factors, increased demand, a diversified student body and educational budget cuts, are drivers for CCCs to become more transparent, more efficient and more effective. CCCs must now utilize strategic planning and make data driven administrative strategies in order to cope with the many demands, challenges and constraints currently facing them (Bishop, 2006; Kay & Schwartz, 2010; Zhang & McCoy, 2016; Abrams, 2020). Along this line, there is increasing discussion in the literature of models, theory and best practices for modern CCCs (Pace, 1996; the Jed Foundation, 2011).

In Thai higher education, OHEC quality indicator 3.1 stipulates that universities provide 'life counseling' for students (OHEC, 2006) , which may refer to and include psychological counseling. However, the emphasis of counseling has been on academic counseling and career guidance (Mhunpiew, 2009; Ratanasiripong et al., 2015). Counseling is still new to Thai students (Archwamety et al., 2009). Unlike in America which has various organizations and associations that specialize in college counseling standards and accreditation, namely the ACA, the AUCCCD and the IACS, there are no such associations in Thailand. A consequence is that there is no accreditation of Thai college counseling centers and no formalized set of standards.

Only a very small number of CCCs in Thai higher education offer counseling and mental health services from trained practitioners (Ratanasiripong et al., 2015). The student affairs division often provides space for academic and career advising but not for psychological counseling. The guidance/advising center is often staffed by the faculty member who is the head of the student affairs division, who frequently lacks a psychology or counseling background and training. Research has also indicated that Thai students underutilize college counseling services (Christopher et. al., 2006).

1.1 Significance of the Study

In the English literature on the CCC in Thai higher education there is a dearth of research. As an association for CCCs does not yet exist, there are no reports with data on fundamental aspects of CCCs, such as the number of staff; the qualifications of staff; the ratios between psychiatrists, psychologists, social workers and non-mental health/social services staff; the types of psychological counseling services offered; the balance in services between counseling provision and outreach and prevention efforts; the common types of issues that students' present with; the quality of access to counseling centers; the marketing strategies of counseling centers; and, lastly, the needs of students, which includes questions pertaining to the severity and complexity of students' mental health issues as well as students' demand for psychoeducational training, on topics such as assertiveness, time management, interpersonal skills, sleep skills, and addiction issues (e.g., internet and phone addiction, and alcohol and drug addiction).

This study helps address these gaps in the literature. It gathers data on current CCCs, in the dimensions of leadership, marketing, services provided, staffing, and accessibility of information and services. Furthermore, this study gleans data concerning students', including their perceptions of the CCC, feedback from past student users of the CCC, and students' mental health needs. Therefore, this study provides needed information concerning the current administration and practices of counseling centers, and of students' needs and perceptions. As mentioned previously, unfortunately there is currently no research in the English literature in these areas, so this study is likely the first of its kind, in English. This study contributes broadly to the knowledge base for student affairs, and more specifically, for the counseling component of student affairs. It helps to close the knowledge gap. Lastly, the number of CCCs will continue to increase in Thai higher education (Ratanasiripong, 2011) and a primary goal of this study is to provide a model to guide development of these burgeoning CCCs, which currently is lacking.

2.   Problem Statement

In South-East Asian nations, including Thailand, mental health policy has been given a low priority (Sharan et. al., 2017). The challenge for Thai IHE is to provide counseling services via a counseling center that satisfies the well-being needs of students. Current obstacles for Thai CCCs include (1) lack of a college counseling association, (2) lack of accreditation, (3) lack of a recognized, defined set of standards to adhere to, (4) lack of trained psychologists and counselors (5) lack of a dedicated space for counseling, and (6) underutilization of CCC services (Christopher et. al., 2006; Kongsuk et. al., 2017; Yates, 2018; Beckstein, 2019; Krishnan et. al., 2020). These obstacles speak to the need for a model for the development of the counseling center in Thai universities. In moving to develop CCCs, institutional resources could best be utilized if a model were designed for its development in the Thai context. The problem prompting this research then is the need to develop a model of the CCC within Thai higher education.

2.1 Research questions

The present study had four research questions.

1) What are the current administrative structures of and services offered by CCCs in Thai private universities?
2) What are the current needs related to counseling of students in Thai private universities and what are the significant services related to students' needs?
3) What are students' perceptions of the CCC?
4) What is an effective model for the establishment of a CCC at Thai private universities?

3.   Literature Review

Approximately one hundred years ago the primary mission of the CCC was to provide academic advising and career counseling, and to treat developmental issues such as homesickness (Zhang & McCoy, 2016). Through world wars one and two, the civil rights and feminist movements in the 1950s and 1960s, a greatly diversified student demographic in the

1990s, and a steady rise in demand, the CCC has transitioned from its original mission to focus on treating students' mental health and well-being needs through the provision of psychiatric and psychological counseling services via qualified practitioners, namely, psychiatrists, counseling psychologists, counselors, and social workers (Bertolet, 2016; Hodges et. al., 2017).

CCC are now accredited, and accreditation can be done through multiple organizations; two prominent such organizations are the Center for Accreditation of Counseling and Related Programs (CACREP) and International Association of Counseling Services (IACS). Within the accreditation guidelines, individual CCCs vary from each other. The home institution's size, type, student demographics and geographic location, as well as the counseling center's unique historical mission, financial status, sources of funding, and campus location influence the administration and health service delivery of the CCC, as well as its dialogue with the campus community (Kay & Schwartz, 2010; Eells & Rando, 2012).

However, all CCCs are a specialized unit within student affairs, have as their goal serving students, and provide direct clinical services to students (Zhang & McCoy, 2016; Lyn, 2017). All CCCs must provide individual and group mental health counseling. The IACS (2016, p.4) states four essential services of the CCC. First, provide counseling to students experiencing personal adjustment, vocational, developmental and/or psychological problems that require professional attention. Second, play a preventive role helping students in identifying and learning skills which will assist them to effectively meet their educational and life goals. Thirds, support and enhance the healthy growth and development of students through consultation and outreach to the campus community, and finally play a role in contributing to campus safety.

Researchers have conceptualized three dimensions of the CCC: remedial, preventive and developmental (Moore, 1976; Pace et. al., 1996). Remedial treatment focuses on deficits and negative elements, and seeks to correct or improve them. The emphasis is on solving immediate problems and crisis intervention. Preventive treatment focuses on identifying and treating potential deficits and negative elements. Examples include anxiety and stress management skills. Developmental treatment helps students to develop in their normal tasks, such as interpersonal skills, relationships and assertiveness training. CCC have traditionally focused on remedial service to individuals, that is, private individual counseling (Zhang & McCoy, 2016).

In summary, the fundamental resources relied upon include: Bertolet (2016), "Examining Changes in College Counseling Clients' Symptomology and Severity over an Eight Year Span"; Hodges et al. (2017), "The College and University Counseling Manual: Integrating Essential Services Across the Campus"; IACS, (2011), "Standards for University and College Counseling Services"; and Kay and Schwartz (2010), "Mental Health Care in the College Community." It should be noted that an in-depth literature review was conducted which included 200 resources. Due to space limitations, only the fundamental resources mentioned within this present article are listed.

3.1 Theoretical framework

Over the past three decades, pressures of increased demand, a diversified student demographic, diminishing resources and funding needs have galvanized Western CCCs to become more efficient and accountable (Bishop, 1995). CCCs are thus undergoing a period of change (Bishop, 2006) and different models of the CCC have been proposed (Zhang & McCoy, 2016). John Bishop (1995, 2006), Kitzrow (2003) and Mowbray et. al. (2006) recommended changes to the CCC in order to provide greater access of service to students, more efficiently utilized resources, more options and types of service and to adapt to the new student demographic. Kitzrow (2003) proposed increased collaboration with faculty and administration, creation or designation of a centralized highly accessible site to where all students could be referred, greater inclusion of the student's voice within the mental health services paradigm, increased incorporation of self-help and other supportive mental health resources and improving the campus culture toward mental health.

Various models of the CCC have been proposed and reified, including, among others, the vocational guidance model, the academic affairs model, and the traditional model (Brandel & Yarris, 2004). This study drew on the theoretical model of the CCC, the global model proposed by Pace et. al. (1996). The global model is an adaption and updating of the 'Dimensions of Counseling Functioning,' or Cube, model (Morrill et. al., 1972 as cited by Moore & Delworth, 1976). According to Pace et. al. (1996) the cube model treats the CCC as an independent, stand-alone structure whose administrative decision making is unilateral and internal, in which remedial, private counselling initiated through a walk-in intake system was the primary mode of service delivery. The global model delineates a holistic, ecological model of the CCC within the campus community and the university organization. The global model redefines the CCC within a systems framework, as a component within the campus environment, with which it has ongoing, bilateral communication. In this system, the CCC interacts with the stakeholder groups of students, faculty, administration and other [student] support offices inside of an interdependent university community. Faculty and administration are treated as equal partners, with whom decisions are made collaboratively. The systems approach posited by the global model seems to be suitable for the 21st century, as collaboration and communication have become key themes in the world at large. It has furthermore been remarked that the global model aligns well with International Association of Counseling Services (IACS) standards (Boyd et. al., 2003, as cited by Zhang & McCoy, 2016).

4. Research Methodology

The present study utilized a multiple methods design. Following an explanation of the population, the research methodology for each objective is given.

4.1 Population

CCC services can include academic counseling and career guidance; however, the focus of the present study is psychological counseling centers in the college campus. This study

was delimited to private Thai universities of approximately 8,000 students. At this size of university, a well-being counseling center becomes financially viable. Furthermore, private universities may have less bureaucracy than governmental institutes, enhancing ease of development of counseling centers. Relatedly, private universities are often also international universities, thus they could be more receptive and amenable to Western educational trends and practices. Moreover, private universities may have substantial numbers of international students because entry requirements are non-restrictive (private universities do not require entrance examinations) and many of their programs are in English. Due to issues such as homesickness and cross-cultural challenges, international students can have special well-being needs which may necessitate support from the counseling center. In sum, seven universities comprised the sample.

4.2 Research methodology for each objective

For research objective one, to determine the current organizational structure and services offered by CCCs in Thai private universities, three separate methods of data collection were used. One, standardized open-ended interviews were conducted with key experts in CCC. The director of the counseling center was contacted at the CCC of each of the universities in the population. In standardized open-ended interviews the precise wording and order of all of the questions are pre-determined and interviewees are given the exact same questions in the same sequence. To develop the instrument, a number of sources were used, but there were four primary sources for development of the instrument: One, "Standards for University and College Counseling Services" (IACS, 2010); two, "Accreditation Standards for University and College Counseling Centers" (Kiracofe et. al., 1994); three, "An Audit of Mental Health Care at U.S. Colleges and Universities: Focus on Anxiety Disorders (ADAA, 2007)"; and four, "Mental Health on College Campuses: Investments, Accommodations Needed to Address Student Needs" (NCD, 2017). The final instrument comprised 12 questions adapted from the above sources. The results were analyzed through systematic coding and categorizing.

Two, the webpage of each CCC was analyzed. The source of data consisted of the webpage for each of the counseling centers at the universities contained in the research population (as previously illustrated). Four educators were recruited. Four of these persons had Master degrees related to education while one had a doctoral degree, and all were university instructors with at least five years of experience. In development of the webpage evaluation instrument, the main resource relied upon was "College Students Speak: A Survey Report on Mental Health," written by Gruttadaro and Crudo (2012). These results were also analyzed through systematic coding and categorizing.

Three, feedback was gathered from students who had previously used the services of their CCC. A questionnaire was developed to collect this data. The development and details of this questionnaire are explained in research objective 2, because in that objective the

questionnaire is the sole means of data collection. Descriptive statistics were used to analyze the feedback of students who had previously used the services of their CCC.

For research objective two, to determine the current needs related to counseling of students in Thai private universities, the well-being and mental health needs of students were operationalized as the domains of academics, social relationships, self-identity, self-regulation, and suicidality. These were defined as the following. Academics: scholastic matters such as grades, classes, classmates, and university life. Social relationships. Self-identity: Concern over one's appearance, others' impressions of oneself, and positive self-regard. Self-regulation: One's regulation of emotions, such as frustration, anxiety, loneliness, and sadness. Suicidality: Whether or not the student knows another student who has tried or completed suicide. A 43-item questionnaire was developed which was adapted from the following four sources: the National Alliance on Mental Illness (NAMI, 2012); the Anxiety Disorders Association of America (ADAA, 2007); the College Adjustment Test (CAT) (Pennebaker, Colder, & Sharp, 1990); and the National Council on Disability (NCD, 2017).

A multiple regression analysis was performed using students' well-being needs as predictors of their intent to utilize CCC services. The source of data was a random sample of undergraduate students from large, private Thai universities during the 2019/2020 academic year. There were 1,423 participants, 45% of whom were in the 19-20 age group, 67.5% were female, and 12% were international students (predominantly Chinese).

For research objective three, to determine students' perceptions of the CCC, students' perceptions of the CCC were defined as: their awareness of the counseling center; their desire for outreach services provided by the CCC (e.g., group workshops on topics such as stress management or time management); the likelihood of their recommending it to a friend if they felt that their friend needed help; the likelihood of themselves using the counseling centers if they felt that they needed help; and, regarding students who have received college counseling services in the past, the extent to which they feel it helped them academically. Six items on the student's questionnaire (described above) comprised the source of data. The data was analyzed through descriptive statistics.

For research objective four, to develop an effective model for the establishment of a comprehensive counseling center at Thai private universities, the data garnered from objectives one through three constituted the source of data. The collection of different sources of data was designed to provide a well-rounded understanding. The perspective of CCC directors afforded insight into administrators' perceptions of the current situation of CCCs, and trends in students' well-being. The students' point of view gave insight into students' well-being needs as well as their perceptions toward the CCC. The voice of students who had utilized the services of their CCC in the past was also included. Lastly was the website of each counseling center. As CCC websites are a critical resource for students to access university counseling services, they are

an extension of the counseling center, and thus reflect in part upon the current practices of the CCC.

In order to ensure the quality of the proposed model, a panel of experts was assembled to evaluate it. Nine experts were recruited, of whom one held a Ph.D. in counseling psychology and was a long-time counseling practitioner; another held a Master of Science in Counseling Psychology (MSCP) degree and was the licensed owner and chief practitioner of a private clinic; and one held a post-graduate degree in Educational Leadership and Administration, their dissertation research focused on enhancing student affairs, and they had over ten years of work experience in student affairs. A model validation form was developed which consisted of nine items aligned with the SMART strategic planning approach: Specific, Measurable, Attainable, Relevant, and Timely, because the model was created with the intent to be practically implemented.

5.   Results

It is important to note that because there were four sources of data, an in-depth discussion of the results of each source would be excessively lengthy, and is precluded by the space limitations of the journal article format.

Because formal international accreditation standards exist, this study sought to determine in which areas CCCs in large, Thai private universities could be improved. The findings of the study are presented according to the research objectives.

5.1 Results of objective one

For the first objective, there were three sources of data. Table 1 presents a synthesis of the findings from the first data source, interviews with CCC directors.

Table 1. Summary of the Results of the Interviews with CCC Directors.

Item 1	Item 2	Item 3	Item 4	Item 5	Item 6
At each university the CCC fell under the jurisdiction of the Student Affairs director. In addition, each CCC had a chief, each of whom had an MSCP degree from Chulalongkorn University. However, university C did not have an official CCC.	The CCC at university A had seven staff with two main counselors. At university B there were two counselors. University C had one counselor with no other staffing.	University A had an explicitly documented leadership philosophy that it followed. Universities B & C did not have a stated leadership philosophy. Both their approaches were based on the humanistic tradition of Carl Rogers and Virginia Satir.	University A had differing responses. One interviewee had a positive answer while the other was negative. University B engaged in interdepartmental collaboration. University C did not currently have any collaborative work.	Universities A & B had dedicated services for students with well-being issues. University C did not currently have dedicated services.	Each interviewee highlighted a shortage of staff.

Item 7	Item 8	Item 9	Item 10	Item 11	Item 12
Each staff stated that students most often first come due to academic issues. Staff A1, A2, and B noted apparent increases in anxiety and depression, and financial issues. Staff B noted sleep and technology (internet) issues. Staff C noted parents seeking advice on parenting.	At university A, staff A2 stated that regular workshops were provided while staff A1 stated students were not interested in them so they were rarely given. Staff B stated workshops were regularly and actively given with good participation. Staff C stated none were currently given.	Staff A1 & A2 highlighted a lack of marketing. Staff B noted stigma and shame, students are shy; so the CCC location was too publicly located and its appearance overly similar to a clinic. One university did not have a CCC.	All universities did marketing by participating in annual or semi-annual freshman orientations. University A had a specialized "care" program for freshman, as one part of which well-being issues were checked. Only university B had active, ongoing marketing, both online (via Facebook) and on campus (via workshops).	Staff B stated the CCC was well-known to students. Staff A1, A2 and C stated that the CCC was not well-known.	Staff A1 & A2 stated that it was enough given the current level of marketing, but there were likely more students in need of care. Staff B & C stated CCC services did not adequately meet student demand.

Table 2 provides an illustration of the scoring and comments made by evaluators of the CCC websites.

Table 2. Example of Evaluators' Scoring and Comments.

Evaluator 1	1) Ease of locating CCC website itself	2) Clear display of CCC service hours	3) Clear display of CCC services provided	4) Clear display of CCC contact info.	5) Clear display of method of arranging an appointment	6) Overall clarity, attractiveness, and user friendliness
CCC 1	1 Three separate webpages must be navigated in order to locate the CCC's webpage.	0 Hours are not displayed anywhere.	3 The provision of counseling service is prominently stated. However, common types of services are not stated.	3 A QR code is given. The telephone number is at the very bottom of the webpage.	5 A QR code and hyperlink are clearly displayed. Students may also walk into the office.	3 Little clutter, appealing theme and layout, and easy to navigate. However, its design is basic.
CCC 2	3 Its link is clearly situated on the homepage. There is some confusion between it and other similarly named offices.	0 Hours are not displayed anywhere.	3 Basic services are stated and explained. Some confusion exists among descriptions and services provided.	4 Office location, email, and telephone information are provided.	2 No method is overtly stated.	2 While it is easy to navigate, issues exist in its clarity and user friendliness.
CCC 3	0 No CCC website, but has a Facebook page. No link to CCC Facebook page on university webpages.	5 CCC hours are stated at the top center of the Facebook page.	3 Basic, common services are listed and briefly described.	3 Means of contact are posted in multiple locations. Students can Facebook message.	3 A QR code is provided for arranging appointments.	4 The Facebook page has little clutter, is active, has interesting useful posts, and is easy to navigate and locate key information.
CCC 4	2 Students must navigate through several tabs before reaching the CCC website.	0 The CCC service hours are not stated on the webpage.	3 Services are listed and briefly described. Needs more informative descriptions.	2 The contact information could be much more clearly posted.	1 No method is clearly signposted for arranging an appointment.	2 Overall, the website appears old, outdated, and little used.

Synthesis of the results of the CCC website evaluations revealed that only four of the seven CCCs currently had webpages, and of these four, issues existed in the content and clarity of the information provided.

Finally, descriptive analysis of the feedback from students who have used their university's CCC indicated two main areas of improvement for university counseling centers: the ease of arranging the first appointment and the effectiveness of the website. Student users of the CCC were dissatisfied with the ease of arranging the first appointment and the effectiveness of the website.

5.2 Results of objective two

For the second objective, to determine students' well-being needs, a multiple linear regression was conducted in which the independent variables of students' well-being needs were regressed against the dependent variable of students' intention to use the counseling center, in order to determine the unique predictive power both of students' well-being needs together as a set, and as independent predictors. Students' well-being needs were defined as social relationships, academics, self-identity, self-regulation, and suicidality. Preliminary analyses were performed to check the assumptions regarding normality, linearity, and homoscedasticity of residuals; the absence of outliers; the absence of multicollinearity; and the independence of errors (Hair et al., 2015).

A sample of 1,423 students were able to participate. SS software version 26 was used to test for outliers. Utilizing case wise diagnostics, outliers were determined if outside 3 standard deviations. There were no outliers present for all of the variables. The Durbin-Watson statistic was used to test the assumption of independence of error terms (residuals). The acceptable range of values was set as between $1.5 < d < 2.5$ (Russell, 2021). The study's d value, 1.87, lies within this critical range, hence it can be assumed that there is independence of residuals.

The unique contribution of each independent variable of students' well-being needs toward the variance in the dependent variable of students' likelihood to use the counseling center is examined. Using the beta values (B), the standardized regression coefficients, the results show that all four student well-being needs are significant predictors of likelihood to use the counseling center: Social, B = 0.11; Academics, B = -0.33; Identity, B= -.08; and Regulation, B = 0.09; $p < .05$. Interpreting these results, as noted earlier even though each of the variables was found to be significant, the strength of their relationships with the dependent variable was only notable for two of them, academics and social relationships. Thus, it is evident that the independent variable of academics explained the most variance in the dependent variable (B = - 0.33, 33%). There was a negative relationship between academics and likelihood to use the counseling center which means that the better students' academic performance (that is, the better their GPA) the lesser was their intent to use the counseling center (and conversely, the worse their grades, the greater their intent to use the counseling

center). Next, the independent variable of social relationships accounted for 11% (B = 0.11) of the variance in students' likelihood to use the counseling center. This means that the more of an issue that students had in their social relationships, the greater was their likelihood to use the counseling center.

Following up on these results, a stepwise linear regression was performed. According to this analysis, academics accounted for 11% of variance in the dependent variable (Model 1, R Square Change = 0.11). The addition of the second variable, social relationships, produced an additional change of 1.4% (Model 2, R Square Change = .014). Addition of the third and fourth variables, self-regulation and self-identity, produce changes of less than 1%, hence are negligible. Therefore, the stepwise regression confirms the conclusion drawn from the beta coefficients in the standard regression that only the variables of academics and social relationships are useful for predicting students' likelihood of using the counseling center.

Table 3. Multiple Regression Results of the Survey Data Related to Students' Well-Being Needs
(n=1,423)

					Change Statistics				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df2	Sig. F Change	Durbin-Watson
1	.359[a]	.129	.127	.623	.129	50.701	1367	.000	1.877

a. Predictors: (Constant), REGULATION, RACADEMICS, RSOCIAL, RIDENTITY

b. Dependent Variable: PERSONALLY USE CCC

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	78.751	4	19.688	50.701	.000[b]
	Residual	530.818	1367	.388		
	Total	609.569	1371			

a. Dependent Variable: PERSONALLY USE CCC

b. Predictors: (Constant), REGULATION, RACADEMICS, RSOCIAL, RIDENTITY

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	3.391	.115		29.510	.000	3.165	3.616		
	RSOCIAL	.145	.035	.113	4.134	.000	.076	.214	.858	1.166
	RACADEMICS	-.338	.032	-.335	-10.666	.000	-.400	-.276	.647	1.546
	RIDENTITY	-.059	.025	-.080	-2.336	.020	-.108	-.009	.543	1.843
	REGULATION	.073	.024	.089	3.080	.002	.027	.120	.763	1.311

a. Dependent Variable: PERSONALLY USE CCC

Coefficients of the Stepwise Multiple Regression

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	3.876	.071		54.372	.000	3.736	4.016		
	RACADEMICS	-.333	.026	-.329	-12.915	.000	-.383	-.282	1.000	1.000
2	(Constant)	3.475	.112		30.903	.000	3.254	3.696		
	RACADEMICS	-.365	.027	-.362	-13.762	.000	-.417	-.313	.929	1.076
	RSOCIAL	.155	.034	.121	4.592	.000	.089	.222	.929	1.076
3	(Constant)	3.428	.114		30.075	.000	3.204	3.651		
	RACADEMICS	-.377	.027	-.373	-13.990	.000	-.430	-.324	.897	1.115
	RSOCIAL	.135	.035	.105	3.862	.000	.066	.203	.872	1.147
	REGULATION	.053	.022	.064	2.391	.017	.010	.096	.879	1.138
4	(Constant)	3.391	.115		29.510	.000	3.165	3.616		
	RACADEMICS	-.338	.032	-.335	-10.666	.000	-.400	-.276	.647	1.546
	RSOCIAL	.145	.035	.113	4.134	.000	.076	.214	.858	1.166
	REGULATION	.073	.024	.089	3.080	.002	.027	.120	.763	1.311
	RIDENTITY	-.059	.025	-.080	-2.336	.020	-.108	-.009	.543	1.843

a. Dependent Variable: PERSONALLY USE CCC

It is remarked that the predictors in the tables above, academics, social relationships, self‑regulation, and self‑identity are explicated in the research methodology, objective two, page seven. To conclude, there are two essential findings on students' well‑being. First, academics is the strongest predictor of students' likelihood to use the CCC, and it has an inverse relationship; as students' academic performance decreases the greater the chance of their seeking counseling. Second, social relationships were the only other significant predictor.

Therefore, issues in the domain of social relationships, such as feelings of isolation and loneliness, increase the likelihood of students' seeking counseling.

5.3 Results of objective three

For the third objective, determining students' perceptions of the CCC, the results overall were positive; at least 90% of respondents answered favorably for each of the items. This implies that students held favorable perceptions regarding the counseling center. A noteworthy finding is that 35% of students who had received counseling services in the past strongly believed that doing so helped them academically, and 55% agreed, the most strongly positive figures for any of these items. Students strongly felt that receiving counseling helped them academically. In addition, students were slightly less disposed to use the counseling center themselves than to recommend it to a friend.

5.3.1 Development of the model

The results of the standardized open ended interviews with CCC practitioners, survey of students' well-being needs and perceptions of the CCC, feedback from past users of the CCC, and evaluations of the websites were synthesized according to the study's conceptual framework. The following table presents a summary of this analysis.

Table 4. Summary of the Data Set Synthesized Through the Conceptual Framework.

	Leadership & Administration	Student Well-Being Needs	Student Perceptions	Accessibility *Location*	Accessibility *Services*	Accessibility *Marketing*
Conceptual Framework	1) Type of leadership 2) Number of regular service-providing staff 3) Qualifications of practitioners	1) Social Relationships 2) Academics 3) Self-identity 4) Self-regulation 5) Suicidality	1) Desirability of workshops 2) Intention to use CCC 3) Academic benefits 4) Awareness of CCC	(A) Adequate convenience (B) Adequate privacy	(A) Service hours and length (B) Ease of scheduling (C) Services provided	(A) CCC Website (B) Awareness of CCC
Synthesis of data: interviews, survey, website analysis	1) Lack of explicit type of leadership approach 2) Shortage of qualified practitioners 3) Insufficient funding	Anxiety, depression, and issues in social relationships are the most prevalent well-being concerns	1) Self-development workshops and activities are desirable 2) Low academic performance and concerns in social relationship are the best predictors of students' likelihood to use the CCC 3) Students' believed that receiving counseling helped them to finish courses and stay in school.	The location of the CCC does not adequately balance convenience with privacy.	Arrangement of the first appointment is unnecessarily difficult.	(A) CCC websites do not adequately provide clear information (B) Awareness of the CCC is minimal among students

The results of data collection methods one through three were used to generate a new model that presents change and innovation to the current practices of counseling centers at large private Thai universities, in order to enhance counseling center services for students. The results of the interviews with counseling center directors, of the evaluations of counseling center websites, and of the questionnaire sections exploring students' well-being needs, perceptions of the counseling center, and feedback from past recipients of counseling services, were synthesized in terms of the study's conceptual framework. The conceptual framework had three independent variables: administrative structure, students' needs and perceptions, and access. The data was synthesized through this framework, leading to the creation of the four domains contained in the proposed model. The four domains in the proposed model are leadership and administration, information, services, and accessibility.

A circular flow figure is used to express the interconnectedness of the domains. While each domain is unique, insufficient development of a domain can negatively affect other domains. For instance, considering accessibility, if the location of the CCC is inappropriate

(such as in too public a place), then a website which clearly explains this [inappropriate] location will not be useful, because even if students learn from the website where to go, they may be deterred from actually going when they see firsthand how public is the location. In this way, equal importance is given to each domain, holistically.

To symbolize this unity, the model is presented in the shape of a flower, with the counseling center being the floral disc and the domains being its petals. In addition, as flowers represent growth and health, the flower motif implies well-being. Accompanying the flower is an arrow which is intended to signify that each domain, or petal, flows into the next, in a holistic manner. For mnemonic purposes, the domains were ordered so that the first letter from each one forms the acronym LISA (Leadership, Information, Services and Administration). No additional meaning is contained in the name LISA, but it is a useful way by which to remember this model, and as well distinguishes it from other models.

To provide clarity, details are provided explaining the exact source(s) of data as follows:

1) Leadership and Administration
The domain (petal) of leadership and administration includes leadership style, interdepartmental collaboration, and funding. Data from interview items one, three and nine showed that the CCCs lacked an explicit leadership style, did not have close working relationships with other departments, and were receiving insufficient funding, respectively. That the CCC be adequately funded is essential, most importantly to ensure that enough counseling practitioners can be employed, but also to ensure capability of carrying out its tasks, such as marketing and website development. As the CCC is a human services department, it is important to have a clearly stated leadership style for all staff to adhere to in their interactions with students/clients, other stakeholders (for example, parents), and other departments. As the CCC frequently coordinates with other departments it is important that the CCC cultivate these relationships, because effective interdepartmental collaboration helps to better serve students.

2) Information
The domain (petal) of information consists of two components, an informative website and ongoing on campus marketing. The first component strives to provide pertinent knowledge to students of the counseling center, while the second seeks to increase students' awareness of it. The data underlying the component of an informative website comes from questionnaire item 36 and the website evaluations. According to the results of data collection method three, feedback from students who have used their university's counseling center, item 36, students indicated that the website could be improved. Closer analysis of the websites by a panel of researchers found that each webpage was in need of significant improvement, in all of the areas which were reviewed. Regarding ongoing campus marketing, data from interview item 9 and questionnaire item 8 indicated that there was little marketing and that students were unaware of the CCC. Twenty-five percent of respondents - one in four people - did not know that their university had a counseling center. Therefore, it is crucial for Thai counseling centers to upgrade their provision of information to students in order to ensure that students know when,

where, and how that they can receive services, and correspondingly to improve students' awareness of those services.

3) Services

The domain (petal) of services is comprised of academic counseling, well-being needs, and personal development. The data underpinning this comes from questionnaire items 10 to 29 and interview item 7. Although academic guidance is commonly a separate division which is linked to career guidance, the results showed that students most often initially seek well-being counseling for academic reasons. In addition, according to the multiple regression analysis, academics was the strongest predictor of students' likelihood to use the counseling center: the weaker a student's academic performance, the greater the chance they would use the CCC. Thus, at first, perhaps due in part to stigma, Thai students do not seek help specifically for well-being concerns. However, following discussion of the student's presenting [academic] concerns, issues arise related to personal matters. In this way, some academic guidance might be the basis for the starting point of the first meeting, seguing into discussion of underlying, related well-being concerns.

The most prominent well-being concerns noted by counselors were anxiety and depression, which were remarked by all interviewees to be increasing among students. At the same time, the multiple regression analysis revealed social relationships to be the other significant predictor (in addition to academic performance) of students' likelihood to use the CCC. Issues in social relationships relate to feelings of loneliness. In turn, it is possible that loneliness is in part associated with feelings of anxiety and depression. Therefore, the finding from the students' questionnaire that concerns in social relationships is a predictor of intent to use the counseling center seems to align with counselors' perceptions that anxiety and depression are the most prevalent well-being issues among students. Along this line, it behooves the CCC to ensure that the services they provide adequately cover these specific issues.

The component of personal development is derived from interview item 8 and questionnaire item 30. On the one hand, CCC directors stated that personal development opportunities were rarely provided for students, but on the other hand, students showed positive perceptions toward such activities. The conducting of on-campus workshops for students, with the goal of self-development, therefore needs to be enhanced. Common iterations of such workshops include: interpersonal skills, such as team work and cooperation; stress management, such as recognizing signs of stress and methods of coping; and time management, such as assigning priorities and designing a daily and weekly schedule.

4) Accessibility

Access means the ease of access to counseling services for students. In this model the domain (petal) of accessibility refers to location, staffing, and convenience. Regarding location, (questionnaire items 38 & 39) feedback from past users of the CCC showed that the privacy

and convenience of the location could be improved. Staffing (interview items 2, 6 & 9) was found to be a major concern. Because the universities in this study have approximately 8,000 students, and all are of a similar type (private) their counseling centers could reasonably be expected to have similar numbers of staffing. However, staffing figures varied widely and a standard was absent in terms of the ratio of counseling center practitioners to the figure (amount) of the student populace. Moreover, all CCC directors lamented a shortage of practitioners, perceiving it as an area in need of immediate improvement. In this model, convenience (questionnaire items 34 & 35) is designated to mean the ease with which students can arrange their first appointment. Feedback from the questionnaire indicated that arranging an appointment should be made easier. Convenience is critical for two reasons. One, students are frequently hesitant to seek counseling, so when they do come for help the process must be made as smooth as possible to prevent them from turning away; secondly, students who are experiencing severe distress need to be able to make and receive an appointment as quickly as possible.

Figure 1. LISA (Leadership, Information, Services and Accessibility): The Model for Development of Counseling Centers in Large Private Thai Universities.
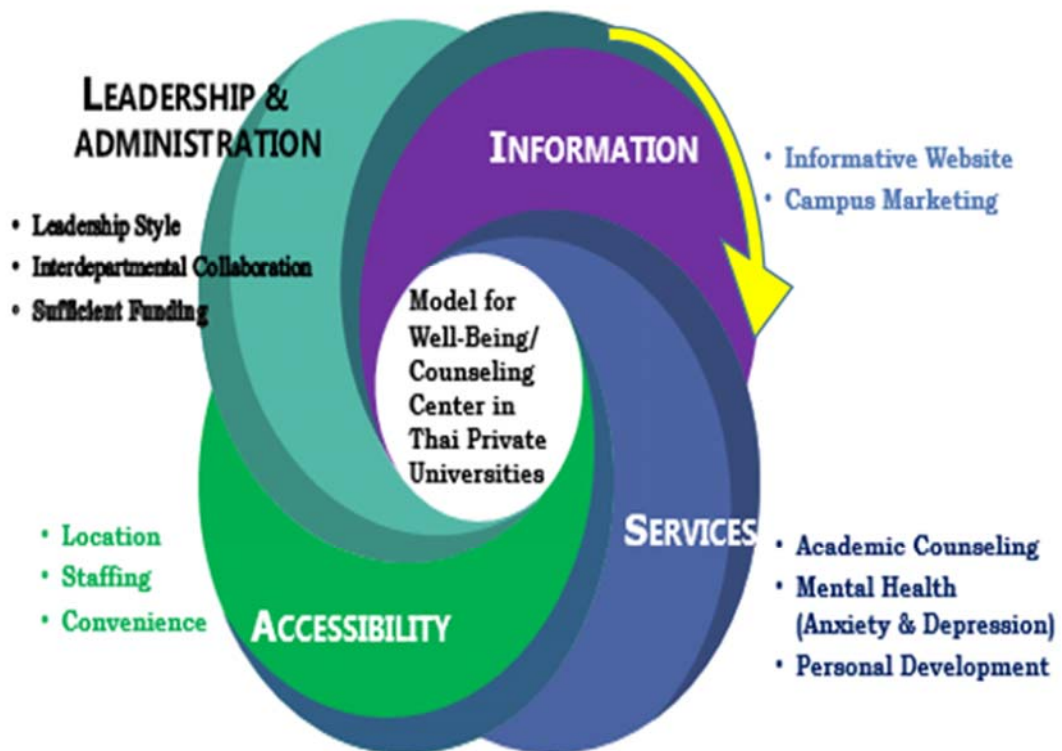
6.   Discussion and Recommendations

This study sought to identify the current organizational structure and services offered by CCCs in Thai private universities, the current needs related to counseling of students, and to determine students' perceptions of the college counseling center. Driven by this data, a model was developed for the CCC in the context of Thai higher education.

6.1 Practical implications

Implementation of this CCC model begin with securing sufficient funding. Lacking funding, it is difficult to correctly establish the essential components of the CCC. Next, the CCC must be properly staffed. There should be at least 1 professional mental health practitioner per 1,500 students (IACS, 2014). Adequate staffing ensures that all students' seeking help can be served. The CCC director should institute an explicit leadership philosophy. A formalized leadership philosophy is necessary because the CCC treats people (students) who are in distress, and therefore all CCC personnel (including non-practitioners such as secretaries) must provide excellent customer service. Furthermore, the leadership style of the CCC ought to include an emphasis on communication and collaboration, because in the execution of its duties it must work closely with external university departments (e.g., the health department), and with campus stakeholders (e.g., dormitories, psychiatrists and parents). The CCC should be located in a place that provides convenience yet adequate privacy, so that members of the public will not know who is seeking help.

Knowledge and awareness of the CCC must be raised among students. CCC web sites should provide relevant information, including services offered, profiles and specialties of counselors, hours of operation, what to expect, FAQs, and scheduling of on campus outreach activities. When seeking help, most students first come for academic reasons; however, there are usually concerns in students' well-being underlying their unsatisfactory academic performance. Counselors should adequately address students' academic concerns, while also exploring potential issues in well-being. As the most prevalent well-being concerns were anxiety, depression, and loneliness, specific and varied services should be in place to address these issues, including both individual counseling and group counseling. In addition, diverse campus resources should be available, including referrals to the health and sports department, team and club activities, and related student associations. Finally, the model will need to be tailored to fit the unique mission and vision, student body demographic, campus culture, and budgetary circumstances of the university.

6.2 Limitations of the study

A limitation of this study was that it was restricted to large, private Thai IHE, hence its findings are not strictly generalizable to Thai higher education. While this may be so, the researcher believes that the model is sufficiently broad to be adapted, if not adopted, by other types of higher education institutes, namely, government universities. Another limitation was due to the use of several methods of data collection.

6.3 Future research

In relation to the components of the model, several directions for future research are present. What would be the best practices in including students in policy decisions? What group(s) of students would be useful in representing the student body, and would respond well to wellness campaigns? More research is needed overall into better understanding how to engage students, faculty, and staff in wellness education and prevention in the context of Thai higher education. As Thai CCCs are underfunded, what would be the most successful approaches in arguing for greater budgeting? How can CCC leadership justify to the university increased spending on the CCC? In order to provide students with a variety of resources, the CCC must cooperate and coordinate with other departments. How can the CCC develop this network of relationships to provide a variety of resources to students? It may be a challenge because systems often resist change, and individual staff members and administrators might view the collaborative approach of this model as exceeding its bounds; some departments may perceive offers of collaboration as efforts to usurp their authority (Pace et. al., 1996). Thus, more research is needed in this area in the context of Thai higher education. Also, research is needed in the English literature on the academic benefits to students of psychological counseling in Thailand. For instance, research comparing the GPAs, course completion rates, and school dropout rates between students who have received counseling and those who have not.

7. Conclusion

The model developed in this research presents the components fundamental to the effective CCC in Thai higher education. The model is a useful way of conceptualizing the utilization of current resources; through an explicit focus on these core components, financial resources could be better managed, helping Thai CCCs navigate the complexities of tight budgets but increasing student demand.

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