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Identifying Supportive Education Practices for College Students with Psychological Disabilities

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COLLEGE OF EDUCATION

This is to certify that the doctoral study by

Lekeia Sears

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Walden University
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MLA, Lock Haven University of Pennsylvania, 2011

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Doctoral Study Submitted in Partial Fulfillment

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Abstract

Students with psychological disabilities who enter the post-secondary environment can struggle without proper support services. Faculty and staff members typically interact with their students as much as or more than any other post-secondary personnel. This project study explored faculty and staff members' knowledge of supportive education programs and their feelings about engaging/helping these students. Guided by Bandura's self-efficacy theory for faculty and Rogers' humanistic approach to education, which supports the need for faculty involvement and training, this study explored whether faculty and staff members feel effective in addressing these issues with students. A qualitative case study design was employed to explore faculty and staff perceptions about their preparation in supporting the educational goals of students with severe psychological problems. The data collected in this study came from 12 face-to-face interviews with faculty and staff members purposively sampled from a university located in the southeastern region of Pennsylvania. Data from the interviews were inductively analyzed and coded to identify common themes. The results from this project study indicated that many faculty members did not have any knowledge about supported education practices and the psychological problems that affect students. The findings informed the creation of a faculty/staff professional development that addresses effective ways to respond to the needs of students with psychological problems. Such training should promote a social change in their attitudes about students' psychological problems, facilitate the structure of their learning environment for students with these problems, and inspire support among one another.

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Section 1: The Problem

Introduction

In the early to mid-1990s, college disability centers experienced an increase in the number of students who were in need of their services. This shift came due to students seeking counseling services not only for developmental and information needs, but for more severe psychological problems (American Psychological Association, 2013). Oswalt and Wyatt (2013) suggested that some of the more common illnesses impacting campuses are depression and anxiety; disorders affecting nearly 16% of undergraduate and 13% of graduate students. Some students who have psychiatric disabilities when entering a post-secondary environment can struggle when proper supports services are not available. Salzer (2012) reported that 86% of students with mental illness withdraw from college before completing their degree, compared to a 45% withdrawal rate for the general student population. In addition, Salzer suggested that college campuses are struggling with addressing the needs of these students. The fewer mental health resources available to students the bigger the impact it could possibly have on them and their campuses. Poor mental health affects student health outcomes, academic performance, and student retention and graduation rates (Oswalt & Wyatt, 2013). As Cleary, Jackson and Walker (2011) observed, "It is not uncommon for college students to demonstrate at risk behaviors and experience mental health problems that impair their emotional and physical health and have implications for their academic program of study" (p. 251).

Evidence suggests that students with psychological problems transitioning to college experience lower quality of life and isolation, both of which have a negative

influence on academic success (Herts, Maslow & Wallis, 2014). As reported by the

Philadelphia Inquirer in February 2014, the University of Pennsylvania experienced four

suicidal deaths of students who were under extreme stress due to academics, and were

unaware of where to go for help (Synder, 2014). Subsequently, the university adapted

various steps within the supported education model developed in 1990 to expand the

mental health efforts with an aim toward doing everything possible to reach and support

students in distress (Owens, 2014). As a result, some higher educational institutions have

now begun to utilize the supported education model in order to support these students.

Supported education is a model that has been proposed for students with a

psychiatric disability who have the desire to pursue higher education (Unger, 1990). This

type of service offers students the ongoing support they need to be successful in that

educational environment. There are many variations to supportive education models such

as self-contained classrooms, onsite support, and mobile support. According to Unger

(1990),

> The self-contained classroom suggests that students attend a separate class with a
>
> specialized curriculum, the onsite support model offers students the opportunity to
>
> attend classes and receive regular support from an on-site educational specialist,
>
> and the mobile support model allows students to attend regular classes with
>
> support from mental health service staff members. (p.2)

Faculty and staff members typically interact with their students as much as or more than

any other post-secondary personnel and so have an important role to play in supporting

these students. However, it is possible that many faculty and staff members are not

aware of the resources that supported education programs can offer students who are experiencing problems and do not feel as though they can effectively engage these students. The main objective of supported education programs is to provide opportunities to strengthen fundamental educational competencies related to course requirements (like study skills and time management), while involving educational and psychological rehabilitation staff (Brown, Mowbray & Moxley, 1993). The faculty and staff provide assistance to students in acclimating into their educational environments and connecting with peer support. The American Psychological Association has been consistent in advocating for campuses to have the flexibility to provide mental and behavioral health services to students and to hire appropriately trained staff (Eiser, 2011).

This study explored how effective faculty and staff members feel in their interactions with students with psychological disabilities and how well they know and understand the types of supportive educational programs offered to students by the university. Faculty and staff members interact with students on a regular basis both inside and outside of classes. The hope is that this study, will assist faculty and staff members in feeling more effective and prepared in supporting the educational goals of students with psychological problems and who might confide in them about having psychological symptoms.

Definition of the Problem

As more students arrive on campus in need of psychological support and treatment, faculty and staff members may not fully understand how to support these students or what supports are already available to these students. Some students who

suffer from psychological problems find adjusting to the exigencies of being a college

student problematic and might possibly fail academically and socially. As suggested by

Alia et al., (2013):

> Fitting in with people, having a good rapport, having helpful supported education
>
> and employment counselors on campus; eliminating negative thinking (negative
>
> thoughts and self-talk), building connections and feeling confident led these
>
> students towards the sense of being supported and comfortable. (p. 3)

Supportive education can be broadly described as services provided largely to

individuals with psychiatric disabilities, that enable a person to define an educational

goal, pursue activities needed to achieve the goal, and then maintain those steps and

activities until the goal is achieved (Soydan, 2004). The features that supportive

education programs utilize are "integrating educational supports with mental health

services, career counseling, and development of educational skills, personal support, and

advocacy" (Cook & Mueser, 2012, p. 417). Specific features in a supportive education

program are important because it contributes to the success of the student and it assist

faculty and staff members in identifying support programs that are offered and available

to students with psychological problems.

Students with psychological problems typically have a lower quality of life and

possibly will isolate themselves, which can negatively affect their student experience and

academic success (Herts et al., 2014). While experiencing active symptoms, students

who possess a psychological problem could have an undesirable view of themselves or

those around them, have angry outbursts, or experience heightened irritability, reduced academic self-efficacy and less motivation to learn (Hartley, 2010).

The tragedy of Senug-Hui Cho signifies the need for more supportive education programs to address the needs of students with psychological problems. Cho, the perpetrator of the 2007 Virginia Tech Massacre, had been diagnosed with severe anxiety. His psychological illness led to his killing 32 people, wounding 17 others and ultimately taking his own life (Friedman, 2009). Prior to the tragedy Cho had a charge of stalking women on campus and was ordered to mandatory treatment while in school. Although he was mandated to mandatory outpatient treatment school officials do not know if he attended.

Rationale

This qualitative study attempted to discover whether faculty and staff members at a local university in a southeastern part of Pennsylvania feel that they can effectively engage students with psychological problems through their awareness of supportive programs that are beneficial for these students. Salzer (2012) suggested that "mental illness clearly affects concentration, motivation, and social interactions, all of which influence academic success" (para.1). Many students who suffer with psychological problems experience numerous barriers that make it difficult for a student to adjust in that environment. Kientz and Schindler (2013) pointed out that:

> The most frequently cited barriers to higher education included symptoms of
> mental illness, side effects of medication, academic difficulties ranging from the
> effect of symptoms and medications on cognitive functioning to deficient skills to

understand college course content, inadequate assistance from college offices and personnel, stigma, and internal barriers such as low self-esteem. (p. 30)

While there has been a great deal of literature and research on psychiatric disorders and education, that information reflects the need for more supportive services due to the increase of students with psychological problems on campus. For example, in a descriptive longitudinal study using a data set from the US Department of Education of 350 students, researchers examined the persistence rates and characteristics of students with psychiatric disabilities (Higgins, Koch & Mamiseishvili, 2014). The results of this study showed that "there is a need for more intensive support interventions that has been linked to increased self-efficacy and a greater likelihood of college success for students with disabilities" (Higgins, et al., 2014, p. 77). Using in-depth interviews with 32 faculty members, Best, Leavey, and Rothi (2008) investigated whether faculty members were in need of additional training in order to address mental health concerns. Best et al., findings revealed that faculty reported that they lacked information and training, which hindered their ability to solve mental health problems. Additional evidence suggests that faculty members also show a limited amount of overall mental health knowledge, particularly with regards to ADHD symptoms, depression prevalence, and the nature of oppositional defiance disorder (Smith et al., 2013).

Cook and Mueser (2012) suggested that research on different approaches to supportive education have produced encouraging results; however, many years have passed since the development of the first programs, and not enough effort has been made to implement these services on all campuses. The deficit in supportive education

resources has the potential to cause students to become easily perturbed, less concerned with academics or a social life, and possibly become alcohol dependent (Credé & Niehorster, 2012). These concerns then become influential on how well a student will perform, and their future as a college student. In this project study, the intended goal was to gather information from faculty about their awareness of the lack of supportive services and their knowledge about those types of services. Gaining additional knowledge and awareness in this area will assist them in being more prepared when a situation arises. Research done by a counseling psychologist at University of Idaho proposed that:

> Counseling centers need to conduct an active outreach campaign to educate administrators, faculty, and staff (including academic advisers, graduate teaching assistants, and residence life assistants) about mental health problems in the college population and provide them with information about how to recognize and refer troubled students who need help. (Kitzrow, 2003, p.165)

In a national study, completed by the National Survey of Campus Disability Collins and Mowbray (2005) reported that the disability services staff they interviewed suggested that one of the biggest barriers for students is fear of stigma and the faculty member's lack of education. Disability services staff who participated in the survey also reported that "students' lack of knowledge pertaining to their psychological problems and the available resources to assist them were other barriers to the use of academic accommodations" (Floersch, Kranke, & Taylor, 2013, p.36). In addition, the respondents reported that "faculty, administrators, and staff, had many questions about working with

students with psychological problems, including whether these students could handle the course load and if they should even be in college" (Floersch et al., 2013, p.36). Finally, the results from this qualitative study revealed that students have been experiencing an enormous amount of stigma from other students and faculty members because of a deficiency of campus education.

As universities face the challenge of the needs of students with psychological problems, it is important for faculty and staff to understand the impact that mental health problems can have on campus life, to see it as an institutional responsibility, and to feel as though they can effectively engage these students (Kitzrow, 2009). Educating faculty and staff members about psychological problems students may have can have an impact on how students succeed in higher education. In 2000, the University Of Idaho Student Counseling Center conducted a survey that suggested 77% of students reported that they remained in school because of counseling services. However, without supported services their school performance would have declined. Furthermore, 90% percent of the respondents reported that supportive services helped them meet their goals at the university and helped reduce stress that was interfering with their schoolwork (University of Idaho Student Counseling Center, 2000). With supported education services students will be:

> Immersed in normalizing social and interpersonal environments, have access to leisure, recreational, and cultural resources available in educational settings; methods to strengthen basic educational competence; opportunities to develop individual interests related to career awareness, career planning, and vocational

choice; support from educational staff to navigate the academic environment; and

peer support from others participating in the supported education program.

(Brown et al., 1993, p. 5)

This research shows that the implementation of supported education programs has had a

positive outcome on students who have psychological problems.

Evidence of the Problem at the Local Level

Many students who are in college with psychological problems are in need of

some type of support in order achieve their academic goals. Students with psychological

problems who attend higher education institutions often lack the skills to manage the

requirements of higher education (Haefner, Hong & Slekar, 2011). At the same time,

these students also struggle to meet the challenges of managing their own education,

planning their independent living, and advocating for themselves, often for the first time

(Brinkerhoff, McGuire & Shaw, 2002).

Students who have psychological problems often seek community based

treatment; however, there may not always be full coordination between services within

the community services and the university (Kirsh & Markoulakis, 2013). It is not clear

that community based services are sufficient for students at the university who experience

problems. Researchers point out that students also "require academic accommodations,

ideally in ways that are coordinated with the services students may be accessing external

to the university" (Kirsh & Markoulakis, 2013, p. 1). Dr. Mark Salzer, who is the

Director of the Collaborative on Community Inclusion of Individuals with Psychiatric

Disabilities in the southeastern part of Pennsylvania claimed that:

> There has been an influx of students with psychiatric disabilities attending and
>
> disclosing information about themselves, not just this university but at many
>
> others. I believe that if universities are taught about crisis oriented supports,
>
> supported education, typical supports, and what is needed to transition students
>
> from high school to college, I believe that it would inspire students to return the
>
> following year and also graduate. (M. Salzer, personal communication, April 18,
>
> 2014)

Dr. Salzer pointed out that there is a trend and a need for a professional development to

further inform faculty members about supported education practices (M Salzer, personal

communication, April 18, 2014).

Students with psychological problems are actively involved in developing their

own organizations such as *Active Minds* to support one another during their journey.

Active Minds is a growing student-run organization that supports efforts to remove the

stigma around mental health issues (Novotney, 2014). This organization is run by

students in order to educate the larger community while promoting and facilitating peer

support for all members. This program sets the tone for universities to take a more active

role in creating a healthy climate and open dialogue surrounding mental health concerns

on campuses. Sara Abelson, the Director of Active Minds at University of Pennsylvania,

stated that "universities are realizing that it can't just be the responsibility of the

counseling center, but that this is relevant across the university, and that everyone from

the students to the administration needs to be playing a role in the supports efforts" (as

cited in Novotney, 2014, p. 36).

A university in the southeastern part of Pennsylvania has also experienced an influx of students with psychological problems and has begun to examine the appropriate ways to best provide services to the growing number of students who are seeking them. According to Dr. Ben Locke, Director of the Center for Collegiate Mental Health at University of Pennsylvania (Novotney, 2014), more than 30% of students who seek services for mental health issues reported that they have seriously considered attempting suicide at some point in their lives, a number which represents an increase from the 24% reported in 2010 at University of Pennsylvania.

As universities begin to take steps toward identifying ways to help students with psychological problems, supportive education programs become increasingly important since they contribute to positive effects such as graduation, learned skills, gainful employment, and high self-esteem. Within the city of Philadelphia, there are approximately 55,700 students who have been diagnosed with a documented psychological disability (US Department of Education, 2013). The documentation of these psychological disabilities may be a reflection of increased willingness among students to report these types of issues (Eisenberg, 2010). The 2012 survey sponsored by National Alliance on Mental Illness (NAMI) at various disability resource centers suggested that 57% of students accessed supportive services while 43% did not obtain those supports. In the survey, respondents provided researchers with reasons why they chose not to inquire about support. The students told researchers that they were "unaware that they qualified to receive accommodations, they were afraid of stigma, and

students did not know they had the right to apply for accommodations" (Crudo &

Gruttadaro, 2012, p. 12).

Evidence of the Problem from the Professional Literature

Many students who participate in post-secondary education experience

psychological stress. In a descriptive survey study, Ojo (2011) examined the gender

differences in the academic stress experienced by undergraduate students. A sample of

290 female students and 310 male students were used to gather data. The results

indicated that there were slight differences between the genders. Women are more likely

to experience depression in their first year due to stress than men are (Ojo, 2011). This is

due to men and women handling stress differently. Males tend to suppress stress and

depression via isolation and escape while females tend to engage in self-blame, crying

and are more likely to seek assistance (Ojo, 2011).

The stress is even greater for students with psychological disabilities. In a

comparative study, Salzer (2012) found that students who had a psychological problem

had very different experiences from those without problems. Students with these

problems may suffer with symptomatic changes such as mood instability and manic

episodes which may cause disruption during class time which in turn could cause them to

be viewed by faculty members and peers in a negative view. However, students without

a disorder may experience those symptoms on a routine basis and will possibly have

more success in completing their coursework. Wood (2012) also discussed the rise of

mental health concerns on campuses and highlighted the poor quality of life of students

and the lack of services or resources that contributed to this poor quality of life. He

recommended that staff should be adequately trained about psychological issues that affect the student. In 2011, Belch explored the experiences of students with mental disabilities. Belch investigated the types of disabilities, the population, social and educational integration, and transition into college for first-year students, barriers to success, limitations, perceptions, and student involvement. "College administrators need to examine ways to move beyond compliance with federal legislation and create environments that offer meaningful access, full integration, and inclusiveness, and opportunity for educational success" (Belch, 2000, p. 80). It is important that college administration develop creative ways to educate faculty members on how to meet the needs of students with psychological problems while also complying with legislation.

As administrative changes occur within the larger educational system for students who have a psychological problem, it is important that faculty members be given adequate training to increase their skills within the classroom. Hartley (2010) considered implementing the supported education model used by psychiatric rehabilitation practitioners to reduce the amount of college dropouts for those with psychological disabilities. Within this model, researchers identified risk factors, cognitive impairments, social stigmas and lack of self-confidence as concerns that can lead students to drop out. In a 2000, a research study was conducted by Brockelman, Chadsey, and Loeb at a Midwestern research university with 561 faculty members to determine their perception around working with students who have psychological disorders. Brockelman et al., (2009) also researched faculty member's confidence in working with these students, and pointed out that:

faculty viewed university students with psychological problems in a

positive light and were comfortable having them on campus; however,

many faculty felt they did not have adequate knowledge or training to

work with these students and would like to have more resources available.

(p. 29)

Although supported education programs are beneficial for students with psychological

problems, researchers believe that administrators, faculty, and students who do not have a

psychological problem often lack the necessary knowledge about available resources

regarding supported education services (Carlson, Davis, Holter, Manthey & Rapp, 2015;

Bateman, 1997; Mowbray, 1999).

In addition to the administrative changes, there are student changes that occur on

college campuses resulting in an increase of students with psychiatric disabilities which

possibly affects the faculty members' perceptions about those students. In this

longitudinal study initiated in 1987 and then revisited in 2007 Greenberger et al.,

suggested that despite the willingness to provide accommodations, findings indicated that

faculty members were not willing to implement certain supportive measures and

accommodations. Two studies were completed by Greenberger, Leyser, and Vogel

(2011) in 1987 and 2007 in order to assess the willingness and the perception of faculty

members who utilize supportive factors within the classroom. A concern that arose from

this study was faculty and staff members' willingness to provide students with the

appropriate accommodations. These supportive measures included overlooking spelling

errors, incorrect punctuation and poor grammar, permitting substitutions for required

courses, providing copies of lecture notes and giving extra credit assignments. The researchers in these studies suggest that faculty members are less comfortable in providing support because they believe this will affect the course standards or give an unfair advantage to some students. Faculty members were limited in the areas of familiarity with legislation, their knowledge about disabilities, their personal experience with students with disabilities, limited contact with supportive services on campus, and partial experience with teaching students with psychiatric disabilities (Greenberger, et al., 2011).

Another concern on campus is the supportive and positive attitudes from faculty members about students with psychological problems. One of the primary challenges students with psychological problems face in postsecondary education is insufficient support from faculty (National Council on Disability, 2003). The availability of appropriate support and accommodations as well as the presence of positive attitudes among faculty are directly related to the success and retention of students with psychological problems in higher education (Chang, Jones, & Stodden, 2002; Rao, 2004). In reports generated in 2009 by National Center for Education Statistics it was reported that only 62% of postsecondary institutions provided faculty and staff handbooks designed to assist them in working with students, and only 64% of those institutions provided faculty with information and resources to increase their knowledge of working with students with psychological problems. Having a supportive and positive faculty-student relationship is important for the success of these students in a higher education environment, administration and faculty members are often not prepared to give the

support that is needed (Parks, Roberts, & Stodden, 2012). Faculty attitudes towards and misconceptions about the characteristics and needs of students with psychological problems can and does hinder student disclosure of disabilities and requests for accommodations to which these students are entitled (Acosta, Anderson, Dowrick, & Heyer, 2005; Johnson, 2006).

Another measure that continues to be adapted into post-secondary environments is the implementation of universal design for instruction. This design was developed in the 1950s and later revised in the 1970s to include students with any disability. The universal design for instruction is a framework for designing instructional techniques that minimize, reduce, or eliminate learning barriers for content so that students with diverse learning needs, including students with high-incidence disabilities, can access content (Peters-Burton, et al., 2015). Although faculty members perceive knowledge of universal design for instruction as an area of high importance, they also appraise this knowledge domain as an area of weakness among postsecondary faculty (Cook, Rumrill, & Tankersly, 2009). As students are continuously seeking supportive services, the number of students with psychological problems in a post-secondary environment increases, faculty are challenged with the demand of providing support to these students. Therefore, it clear that, there is a need to develop and improve the attitude, knowledge, and skills of postsecondary faculty in the context of educating and supporting psychological problems (Parks et al., 2012).

Definitions

The following definitions were used in the context of this study.

Disability: A physical or mental impairment that substantially limits one or more major life activities of such individual (Americans with Disabilities Act of 1990, 2009, 2012).

Psychological problems: A mental disorder or health condition that is characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning (Center for Disease Control, 2013).

Supported education: Supported education is for individuals with severe mental illness seeks to provide the services necessary to place and keep individuals in integrated post- secondary educational settings so that consumers can achieve their educational goals (Boston University Center for Psychiatric Rehabilitation, 2010).

Significance of the Study

Findings of this project study were intended to provide educators with the necessary information to be better prepared to support students with psychological problems. Sensitive and supportive environments need to be further explored as the academic progress of students with disabilities is significantly affected by the attitudes of faculty and their willingness to provide accommodations, both of which contribute to classroom climate (Wolman, Suarez McCrink, Figueroa Rodriquez, & Harris-Looby, 2004). College and university settings are the primary ways for students to gain access to knowledge and faculty are directly responsible for understanding this student population (Baker, Boland, & Nowick, 2012). Arrington, Asselin, Houck and Troutman (1992) noted that faculty members' views on supportive services is heavily influenced by their knowledge and familiarity of students with disabilities; in fact, university faculty tend to

desire more information on the impact of disabilities in the classroom. Leyser et al., (2000) also reported from their research that faculty reported limited training in and exposure to issues related to disabilities in higher education.

In 2001, researchers Backels and Wheeler completed a survey to study "faculty members' observations about the effects of certain mental health problems on academic performance, the amount of flexibility extended for each problem, and the likelihood of referral for counseling" (p. 1). In this study 337 surveys were sent out to faculty members at Eastern University; however, only 113 surveys were returned and completed. The results of this study suggest that faculty members may not be aware of the importance of extending flexibility and considering referral for non-crisis mental health issues (Backels & Wheeler, 2001). The challenge for disability services is being able to educate faculty members concerning the effect of mental health issues on academic functioning. Backels and Wheeler (2001) proposed the need for proactive efforts in the area of faculty developments which might include providing guest lectures, facilitating class discussions, and presenting at departmental meetings. Through the development and implementation of seminars on mental health topics, counseling centers can work with faculty to help students who are struggling with mental health issues (Backels & Wheeler, 2001).

In 2012, The National Alliance on Mental Illness (NAMI) conducted a survey with college students who currently live with what they termed a mental health condition. The purpose of this study was for researchers to gain extensive insight about these student experiences while in school. Results suggest that services and supports are still

needed on campuses to eliminate the barriers that students encounter. Due to the amount

of data collected during this survey NAMI will soon be launching a college program to

assist in supporting colleges with their initiatives. Evidence from a pilot study (Alia et

al., 2013) suggested that lack of support in schools may cause a decline in how

developmentally ready students are when the time comes to transition into the workforce.

As universities in the city of Philadelphia become more open to students with

psychological problems and the supports offered, individuals will possibly become more

motivated to access higher education.

One main purpose of accessing higher education is to have a secure future. Crudo

and Gruttadaro (2012) suggested that "those living with these conditions believe that

higher education is the foundation for securing stable employment and achieving

financial independence" (p.4). In order to provide the best support for students with

psychological problems, it is the responsibility of the student and administration to work

with one another to develop effective strategies. "Supported education settings

incorporate support, preparation, and ongoing support to adults with psychiatric

disabilities who wish to pursue postsecondary education or training" (Bajwa, et al., 2012,

para 3). Supported education programs provide students with psychological problems

with a normalizing experience that differs from vocational goals. Some students who

suffer from psychological problems find it difficult to adjust to the demands of being a

student and fail academically. Due to the impact of this problem, students become easily

frustrated, less involved academically or socially, and they have feelings of defeat (Flatt,

2013).

The significance in this project study was to encourage additional professional developments that are solely focused on educational supports for students with psychological problems. Without faculty, staff, and administration being trained in this area, it would have an impact on the success of the student in the post-secondary environment. Evidence suggests that students with disabilities have poor academic performance in higher education than students without a disability (Gerdes, Lombardi, & Murray, 2012). Other researchers point out that students with disabilities sometimes have difficulty adjusting to the increased instructional demands within university environments (Finn, 1998; Janiga & Costenbader, 2002; McGuire, Scott, & Shaw, 2003; Scott, McGuire, & Shaw, 2003). However, additional evidence suggests that the attitude that higher education faculty members display towards students that have psychological problems and the use of accommodations can have a direct impact on a student's success (Acosta, Anderson, Dowrick, & Heyer, 2005).

In terms of social change at the local university, this project study is significant because it will allow the student to become more comfortable with speaking with faculty members and disability staff about their psychological needs. Once the need is verbalized faculty members will be able to easily assist in a crisis situation, or for general assistance. Among students with disabilities, those with higher levels of perceived social support are better able to articulate their needs in terms of disclosing their disability, self-advocating, and requesting accommodations (Troiano, 2003). Without support, faculty members or disability staff may not be able to identify with the students' unique needs. Peer support has also been associated with academic performance and positive social

experiences among college students (Gerdes, Lombardi & Murray, 2012). Peer support

could be structured study groups and tutoring, and social relationships within the

community that could have an impact on positive academic performance (Gerdes,

Lombardi, & Murray, 2012).

　　　Without being informed in a professional development class, faculty and staff

members may have some uncertainties about having students with disabilities in their

courses. Some faculty and staff question the appropriateness of students with mental

illnesses in their classrooms and express concerns about safety for other students, and that

students will be violent or disruptive in class (Becker, Martin, Shern, Wajeeh, & Ward,

2002). Due to this faculty and staff members may be unaware of the techniques that

could be used during a crisis or as a preventative measure, students may experience other

concerns. Lack of support, diagnosis, and treatment is likely to have an effect on a

students' interpersonal, emotional, academic and family life among students' with

psychological problems (Ani & Garralda, 2005). Students who have psychological

problems, substance use, and have problematic student behaviors are all challenging

when the university is not adequately prepared to handle them (Baines, Cleary, Happell,

& Horsfall, 2012). Although students may have these problems, the distracting behaviors

possibly will interfere with the attention of the other students, listening skills, note-

taking, and critical thinking capabilities. Baines et al., (2012) comment that:

　　　　　Depressive behaviors do not usually intrude on others, but a withdrawn student

　　　　　may evoke concerns among academics, clinical educators and peers, and certainly

　　　　　their own ability to learn effectively will be impeded; however inappropriate or

disconcerting actions have the potential to interfere with the ability of academics

and clinical educators to teach and to distract students from learning. (p. 2)

As faculty members become more informed, they may become more inclined to assist

students who have a psychological problem get the support that they may need.

Research Questions

To better understand the experiences of faculty members who work with students

that have psychological problems, and the types of resources that are available to faculty

and staff it was essential to use the following questions as a guide for this project study.

The research questions that guided the study are as follows:

RQ1. How do faculty members describe their understanding of psychological

 problems their students might be facing?

RQ2. What do faculty members know about the educational supports at this

 school for students for students with psychological problems?

RQ3. What would a faculty member recommend if he or she suspected that a

student was suffering from some kind of psychological problem?

RQ4. Overall, how effective do faculty members feel in engaging students with

psychological problems?

RQ5. What do faculty members recommend to help them with better dealing with

students with psychological problems?

Review of the Literature

The purpose of this literature review was to outline a theoretical framework for

the project study and to provide an exhaustive and critical analysis of the research. I will

also discuss the barriers to supported education. Searches were conducted in education and psychology databases. To locate articles, searches were executed through Walden University's library databases including ERIC, Academic Search Complete, and SAGE. The Education: SAGE full-text database was beneficial when I found specific journals that would give me pertinent information. EBSCO Host database was mostly helpful in searching for faculty members, students, supported education, and psychological problems. Keywords used in the search for relevant literature included: *college students, crisis intervention, depression, faculty members, faculty perceptions, faculty support, mental illness, post-secondary students, post-secondary faculty, psychological problems, psych rehab, self-efficacy, supportive education,* Boolean search terms included *first year students* and *mental disorders*, *college students, support,* and *depression,* and *self-efficacy theory* and *self-actualization theory, faculty members and supportive services, faculty perceptions and students with psychological problems, teaching students with mental illness, faculty attitudes and students with disabilities.*

The search was limited to peer-reviewed research published within the last 5 years. I further checked the references at the end of articles to find additional sources and authors who researched similar topics. In order to search for specific journals using search terms, I utilized the SocIndex database. To specifically get certain journals it was imperative that I put the word journal before the subject term. The terms used was *disability, education, faculty members, teaching and learning in higher education, post-secondary education and learning, psychology, psychiatric rehabilitation, rehabilitation, student development, vocational rehabilitation.* To identify specific authors who may

other relevant research in the topic area, I utilized the same SocIndex database, however changing the criteria to only look for the author as opposed to a search term. Once that was selected I inserted various author names to give me forward research. The reoccurring authors found throughout the research were *Bandura, Brockelman, Creswell, Eisenberg, Salzer, and Schunk.*

The selection criteria were based on using the subject terms and how relevant it was to the project study topic. I also used peer-reviewed journals published within the last 5 years with the exception of theoretical information. I also made sure to search within all databases. In order to find additional articles written by a specific author, the researcher limited the search box to just authors names within the specific database. The exclusion process was to identify the date, and the article title. This process was used for articles dating back 20-30 years, and articles that talked about information that does not pertain to the topic area.

After this review, saturation was present since the ongoing themes noted did repeat. From this search, I have developed the following themes: psychological problems among college students, supportive education, and faculty members' perceptions of students with psychological problems, barriers to support, budgeting, stigmatization, deficit in staffing support, and retention among students.

Theoretical Framework

The first theoretical framework for this project study was Bandura's self-efficacy theory. According to Artino (2012), Bandura defined self-efficacy as one's belief in his or her ability to organize and execute courses of action required to attain designated types

of performances. This approach considers one's emotions, motivation, and actions. Bandura (1977, 1986) assumed that self-efficacy affects the choices individuals make, their ways of acting, the effort they spend on tasks, and their perseverance however the stronger their notion of self-efficacy, the greater their effort, perseverance and elasticity.

Faculty and staff need to feel that they can effectively engage students who have pre-existing or newly developed psychological problems which links to the notion of teacher self-efficacy. Teacher efficacy refers to the teacher's belief in her and his ability to organize and execute the courses of action required to successfully accomplish a specific teaching task in a particular context (Bagby, Barnard-Brak, Jones, & Sulak, 2011). As faculty and staff members progress in the area of assisting students in gaining self-efficacy, the relationship that forms between the student and instructor supports the change within the learning environment. Additionally, instructors with self-efficacy will utilize more productive, and student-centered teaching practices that enhance the learning process (Debus & Gordon, 2002). Therefore, as faculty and staff members become educated in self- efficacy, it appears to be positively related to differentiating instruction that is tailored to the needs of students with psychological problems (Bagby et al., 2011).

Inferred by Bandura's theory of self-efficacy is the notion that teacher performances reciprocally influence and are influenced by personal factors as well as their perceptions of students with psychological problems in the environments in which they teach (Chang, Lin & Song, 2011). Cook (1998) emphasized that "teaching efficacy is not an observable behavior, but rather an individual belief" (p. 14). When a faculty member empowers a student to be more self-efficacious, it is necessary for him/her to

assess his/her strengths and weaknesses in relation to assisting that student (Bagby et al., 2011). In addition, some researchers believe that self-efficacy can also affect a student's emotional beliefs. Students with a weak notion of self-efficacy are inclined to think that tasks seem more difficult than they actually are, and these thoughts are a breeding ground for feelings of failure and depression, tension and helplessness (Dinther, Dochy, & Segers, 2011).

Teaching efficacy refers to "a judgment about capabilities to influence student engagement and learning" (Woolfolk-Hoy, 2004, p. 1). Faculty members' perceptions of teaching efficacy have a positive influence on teaching performance and students' learning achievement (Ross, 1994). In addition, teaching self-efficacy could well assist in demonstrating the effectiveness of the faculty members' efforts in engaging with students who have psychological problems. According to Ross (1994), "A teacher with a strong sense of efficacy about her/his ability to teach tends to demonstrate a greater level of enthusiasm, preparation, and organization for teaching students with psychological problems" (p. 382). A teacher who is able to work appropriately with students with psychological problems are more experimental and persistent in dealing with difficulties emerging from teaching (Bandura, 1997). Raudenbush, Rowen, and Cheong (1992) suggested that feelings of professional efficacy might produce a "generative capability" that enables faculty members to construct new teaching strategies and increase their level of effort in difficult instructional settings.

Since higher efficacy teachers use classroom management approaches that stimulate student autonomy and reduce custodial control, student achievement might be

higher because these management strategies are more effective in keeping students on task (Woolfolk, Rosoff & Hoy, 1990). In 2012, Forlin, Loreman, and Sharma administered a survey to 607 faculty members from various countries about measuring faculty efficacy to implement inclusive practices. Teacher efficacy is also associated with improvement in attitudes towards teaching in inclusive classrooms. Results of the study also indicated that teacher efficacy is associated with improvement in attitudes towards teaching in inclusive classrooms (Forlin et al., 2012). It was also noted that, as student efficacy becomes stronger they may become more enthusiastic about school work and more willing to initiate contacts with the teacher, processes that impact directly on achievement (Forlin et al., 2012). These results demonstrate the importance of teacher efficacy when engaging with students with psychological problems.

According to Bandura (1997) there are four areas of information that contribute to a student's self-efficacy. There are enactive mastery experiences, observational experiences, social persuasions, and physiological and psychological states (Dinther, Dochy & Segers, 2012). Enactive mastery experiences are successes in dealing with a particular situation that allows students' experiences to be the most powerful source of self-efficacy, and can provide them with evidence that they have the capability to succeed at the task (Bandura, 1997). The second area is through observational experiences. Students obtain information about their own capabilities by observing others, especially peers who offer suitable possibilities for comparison; however, an increase of self-efficacy through observational experiences can easily be depleted by not being successful (Schunk, 1987).

The third area is social persuasions which are also influential in helping students to maintain self-efficacy. Persuasive communication and evaluative feedback are most effective when people who provide this information are viewed by students as knowledgeable and reliable, and the information is realistic (Bong & Skaalvik, 2003). Finally, the fourth area that is contributory to students' self-efficacy is physiological and psychological health. Symptoms and feelings such as anxiety, stress reactions, tension and excitement can be interpreted as signals of failure and debility; however, a positive mood state strengthens a student's self-efficacy, while a depressed mood can weaken it (Dinther et al., 2011). Since people have the capacity to modify their own thinking and feeling, students with a high sense of self-efficacy can view a state of tension as energizing in the face of a performance; whereas those who have self-doubts interpret their tension as weakness (Bandura, 1986). During these phases students weigh and combine the contributions of personal and situational factors such as the difficulty of task, the effort they spend, the support received the outcome of the task, and their failures and successes (Schunk, 1989b, 1991).

Bidjerano and Shea (2010) suggested that student self-efficacy is a powerful construct that may explain differences in student learning and academic performance. According to Bandura's theory, as students develop the skills of self-efficacy they will begin to develop a sense of accomplishment and belongingness as it relates to success in academics (Schunk & Pajares, 2002). Self-efficacy impacts task choice, effort, persistence and performance while also influencing educational motivations, learning, and achievement (Schunk & Pajares, 2002). Self-efficacy is important for students with

psychiatric disabilities because it allows them to better to manage their specific learning environment, which may result in improved academic performance.

Individuals who are attending universities in their first year who experience low levels of perceived self-efficacy are more likely to experience heightened levels of anxiety (Boman, 2014). As students transition from high school to college, learning to develop self-efficacy could assist in managing stress in demanding situations (Schunk & Pajares, 2002). Self-efficacy encourages the student to seek coping resources and supports to reduce the probability of a student not returning to school (Boman, 2014). Boman (2014) suggested that "students high in academic self-efficacy should see themselves as more able to meet the demands of the situation and should therefore be more likely to regard the first year of university as a challenge rather than a threat" (p.94). Students with psychiatric disabilities often develop high levels of anxiety due to the fear of not excelling in their academic environment. The distress associated with this anxiety ultimately impairs their performance in an academic setting (Bowman, 2014).

When exploring the outcomes of the self-efficacy, Bandura (1997) found that "self-efficacious students participate more readily, work harder, persist longer, and have fewer adverse emotional reactions when they encounter difficulties than those who doubt their capabilities" (p.4). Self-efficacy fosters independence while also helping students to attain specific goals. Self-efficacy assists students with disabilities in remaining persistent in achieving academic goals and staying motivated. "Self-efficacy beliefs have also shown convergent validity in influencing such key indices of academic motivation as choice of activities, level of effort, persistence and emotional reactions" (Zimmerman,

2000, p. 86). It could be implied that when students have higher self-efficacy they are successful in their academics, get involved socially, and are able to seek out support if needed during a psychological episode.

Another framework used as a basis for this project was the perspective of Carl Rogers. Rogers was a humanistic psychologist who was actively involved in education who helped students to understand their potential towards being fully functional and free of sickness while learning. The theoretical framework of Rogers challenged school administration to change their outlook on education from teaching to learning that then reassures facilitation of learning instead of teaching. The job of the facilitator is to understand that learning involves the whole person regardless of their limitations. As Underhill (1989) noted:

> Learning involves little feeling or personal meaning, and has insufficient relevance for the whole person, with a resulting lack of interest that leads at best to a lowering of the sights of what is possible in education, and at worst to failure, and a consequent sense of being a limited person. (p.251)

Within in the body of Carl Rogers theory emerged the student-centered approach also known as experiential learning. Holzinger and Pitrik (2002) suggested that:

> The student-centered approach is based on the hypothesis that students who are given the freedom to explore areas based on their personal interests, and who are accompanied in their striving for solutions by a supportive, understanding facilitator not only achieve higher academic results but also experience an

increase in personal values, such as flexibility, self-confidence and social skills.

(p.1)

Psychological Problems among College Students

Of the approximately 27.1% adults in the United States who experience some type of mental disorder every year about 10 million have a serious mental illness such as schizophrenia, major depression, or bipolar disorder (NIMH, 2010). All of these disorders are distinctive in form, have unique symptoms, and are managed differently. Poorer educational outcomes have been found for example, with students with schizophrenia or other psychotic disorders, mood disorders, eating disorders, anxiety disorders, and substance abuse disorders (Eisenberg, Hunt & Kilbourne, 2010). Although there are many diagnosable disorders, "depression and anxiety are consistently listed among the top 10 factors impairing academic performance in the past 12 months" (Brown, et al., 2011, para 2).

Depression. Obtaining a college degree is seen as the key to success, and for many students attending a post-secondary school, the transitions can be a cause of depression, anxiety, and stress (Thurber & Walton, 2012). According to a recent study conducted by the Anxiety and Depression Association of America (n.d.), seven out of ten United States adults claim to experience stress or anxiety at least at a moderate level on a daily basis. On campuses today, depression and anxiety have emerged as two of the leading causes for an increased need for additional mental health services in higher education facilities. Gregg and Nelson (2012) suggested that "depression and anxiety are two commonly co-occurring mental health problems experienced by college students, and

the rates at which students report these problems have increased drastically over the past decade" (p. 244). In a 2005 national survey of college counseling center directors, 86% reported an increase in severe psychological problems including depression (Gallagher et al., 2005). Depression is a disease that can affect college students on different levels and have a varying affects. Major depression disorder in adulthood usually has its first onset during or shortly before college age (Kessler et al., 2005). College students are at greater risk of developing depression due to the added pressures or stressors that they may encounter. Students who have some form of depression experience significant distress and are at a greater risk of experiencing adjustment difficulties adjusting in college and even dropping out (Armstrong, Boyraz, Home, & Ownesm, 2013).

Anxiety. As a college student undergoes daily stress, a common response is to experience anxiety. Anxiety is considered a response that often provokes the fight or flight feelings that is directly related to one's sense of fear. There are various forms of anxiety which include worrying, fear, and negative thinking. Yasin and Dzulkifi (2009) found that:

> Students' performance in a university is influenced by anxiety which could lead to difficulties in concentration, lack of motivation and interest, poor attendance and physical health such as headache and fatigability and these conditions are likely to affect students' academic achievement. (p. 61)

Available evidence points to the fact that 62% of students who have psychological problems withdraw from school due to problems with anxiety and needing to seek additional help not offered to them on campus (Grasgreen, 2012). Although the

symptoms of anxiety are seen as a psychological challenge, they can also be seen as a physical or environmental challenge. The psychological challenge occurs when negative emotions control worries and fears, while a physical challenge would be rapid heartbeat, nausea, and dizziness.

Bipolar disorder. Another psychological problem impacting campuses is bipolar disorder. Bipolar disorder is a mood disorder with a broad spectrum of symptoms manifesting through altered mood, energy, self-perception, speed of cognition, and accompanying difficulties with elevated mood phase impulse control (Federman, 2011). This disorder has a phase which is called mania. Manic symptoms include increasing incidences of restlessness, energy, talkativeness, recklessness, euphoria, spending sprees, and at-risk sex. Then at some point, this high-flying mood can spiral into something darker and include increasing irritation, confusion, anger, and feelings of being trapped (Goldberg, 2014). As the student tries to stabilize, he or she will require academic supports, accommodations, and support from outside resources.

Suicidal thoughts. Colleges are also now faced with students that have lifelong histories of suicidal attempts. Suicide ranks as the second leading cause of death among college students, and approximately 1,100 college students die by suicide each year (Muehlenkamp & Taliaferro, 2014). There are several factors which can place a student at a greater risk for suicide such as depressive disorders, aggressive behaviors, and relationship difficulties. The challenge facing colleges and universities is how to most readily identify students at risk, and once identified, how to provide optimal evidence-based interventions to prevent suicide (Bitran et al., 2012). Due to the fear of stigma,

students may feel afraid to disclose their problems; however, some students may utilize a written assignment as a vehicle to inform others of their problems. Students may also reveal their problems to professors in conversation or in other ways including sporadic class attendance, mentioning thoughts of suicide in writing assignments, social withdrawal, physical bruises, altercations, disruptive behavior, or creating a stressful classroom environment with inflammatory remarks (Ethan & Seidel, 2013). Thoughts of suicide leave one with feelings of hopelessness and no options about life. With additional supports and mental health information circulating on campus students will have access to professional staff who should be knowledgeable on how to assist them through their problem.

Asperger's syndrome. Another group of students with disabilities that also have begun to transition onto college campuses are those with Asperger's syndrome. Taylor and Colvin (2013) suggested that Asperger's syndrome is one of five disorders on the autism spectrum. Due to the nature of this syndrome students with Asperger's have difficulty interacting with peers and faculty members which often impedes their success in college. Longtin (2014) suggested that "the student may demonstrate inappropriate and annoying behaviors such as speaking out of turn, asking too many questions, standing too close to classmates, or touching another's course materials" (p.65). Students with Asperger's also find it difficult to adjust to routines. Taylor and Colvin (2013) proposed that in college, individuals with Asperger's may need more time to learn social skills or rules, and how to adjust to new routines. For these students knowing what staff

to speak to would also be difficult because they may not be comfortable in the environment.

Supported Education

Supportive education programs aimed at students with psychological problems can assist in encouraging success in school. The goal of a supportive education program is to support career goals, exceptionality, self-worth, and confidence. Cook and Mueser (2012) suggested that helping students with psychiatric disabilities complete educational milestones, such as finishing high school, obtaining an advanced degree, or receiving specialty training in a particular trade, may increase their competitiveness in the marketplace and lead to higher paying jobs. Supportive education programs can improve one's quality of life, educational status, work status, satisfaction with services, and sense of personal empowerment; all of which have been found to be important elements of a recovery process (Manthey, 2011). As the students familiarize themselves with supportive programs on campus, it is then their responsibility to inquire about further academic accommodations. This represents a major change from high school where Individualized Education Program goals were written and followed by a support team.

The intention of provisions for academic accommodation and supports in higher education is to ensure that a student with a disability receives equal opportunity to demonstrate academic abilities by minimizing the impact of that disability on academic performance (Laux, Meyer, Myers & Walmsley, 2012). However, due to lack of knowledge about accommodations, students with psychological problems may feel hesitant to ask for help. Therefore, students may seek out more common supports which

include utilization of campus health services and other personal relationships (Salzer, 2012). Cook and Mueser (2012) suggested that supported education provides support and assistance to help students access and complete postsecondary educational programs, while also providing students with mental health services, career counseling, and development of educational skills, personal support, and advocacy.

Supported Education is an evidence-based practice that is effective in helping students with psychological problems attain their educational goals (Carlson, Davis, Holte, & Manthey, 2012). There is evidence indicating that supported education helps individuals increase educational achievement, achieve vocational success, increase self-esteem and self-perception, learn to manage symptoms, and improve levels of satisfaction with services; all of which have been linked to elements of a recovery process (Carlson et al., 2012). As supported education programs become more structured, they will begin to address students' goals of being normalized in the community, familiar with psychological resources on campus, and have a greater understanding of the skills needed for study and symptom management (Thompson, 2013). Common characteristics of supported education programs include integration with mental health services, career counseling, and development of educational skills, personal support, and advocacy (Chant, Still, Waghom, & Whiteford, 2004). Other accommodations and services include helping students in modified testing, use of additional supports for taking notes and studying, and access to supplemental tutoring in both content areas and study skills (Allen, Allen, Dupler, Fleming, & Maheady, 2012). Supported education programs on

campuses are devised differently on those campuses that offer the program in order to make it creative and inviting for the students to participate in.

Deficit in Staffing Support

In efforts to meet the rising challenge of students with psychological problems, counseling centers need to be adequately equipped to respond to the demand. Heitzmann (2011) suggested that due to the staffing limitations, campus services are often restricted to brief therapy options, limited psychiatric services, referrals to off-campus community providers for intensive treatment, and waiting lists for routine counseling.

There is little training in mental health for those who do not work primarily in mental health service jobs; however, there is an unfilled need for mental health information and training among those who work in the education capacity (Tanner, 2014). Little is documented on how a faculty member might deal with a student in a crisis because mental health issues do not typically fall under the perceived responsibilities of an educator; rather, handling a student crisis is generally thought of as a counseling issue (Schwartz, 2010). However, as students arrive in classrooms, faculty members find they are spending more time dealing with issues in areas where they lack training. Colleges often do not adequately train faculty on what is expected to help students in crisis because faculty are not trained in offering professional counseling to students who share sensitive personal information (Ethel & Seidel, 2013). In Massachusetts, 70% of colleges "do not specifically train faculty and staff on how to recognize risk factors for students and employees who may pose a risk of violence" (Depue, Englander, Fox, & O'Neill, 2008, p. iii). In addition to lack of training, faculty

members may not be aware of mental health resources within the local community, and also may choose not to become emotionally involved in the lives of their students.

Barriers to Support

Salzer (2012) observed that a "lack of engagement and poor relationships with others can also be influenced by an unwelcoming campus environment driven by negative beliefs that college and university community members may hold about persons with psychological problems" (p. 2). Students with psychological problems have the potential of being stigmatized as being violent which gives a negative view of students with disabilities. Researchers note that concerns about stigmatization are one of the primary factors inhibiting mental health service utilization and treatment adherence among students with psychological problems (Madianos & Zartaloudi, 2010). Students with psychological problems are often viewed as disruptive, lacking academic skill, and prone to violence, and such negative beliefs and attitudes lead to greater social distance from them and this type of potential perception may cause students to feel further stigmatized (Basow & Phelan, 2007). The most frequently cited barriers to higher education include: (a) symptoms of mental illness; (b) side effects of medication; (c) academic difficulties ranging from the effect of symptoms and medications on cognitive functioning to deficient skills to understand college course content; (d) inadequate assistance from college offices and personnel; (e) stigma; (f) and internal barriers such as low self-esteem (Belch, 2011).

Budgeting

Most colleges and universities offer some type of counseling services to students who express interest in the treatment. However, the extent to which counseling staff provide treatment for common mental health problems such as anxiety, depression, and substance use disorders varies across institutions (Dietsche & Lees, 2012). Due to the number of students possibly accessing these services there could be long wait lists, and students could be referred out or even turned away. Lore (1997) expressed that:

> School administrators are responsible for budgeting decisions that affect mental health services. Researchers also suggest that administrators do not realize the larger cost to the school if these services are inadequate resulting in a more protracted illness and more severe cause of psychological problems when the conditions are not immediately and aggressively treated. (para 2)

Some universities have hired mental health professionals on campuses to address the counseling need. As the costs increase and the demands for services change, institutions weigh the financial pros and cons of providing those services (Carter, 2007). Researchers suggested that "hiring staff to provide competent psychiatric care is expensive, and so are psychotropic medications" (Carter, 2007, p. 69). Instead of turning to national and state agencies for funding, universities are turning to pharmaceutical companies to sponsor events. Carter (2007) suggested that campuses are welcoming programs such as depression screening days, to teach students and faculty about signs and symptoms of mental illness. However, allowing a pharmaceutical company to sponsor events allows them to promote a specific drug treatment for symptoms a student may have. These types

of influences could lead to stigmatization and an attitude shift within the campus

community.

Stigmatization

One area that presents a barrier for students who would like to disclose is the fear

of being stigmatized. Due to this fear, students are less likely to advocate for the support

services that they may need. "Stigma is a barrier and discourages people and their

families from getting the help they need due to the fear of being discriminated against"

(NAMI, 2014, p 1). The stigmatization of individuals with psychological problems

continues to be a growing concern at many universities. Naggar (2013) suggested that

people with psychological problems seem to have become more stigmatized because of

the belief that they are more dangerous and incompetent than the general population.

Students without a psychological problem may accept students with problems socially

but will not develop any personal relationship with them. Stigma might also contribute to

a lower quality of life for those students who have a mental disorder since the

anticipation or experience of stigma can make it difficult for these students to develop the

social connections and support on campus that are critical for student retention and

success (Fiyyie-Gauld, Wilcox, & Winn, 2005). Stigma may also have an effect on the

major and career choice of some students. Lodato and Theriot (2012), for example,

found that new social work students entering their first social work course had more

positive attitudes toward serious mental illness than other university students who were

not pursuing a social work major.

Another form of stigmatization is perpetuated through the media. Adamkova (2012) documented that an association between negative media portrayals of people with mental illness and the public's negative attitudes, and have concluded that stigmatizing presentations have a direct negative impact on individuals living with mental illness as well as on the social policies directed at them. These portrayals are prevalent in movies, print media and other media outlets. Over the past twenty years, many movies had abundant portrayals of psychiatric conditions including personality disorders, schizophrenia, mental retardation, obsessive-compulsive disorder and depression (Gupta & Kumar, 2012). Although emotional issues have been depicted through cinema, newspapers also play a huge part in displaying negative issues of those with psychological problems. Many of the media reporters appear to suggest that depictions of mental illnesses are relatively common in printed media and that these provide a distorted depiction of people with mental illnesses, highlighting their more bizarre features (Adamkova et al., 2012). Evidence consistently confirms that many depictions in the media convey a greatly exaggerated connection between mental illness and aggressive behavior (Corrigan, 2007).

Retention Among Students

Many students that live with psychological problems have the desire to obtain a good paying job in their lifetime. However due to lack of education and inadequate supports, they find themselves unable to financially support themselves (French, Markward, & O'Neil, 2012). In order to be competitive in the current labor market, it has become increasingly important for individuals with disabilities to receive a college

degree (Gil, 2007), primarily because having a four-year degree is positively correlated with employment rates. The Rehabilitation Services Administration (2006) suggested:

> Students with physical disabilities were more likely to graduate than students with cognitive or mental disabilities, because students with physical disabilities are less likely to experience cognitive functional limitations, such as decoding impairments or restricted attention or memory abilities, which likely influence the use of accommodations and graduation patterns of students with cognitive and mental disorders. (p. 1)

Students with psychological problems have a higher withdrawal rate than those without a psychological problem (Hartley, 2010). In a national survey completed by NAMI, researchers suggested that 45 percent of students attending college with psychological problems withdraw due to mental health concerns (Crudo, 2012). Typical reasons for dropping out include active symptoms, lack of academic integration, and lack of supportive peer relationships (Megivern, Mowbray, & Pellerito, 2003).

Faculty Member Perceptions

In 2013 Ashcroft and Lutfiyya conducted a grounded study with 17 faculty members to understand their viewpoint on students with disabilities, and the measures that they may or may not have taken to support these students. One concern that emerged from the study was the uncertainty of how to support students with the accommodations needed, and the additional faculty support that is needed (Ashcroft & Lutfiyya, 2013). When interviewing participants in the study, researchers found that:

It is difficult to provide the support to students with psychological problems and it

takes time away from the other students in the group, because of issues that arises

with the disability, where the student is not able to learn. This then causes a

barrier to learning and requires faculty members to spend more time with one

student, and not others. (Ashcroft & Lutfiyya, 2013, p. 1318)

Another theme that emerged from this same study suggested that students should be more

willing to disclose their disability. The educators felt less equipped to support students

who did not disclose their disabilities and had concerns that undisclosed disability could

affect the safety of others (Ashcroft & Lutfiyya, 2013). Post-secondary disability

services providers recommend students disclose disability to their teachers early, rather

than waiting until academic concerns have arisen (Maheady, 2003; Thoma & Wehmeyer,

2005). Faculty members in the study ultimately agreed that disclosure was beneficial in

assisting them in understanding the students' behavior which could be construed as a lack

of responsibility.

In another research study conducted at a university in New York with 21 fulltime,

faculty members were asked to talk about their experiences with emotionally distressed

students (Ethan & Seidal, 2013). The faculty participants went on to discuss student

problems, their role in helping these students, their awareness of supportive services

available to students, and their recommendations for increasing their competence when

assisting these students (Ethan & Seidal, 2013). From this research study, one of the

major themes that emerged was the amount of awareness that faculty members had about

supportive education resources available to students. Ethan and Seidal (2013) suggested that:

> Most focus group members were aware of the college's counseling center but were not aware of the types of services the center offered. This included counseling for academic and personal issues, short-term counseling sessions, and outside referrals for long-term counseling. The counseling services would address problems such as domestic violence, psychiatric services, and drug and alcohol treatment. (Ethan & Seidal, 2013, p. 21)

Faculty also reported a lack of formal training from the college with regard to handling students in distress and requested more support from the college with regard to students who experience psychological problems (Ethan & Seidal, 2013). To conclude the study, faculty member offered suggestions for future recommendations. The recommendations included more awareness of campus resources, and developing relationships with counselors. Ethan and Seidal (2013) concluded that "Dealing with complicated students without adequate support and training can rob time and emotional energy from the already demanding life of a college professor" (p. 23).

Implications

The findings from this project study assisted in developing a professional development program where the researcher discussed different ways of responding to the needs of students with psychological problems. This project study focused on gaining an understanding of how faculty members are helping students with psychological problems and identifying supportive programs on campus. This research and project may

encourage faculty, staff, and administrators to develop a greater understanding of supported education programs on campus and the role they play in the academic success of many students. This research may also reveal the need for possible expansion of services being offered by the university.

Summary

More students, on a yearly basis, are arriving on college campuses with psychological problems. Although research studies have been conducted to assess the types of supportive educational programs available to students, there is still a greater need to get the perspective of the faculty and staff members who supports these students. The purpose of this project study was to collect data from faculty and staff members that help to describe their experiences with students who have psychological problems, and explain their understanding about supported education programs. In the next section, I discuss the process of the design approach which outlines the study.

Section 2: The Methodology

Introduction

The research method proposed for this study assisted in gaining insight into faculty members' awareness about the psychological problems that students on campus experience. This section is separated into five parts. The first part incorporates a restatement of the research problem and guiding research questions. The following part explains the qualitative methodology that was used within the study. I then give a comprehensive description of standards which were used to choose participants, detail the ethical considerations for this study, and outline the data collection methods. Finally, this section concludes with the data analysis and findings.

Restatement of the Research Problem

The number of students on college campuses with psychological problems continues to rise. For this reason, it is important to know what understanding faculty members have about the problems faced by their students, and the educational supports available to them. Brand and Valent (2013) stated that too often the staff is lacking the knowledge and understanding that is needed in order to assist students with psychological problems and how to provide students with the proper supports that promote learning and growth. The problem is that faculty and staff members may not be aware of the supportive education programs that are available to students who suffer from psychological problems. The purpose of this study was to collect data from post-secondary faculty and staff members to inquire about how much knowledge they have

about supportive education programs on their campus that can potentially assist a student

with a psychological problem in a crisis.

Research Questions

Several research questions were developed to provide data that are related to the

research problem. They included:

RQ1. How do faculty members describe their understanding of psychological

problems their students might be facing?

RQ2. What do faculty members know about the educational supports at this

school for students for students with psychological problems?

RQ3. What would a faculty member recommend if he or she suspected that a

student was suffering from some kind of psychological problem?

RQ4. Overall, how effective do faculty members feel in engaging students with

psychological problems?

RQ5. What do faculty members recommend to help them with better dealing with

students with psychological problems?

Qualitative Research Design and Approach

There were several qualitative research designs that might have addressed these

research questions. The first was grounded theory design. Creswell (2012) proposed that

"this theory is a process theory in that it explains an educational process of events,

activities, actions, and interactions that occur over time" (p.423). This type of design

would be used only when a researcher is interested in studying a type of process through

systematic procedures. Due to the nature of this project study, utilizing a grounded

theory was not the appropriate design because the researcher was only interested in looking for information and not a process. In this project study it was more important to understand what each participant knew about supportive education rather than why they had specific feelings about supportive education programs or the process through which they developed those perceptions.

In addition to the grounded theory design, some researchers use narrative research. In narrative research designs, researchers describe the lives of individuals, collect and tell stories about people's lives and write narratives about the individual's experiences (Connelly & Clandinin, 2000). This type of research design was not appropriate for this project study because the researcher did not have the desire to study one single person and report about his or her individual story.

The final design within qualitative research is the ethnographic design. In an ethnographic research one captures the experiences of a group of people who share the same culture (Creswell, 2012). Within this culture, this group of people shares the same values, languages, and beliefs. Within the ethnographic design there are three forms: the realist ethnography, the case study, and the critical ethnography (Creswell, 2012). The realist ethnographic is research written in the third person and reports on findings given by participants. The critical ethnographic research highlights inequalities among groups of people and situations within society (Thomas, 1993). The realist and critical designs did not fit the topic being discussed since there was no specific shared culture or system of inequalities to be investigated.

In the end, the most appropriate qualitative design for this project study was a case study. A case study shares some characteristics with other ethnographic designs; however, it also has different qualities. Stake (1995) suggested that case study researchers may focus on a program, event, or activity involving individuals rather than a group. A case study also allows for a person to discuss his or her experiences while in a comfortable environment. This design is used to understand real-life phenomena in depth and in a way that encompasses important contextual conditions which are highly pertinent to the study (Yin, 2009). Presently there are several types of case study designs that include instrumental, collective, and intrinsic (Glesne, 2011). This case study was an instrumental case study. An instrumental case study serves the purpose of illuminating a particular issue or question (Creswell, 2012). For example, the question of the extent of faculty understanding of students with the psychological problems faced by some students, and the supportive educational services they need could be studied in a case study at a local university. The focal point of the data collection involved in this study was to understand how much knowledge faculty and staff members had about their students and educational supports at their university for students with psychological problems.

According to Patton (2002) "case studies are particularly valuable when researchers are seeking an in-depth, intimate knowledge of a particular program or unique situation, and where cases can be identified that are rich in information" (p. 1). This case study was rich in information because I received various viewpoints from faculty and staff members' interpretations of the problems that students have, and what

they believe are the best action steps to assisting them. Conducting a case study method assisted in determining whether faculty members were aware of supportive education programs that are beneficial to students with psychological problems. An important factor that sets the case study design apart from other designs is that it should be a bounded system. With the data received, I developed a three-day professional development about identifying students with psychological problems, strategies for accommodation, and helping students make use of other supportive education practices.

Participants

A local university within the southeastern part of Pennsylvania was the focal point for identifying faculty and staff members for this study. The total population for this case study consisted of a dozen faculty and staff members from various departments within the university. All faculty members were from the same university. The researcher worked with the Walden University IRB in obtaining permission to ask faculty and staff members to volunteer to participate in a face-to-face interview regarding the problems students with psychological problems may have. In addition, the researcher also followed the steps of IRB process at the interview site to ensure that permission was granted to speak with their faculty members. Participants were selected using purposive sampling. Merriam (1988) suggested that purposive sampling is based on the assumption that one wants to discover, understand, gain insight; therefore, one needs to select a sample from which they can learn the most.

The steps in the process are to determine the criteria of choosing individuals and why the criteria are important (Merriam, 2000). The criteria for the sample in this study,

were individuals who shared certain commonalities. These included being a faculty or

staff member from any department on the campus where the research took place and who

teaches large groups of students on an ongoing basis. By allowing the criteria to remain

broad, it allowed for the opportunity to develop a range of potential participants with

various perceptions. The respondents provided me with (a) information about their

experiences with understanding the problems that students with psychological problems

face, (b) gender identification, (c) length of employment at the university, and (d) area of

expertise. This information was essential in increasing professional development

opportunities available to faculty members about students with various psychological

problems. This professional development class will help to educate faculty/staff or

reinforce information they already know about these students.

Initially the researcher contacted the Institutional Review Board (IRB) for the

targeted university in order to gain permission to speak with their faculty and staff

members. This was done by submitting a copy of the approved IRB application number

09-02-15-0337525 from Walden University. Once the researcher received written

permission, the researcher was then able to recruit and interview faculty and staff

members from the targeted university. In order to recruit faculty and staff members, the

researcher utilized an employee directory of potential research participants who

expressed interest in participating in research studies; this information was obtained

through a university contact. An email was sent to all members within the directory who

met the criteria. Faculty and staff members were asked to contact the researcher if they

met the criteria of: being a current full-time or adjunct faculty member of the university

in the target area, having frequent contact with students on a daily basis, and lacking concerns about discussing their experiences during a one-on-one interview. The criteria were important because those faculty and staff members reflected the purpose of the study, and provided the researcher with essential information about their experiences.

The rationale of the study, as well as the closing date for the interviews were included in the email invitation. Faculty and staff members were chosen based upon the final criteria of interest in completing a one-on-one interview regarding their understanding the psychological problems their students might be facing and what they may knew about the educational supports at this school for students for students with psychological problems.

The data received from the participants in the study assisted in gaining an understanding of the types of psychological problems that students come to college with and need support with in order to be successful in school. A total of 12 faculty or staff members who met the criteria from a local university in a southeastern state were invited to participate in a face-to-face interview through an emailed invitation. This number of participants were used because the researcher reached saturation due to repeated themes. Utilizing this sample size allowed the researcher to gain understanding, and to report common themes back to administration. Creswell (2012) suggested that the identification of themes provides the complexity of a story and adds depth to the insight about understanding individual. After themes were identified by the researcher, the researcher then translated those themes into mini narratives. These narratives were then used to

retell a faculty member's story in various sections of the project study to provide rich descriptions of their experiences.

Face-to-face interviewing involves exchanging in-depth descriptive information that is difficult to obtain through other data collection methods (Elmir, Jackson, Schmied & Wilkes, 2011). Interviewing, along with field observations and document analysis, is one of the major ways qualitative researchers generate and collect data for their research studies (Chenail, 2011). Although the respondents play a key role by communicating their opinions the researcher also has a key role in developing probing questions in order to obtain data. It is through the researcher's facilitative interaction that a context is created where respondents share rich data regarding their experiences and life world (Chenail 2011). Through the researcher facilitation of questioning, it opens the line of communication which makes the respondent feel more comfortable with sharing their perceptions and experiences. Myburgh and Poggenpoel (2003) proposed that communication gives respondents a therapeutic effect, because it makes them feel they are being listened to.

Each interview utilized the semi-structured approach to interviewing. The semi-structured approach allows for the researcher to prepare a list of open ended questions with the possibility of asking probing follow-up questions. As the faculty or staff member became comfortable in the general conversation about the university environment, the researcher progressed to questions that were more in-depth regarding his or her specific experiences.

Ethical Considerations

When participants are involved in a research study, it becomes paramount to maintain their privacy. It is the researcher's responsibility to protect participants from harm and to ensure both confidentiality and anonymity (Lodico et al., 2010). Initially, the researcher completed the required steps of the IRB application number 09-02-15-0337525 for Walden University. Afterwards, the researcher obtained signed informed consent forms from each participant. Prior to the start of the study, all participants were provided via email (see Appendix C) a document that included the following information: a brief description of my educational/professional qualifications, contact information, an outline of the literature, the intended research method, and the hoped for impact of the study. The informed consent form was also included in this email communication. The form addressed the guidelines for confidentiality and informed each participant of the right to withdraw from the study at any time.

To protect the confidentiality of the participants, contributors were coded using participant numbers. All data collected during the study remains with the researcher in a locked electronic file. Participants were also reminded that they had a right to terminate their participation in the study at their discretion. This process was completed in order to encourage participants to talk openly and freely.

Data Collection

An in-depth interview took place with 12 faculty and staff members from a local university in a southeastern state. The interviews of the participants described their understanding of the psychological problems that their students might be facing. The

interviews also gave the researcher an idea of the working knowledge that faculty and staff members may or may not have regarding students who suffer from psychological problems.

I utilized the red and white directory for the university which contained the phone number, email address, and office number of all faculty and staff members at the university. Once emails were distributed to faculty and staff members, I waited for responses via phone or email. In efforts to recruit additional individuals, I contacted potential participants directly via phone.

Face-to-face interviews were conducted with 12 participants who are faculty or staff members within the study site. These members reported that they had previous encounters with students who have psychological problems and could have possibly experienced a crisis while enrolled in school. The objective for the interview was to accumulate information regarding their experiences with students on campus who suffered with psychological problems. The interview schedule is found in Appendix D. The interview also gave insight into their knowledge on supported education, and the understanding that faculty members have about students with psychological problems. The faculty and staff perspective in the area of supported education is a pertinent element in the study. Future programming for the university was also explored during the discussions. The interviews were recorded with the faculty member's permission and transcribed later by the researcher. In order to keep the interviewer and the participant focused, a list of questions was available (see Appendix B). The researcher also provided participants with a list of questions ahead of time so that they would have an idea of the

types of questions to expect during the interview. When conducting interviews, it is important that the interviewer was prepared with questions, and follow-up probing questions (Creswell, 2009). The semi-structured approach to interviewing made it permissible for a variety of questions to be explored, while keeping in mind that there would be opportunities for unstructured questions as well.

The discussions took place utilizing the semi-structured approach in order for further information to be shared. Interviews last 30-60 mins. The interviews were held at the local Starbucks. Initially I introduced myself and background as well as the project study and my inspirations for the topic area. Once the introductions were complete, I reviewed the consent form and asked for the faculty or staff member's signature. The discussion began with a brief introductory conversation to allow the participant to become engaged in the conversation.

Following the introductions, I began questions about various psychological problems in order to get a depiction of the many students faculty members encounter. Afterwards a conversation was held about supported education programming on their campus. Next, the researcher discussed supportive educational services along with barriers to support. The next brief topic of discussion was about budgeting. Finally, participants discussed their perceptions about stigmatization and retention among students. To close out the interview, I thanked the participant for his or her time, and provided the participant with contact information in case there were any questions or concerns.

In order to capture the feelings, experiences and impressions of the faculty and staff members, I wrote a reflection note. The reflection note was written immediately after the interview, in the same space where the interview took place. The notes, and interview questions were transcribed into a Word document. After each interview, the interview questions and reflection notes were stored in a locked electronic file. The electronic file will only be accessible by the researcher for the duration of study, and will eventually be destroyed after 5 years.

The nature of this project study can present many concerns due to the sensitivity of the topic for some people. One of the most important elements of data collection during in-depth interviewing on a sensitive topic is the ability for the researcher to develop a rapport with participants (Elmir et al., 2011). Building good rapport with someone, allows each person to give and receive information thus making the conversation easier to have between the two individuals. Through this, the researcher can better form a trusting connection with participants, helping them to share their experiences (Seidman 2000). It was the intent of the researcher to provide good interview questions that were open-ended, clear and aimed at eliciting responses that reflected the participants' experiences, while simultaneously being mindful of and sensitive to the needs of participants (Elmir et al., 2011). If I encountered information that did not concur with the themes that were emerging, I found alternative ways to present the information. Lodico et al., (2010) proposed that "when conflicting themes emerge qualitative researchers must reexamine other data sources to see if the differences

can be resolved" (p. 309). However, if the differences cannot be settled then I would offer to show different perspectives.

Role of the researcher. As a psychiatric rehabilitation practitioner in a Southeastern part of Pennsylvania who has worked with students who experience psychological problems on a local campus, I have the credibility and credentials necessary to conduct research with the faculty and staff members. In order to speak directly with identified faculty and staff members' approval was authorized by Walden University IRB. In addition, study site approval was secured.

Maintaining a strong researcher-participant rapport was imperative to the success of the study. When conducting the face-to-face interviews, I retained a neutral position by refraining to comment on interview material or revealing my views. This was done by being attentive to any non-verbal cues and body language, being an active listener, and behaving in a professional and respectful manner. With faculty and staff, the objective was to be non-judgmental and respectful of their experiences while seeking their input to the project study.

<div align="center">

Data Analysis Results

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At the end of the data collection phase, the researcher moved into the data analysis phase. "Data analysis involves working with the data, organizing them, breaking them into manageable units, coding them, synthesizing them, and searching for patterns" (Biklen & Bodgan, 2007, p.159). During the data analysis the researcher developed a coding system. The system involved searching through the data collected to find patterns or common topics for the project study topic. Afterwards the researcher recorded specific

words and phrases that represent the patterns found in the coding system. The final step in the system is to develop a list of coding categories. "Developing a list of coding categories occurs after the data has been collected and the researcher is ready to mechanically sort them" (Biklen & Bodgan, 2007, p.159). The coding process would be completed by utilizing an Excel worksheet. Crucial elements in qualitative analysis include the critical thinking that occurs in relation to how participants' descriptions are coded and the links between categories and themes (Ritchie & Lewis 2003).

Along with the coding process, the data also went through a thematic analysis. Thematic analysis is an interpretive process in which data are systematically searched for patterns to provide an illuminating description of the phenomenon (Tesch, 1990). Thematic analysis can provide rich insights into complex phenomena, be applied across a range of theoretical and epistemological approaches, and expand on existing theory (Braun & Clarke, 2006).

To ensure that the themes were grounded in participants' descriptions, the researcher must constantly refer to the original transcripts and check the meaning across interview as well as ensure that the experiences and beliefs of faculty members are accurately reflected with the least amount of misinterpretations (Firth & Smith, 2011). It is beneficial during a study that the coding process initially involves using printed versions of the transcripts with key phrases highlighted and comments written in the margins to record their preliminary thoughts (Firth & Smith, 2011). These categories were furthered analyzed to assist in producing the themes in the study.

Case studies allow for a researcher to analyze and explore data through the investigation of themes and patters (Creswell, 2007). After the data collection phase, I used a coding technique to organize the information received. After interpreting each transcript individually, the information was coded by developing categories. Codes are can be categorized through a timetable, through a strategic plan, one's viewpoint, or thoughts. For the data I collected using descriptive topics was most appropriate because it helps to describe feelings of the participants in the study.

According to Creswell (2009), code labels are derived from three sources: (a) the researcher, (b) the participant's actual language, which is called *in vivo* (Creswell, 2007; Glesne, 2011), and (c) the existing literature (Creswell, 2009). Qualitative coding frequently creates many categories, which should be organized, associated with one another, and ultimately condensed into major themes (Creswell, 2007). Glesne (2011) proposed that when coding takes place subthemes and categories will begin to develop. This occurred when I began to code the data. This process proved to be an iterative but reflective experience as the coding continuously changed until several themes appeared. The coding stage commenced with the HyperRESEARCH™ (Dupuis et al., 1994) free software. This software was used to develop themes and categories. Inputting the transcript from the interviews into the program allowed for categories to be broken down into smaller themes.

The categories for analysis in a case study should be "responsive, exhaustive, mutually exclusive, sensitizing, and conceptually congruent" (Merriam, 2009, pp. 185-186) when seeking results. All of the themes was extracted from the one on one

interviews with faculty and staff members. A category is a group that describes a group

of ideas. In addition, a theme is an idea that is offered by the individuals who took part in

the one on one interviews and ideas from the literature.

Table 1. summarizes the top three categories and the themes associated with that

category within the project study. In order to insure anonymity and confidentiality of the

participants in the research study, I did not ask any identifying information. All of the

material presented is sensitive and important that I do not disclose any further associating

material.

Table 1.

Categories and Themes for Supported Education Practices Data

Themes	Categories
Services	• Institute on Disability • Disability Resources • Care Team • Support Groups • Mental Health Agency
Professional Development	• Mental Health Training • Students with Psychological Problems • Disability Resources • Outside Facilitators • State or City Funded Training

Support	• Accommodations
	• Family Support
	• Therapy
	• Psychiatry Services
	• Peer Support
	• University Supports
	• Faculty Members' Support

Note. Categories and themes were derived from the data analysis.

RQ 1. How do faculty members describe their understanding of psychological problems their students might be facing?

Interview questions 1 through 5 addressed the first research question.

Interview question 1 asked participants for their definition of a psychological problem. All participants showed a consensus about how they defined a psychological problem from their point of view. Participants believed that a psychological problem could potentially be any barrier that limits one's ability to function at his or her maximum psychological capacity due to either a biological/chemical imbalance or traumatic event. I found that all of their responses were closely related to the definitions that are offered by Boston University's Center for Psychiatric Rehabilitation. Center for Psychiatric Rehabilitation (2011) defined a psychological problem as an "illness significantly interferes with the performance of major life activities, such as learning, working and communicating, among others" (para 1). These results indicated that faculty and staff members were able to give a clear definition of a "psychological problem". Participant

2 noted that "a psychological problem can be defined as having an emotional or behavioral issue that impedes the normal daily functioning of a person." In addition, participant 3 noted that a psychological problem is defined as "a behavior that reflects a dysfunction in the development of an individual."

Interview question 2 asked faculty and staff members about the prevalence of psychological problems in their classroom. Four of the participants believed that the most prevalent psychological problem was depression. Six of the participants stated that anxiety was the most prevalent. Finally, the last two participants believed that autism was the most prevalent problem among college students. Although there was a difference in opinion, it can be assumed that one cannot pinpoint one specific psychological problem that is most prevalent due to students suffering with a range of problems. Participant 1 stated "depression, anxiety, and low self-esteem in my opinion are the most prevalent." Participant 12 noted that "schizophrenia, depression, and bipolar disorder have been predominant in my classroom."

Interview question 3 asked faculty members to describe how one would be able to handle or identify a student experiencing a psychological problem. Depending upon the nature of the students' behavior most participants felt as if they would be able to identify a disruptive psychological problem. Participant 3 suggested that "you should look for warning signs." Participant 3 also stated that "the first indicator of a student who may be experiencing psychological problem would be the drastic decline in a student's grades or performance and completing assignments. Another warning sign would be chronic absenteeism." Although some of the faculty and staff members expressed minimal

knowledge in the area of crisis intervention, they were able to individually come up with warning signs that they see in their classrooms.

Interview question 4 asked faculty and staff members about the comfortability when interacting with students with psychological problems. All twelve participants stated that they were completely comfortable when working with students with psychological problems. One staff member indicated that she believed in holistic approaches when teaching students in her classroom. Participant 11 noted that "although I am not afraid of interacting with these students, I would tend to be more observant as it related to their performance in class."

Interview question 5 asked about faculty and staff members' perspective of students who have psychological problems. The consensus from the participants was that these students deserve the same opportunities as their peers. It was also suggested that "students deserve to have supportive services to help manage their psychological challenges as they deal with the many obstacles college students may face".

RQ 2. What do faculty members know about the educational supports at this school for students for students with psychological problems?

Interview questions 6 through 10 addressed the second research question.

Interview question 6 asked participants to define educational supports. Participants collectively agreed that having educational supports means having reasonable and appropriate accommodations to support the learning of all individuals. Participants also stated that educational supports could also be defined as being able to accomplish your goals despite having limitations and knowing that you have people who understand.

Participant 6 noted, "Educational supports mean to have additional support in a higher educational setting to assist the student in being successful at their university."

Interview question 7 asked about the types of supports that are offered at their university. All participants in the study made mention of student services being available to students for career coaching and academic advising. It was also their belief that the health center is also available to those who have psychological problems. Participants proposed that students should have access to licensed clinical social workers, crisis intervention counselors, and free and confidential drug and alcohol interventions. "These interventions could be weekly groups held by a professional staff at the university to address triggers and barriers, and to offer support. Another intervention could be to attend a local meeting in the community for alcohol and drug anonymous classes."

Interview question 8 asked about their knowledge with supported education services. Unanimously participants stated that they had no knowledge of supported education services that are offered on campus or through an outside agency. "I am not familiar with the services because I never thought that I would need to really research them." "You've got to understand that 20 years ago, students were not forthcoming with information regarding their mental health, and universities certainly were not equipped to handle someone having a psychotic episode on campus." "This is all new to me, and many of my colleagues I am sure. Especially those who have been in the field for many years."

Interview question 9 asked faculty and staff members about their familiarity of the any services that is offered by their university. About seven of the participants stated that

they feel the university could do a better job at keeping faculty abreast of the new services offered to students and orient staff on how to speak to students about accessing services. Meanwhile three of the participants simply affirmed that they had no knowledge of any services, only to call the local authorities. Participant 8 suggested that "I make it my business to maintain a working knowledge of the services on campus and off to offer to student."

Interview question 10 asked faculty and staff how they could be informed about services that exist on campus. Four of the participants proposed developing a specific disability program to acknowledge the information about these services offered university wide. Three participants believed that developing a resource guide to send out in an email format would be sufficient. Meanwhile the remaining five participants suggested that a mental health training for faculty and staff members be implemented and offered several times a year in order to keep everyone abreast. Participant 7 stated

> I would like to attend a training about students with psychiatric concerns as well as other disabilities. I think that it is important to stay on top of the latest developments in this area and to understand how to work with these students.

RQ 3. What would a faculty member recommend if he or she suspected that a student was suffering from some kind of psychological problem?

Interview questions eleven through fifteen addressed research question 3.

Interview question eleven inquired about the methods that were used in order to respond to a student with a psychological crisis. Two participants stated that they had no involvement in crisis situations, and do not want any involvement. Therefore, their only

response would be to contact the police department. Participant 1 stated that "I would try to develop a quick rapport with the student to help identify a solution." Three participants stated that in previous instances they developed a plan of their own and implemented it for their student. For example, participant 9 stated that

> The method that I used was to give the student enough time across the semester to complete an assignment. The assignments were placed on a timeline, and rank by which task was more important. Once the student understood the time frame for assignments, the student was then encouraged to visit the counseling center for treatment. Finally, the student should talk with other professors to inform them further if the student feels comfortable enough.

The remaining six stated that either they would contact a crisis team that is available on campus or the crisis team that is operated through a city in the Southeastern part of Pennsylvania to support the student, or they simply would not do anything due to lack of knowledge.

Interview question twelve discussed the types of resources that have been given to students. Four participants stated that they did not give any resources because they were not aware of what to offer students. "How can I give someone a resource, if I am unaware of what to give them and how the system works?" The remaining eight participants gave varying responses such as referring students to counseling centers, suggesting peer assistance, tutoring, and communicating with faculty members. "I have always tried to maintain a contact at the counseling center to call on when I needed assistance and to inform me of what steps to take without giving out too much

information about the student." "I try not to ask a student to go to another student, simply because as faculty and staff we have no clue if students are capable of taking on a task such as that." "I am one who stresses the importance of talking with me, and my open door policy."

Interview question thirteen asked participants about knowing what information to give to a student. Eight participants stated that they saw postings on various billboards on campus advertising university counseling services or peer support groups. "There are many billboards around the campus, and in lounges that offer support to students, so it is very easy to take a slip and contact the point person." "I have seen email blast sent out maybe once a year letting people know in general about the counseling services." While others stated that they received a university email about counseling services. They also stated that knowing what information to give was simply common sense. While the remaining six participants stated that they didn't know, and that google would be their initial way of researching information. "Google is a world of information. Google will not only give you information about the actual diagnosis, but it will also give you information about local agencies."

Interview question fourteen asked if participants felt as if they had enough information about the area. All participants stated that there is always room to learn more in this area because of the impact it is now having on students on the campus. Participant 4 stated that "having updated materiel and trainings yearly would be useful as well."

Interview question fifteen asked participants about their working knowledge in the area of supported education. Participants unanimously agreed that it is assumed that

those who teach or interact with students on a regular basis automatically know how

supported education programs work. "It is assumed that I know what supported

education is. I can assume, but I rather not." "I think supported education goes hand in

hand with mental health agencies, but we are not taught about that as faculty and staff."

Four participants were able to talk about the basis of supported education, they were

unaware of how to implement it in their classroom, and the effects it would have on their

students.

RQ4. Overall, how effective do faculty members feel in engaging students with

psychological problems?

Interview question sixteen addressed research question 4.

Interview question 16 asked participants about what the university can offer to make

participants feel more effective. Three participants stated that they did not know what the

university could offer employees because of scheduling conflicts. Five participants

suggested some type of training to reintroduce different diagnoses and warning signs.

Finally, the remaining four participants collectively stated that a resource list with contact

information for community agencies or campus departments that would assist a student

who may be suffering with a psychological problem. Another idea from a participant

was to assemble a document that list the warning signs to look for when a student is

having a crisis, and the steps to take with those students. Finally, there was a mention of

introducing mental health first aid to everyone on campus. Participant 8 stated that, "I

have attended a mental health first aid training, and it is was very informative. The

training gave me a different perspective into working with new students, and existing

students. It also allowed me to be a student for the day experiencing symptoms. That was the most powerful thing, because we don't always understand what our students' experience."

RQ. 5. What do faculty members recommend to help them with better dealing with students with psychological problems?

Interview questions seventeen and eighteen addressed research question 5.

Interview question seventeen asked participants if they would like to see a mental health training on campus. All twelve participants agreed that a mental health training would be informative and helpful. A mental health training has the potential to teach new strategies and reinforce older strategies that have worked in the past. A mental health training would also provide updated information on diagnoses, and resources. Participant 9 stated "I would absolutely enjoy a mental health training. It will give me more insight into what students are experiencing, and how to help them."

Interview question 18 asked participants about programs in the community that they knew of and would be beneficial. All twelve faculty members stated that they were not aware of any community resources, however it could be assumed that students could go to local hospitals and mental health centers to seek out support.

Summary of Findings

There were three major themes that emerged from these interviews. They were the need for services, professional development, and support. As discussed in the research the need for a professional development class that highlights mental health

would be beneficial to faculty/staff members who work with these students. Jorm and Kitchener (2006) suggested that mental health training is most effective in improving one's knowledge about mental health. The second theme highlighted was ensuring that students are equipped with the appropriate supports and accommodations. According to researchers Markward and O'Neil (2012), it was stated that as students begin to disclose their mental status more openly, universities will continue to improve or increase services that are offered to students.

During the interview very little follow-up questions were asked due to the participants fully explaining themselves while answering the initial questions. The types of follow up questions that were asked, discussed their feelings about the various situations with the students, reflecting back on the experiences, and if they could provide an additional example if needed.

Theme 1: Services

During each interview many faculty and staff members discussed their lack of knowledge into what services were available to students on campus. Being up to date on their services was deemed important to the participants. Each person was able to name at least one service that is offered by the University; however, they were unaware of how a student could become involved with that service.

Participants continued to acknowledge the importance of understanding the services so that they can refer students to the appropriate service pending their specific need. Furthermore, some of the participants discussed the need for more collaboration amongst the services in order to better support students who express a need.

Theme 2: Professional Development

Participants felt that by offering a training on mental health concerns on campus, would provide some insight about the students being serviced. Some participants expressed an interest in having the disability center come and teach a course on the services that their office could potentially provide. Many other participants also introduced the idea of having a mental health agency develop a professional development, due to their expertise in the topic area. All group members expressed a severe need for additional professional developments in order to meet the needs of the students who have psychological problems in their classrooms. Although faculty and staff members were offered professional development classes in the past, none of those classes pertained to supported education.

Theme 3: Support

The support that students can receive from the University, does not always get utilized due to lack of knowledge of the program's existence. The majority of the participants agreed that support is a major factor in a student's life. Participants also talked about their role as a supporter and learning how to set and maintain appropriate boundaries. Many other participants also expressed a desire in understanding the various accommodations that are available to students with psychological problems. Another area of support that participants were not knowledgeable in, was the support that is offered by outside agencies. Participants were interested in the type of support that is offered through an agency and the effect that it can have on a student's academic career.

Reliability and Validity

There are many techniques that can be used to confirm the accuracy and consistency of the information being reported by participants during a one to one interview. Common strategies that were used to ensure validity was through member checking, triangulation, clarifying biases, and presenting negative or discrepant information. Maxwell (2005) suggested that "this is the single most important way of ruling out the possibility of misinterpreting the meaning of what participants say and do and the perspective they have on what is going on" (p.111). Member checking also aided in the identification of any researcher based biases and/or misunderstanding of what was said. The researcher also provided a summary of individual interviews to each person via email. Once the participant received the summary via email, he or she read the researcher's interpretations of his or her experiences to verify what was said during the interview. Within this email, the researcher asked to set up a time for a brief phone conversation to discuss information from the interview. At that time, participants were able to remove any information that did not portray their experiences or suggest a better way to communicate their ideas. Participants were also asked if he/she had thought of anything else since the interview that should be added.

Triangulation is used to gather information from different sources to build on the current themes within the study. Creswell (2009) proposed that "if themes are established based on converging serval sources of data or perspectives from participants, then this process can be claimed as adding to the validity of the study" (p. 191). Another validity procedure would be to simplify any type of bias the researcher may have about

the study. Having a self-reflection creates a sense of honesty with your readers and research participants. The researcher also kept a journal with field notes completed after each interview. Finally, researchers should propose information that is the opposite of the themes in order to avoid respondents from being opposed to other perspectives. A researcher can do this by providing additional evidence about a specific theme which would add to that themes credibility. Most evidence will be a case for the theme; however, by providing contradictory evidence the information becomes more realistic (Creswell, 2009). Finally, the researcher also conducted a field test. The field test consisted of two faculty members who received the interview questions to ensure that they are clear and relate to the research questions. The feedback from this test indicated that the questions were clearly thought out, and addressed the research questions. One suggestion from the feedback was to make sure the questions are worded in a way to address both faculty and staff members.

Creswell (2009) suggested that reliability refers to whether scores to items on an instrument are internally consistent, stable over time, and where there was consistency in test administration and scoring (p.233). When an individual answers certain questions one way, the individual should consistently answer closely related questions in the same way (Creswell, 2012). As individuals present ideas that are recurring, the researcher can assume consistency in what each person is saying which makes the data reliable.

In qualitative studies it is important to develop a list of procedures that to check for reliability. The first step was to check the transcript from the interview. Checking the transcript involved listening to the interviews while also reading the typed transcript to

ensure that all of the information was captured and recorded. This was done in order to rule out any obvious mistakes that were made during the interview (Gibbs, 2007). Another procedure was to ensure that the definitions of themes were clearly defined by comparing the data to the themes and writing memos about those themes.

Conclusion

Using the qualitative case study design, the researcher explored, and acquired a better perception of the supportive education services that are offered to students who suffer from psychological problems. The researcher reported on the perceptions of faculty and staff members in regards to supported education resources, and the types of professional developments that have been offered to them at their university. Data collected during the interviews will be transcribed, checked for inaccuracy, and examined to develop themes.

The project study for section three will complement the findings accumulated during the data collection period from each faculty member. The researcher designed a faculty/staff development that will inform faculty members of the supported education resources that are available to meet the needs of students who suffer from psychological problems.

Section 3: The Project

Introduction

In order to enhance the academic experience for students with psychological problems in post-secondary environments, it is important that faculty and staff members learn creative ways to meet the needs of these students. In efforts to focus on this concern, it is critical that faculty and staff members are offered an opportunity to attend a professional development class. This class would inform faculty and staff members about the psychological problems that students have, the supported education practices that are implemented in the classroom setting, and the resources that faculty and staff can offer students. Keys, Lombardi, Murray, and Wren (2009) found that:

> University faculty who participated in some form of prior disability-focused training had greater willingness to provide exam accommodations, greater fairness and sensitivity towards students with disabilities, greater willingness to personally invest in students with disabilities, and greater personal actions in support of students with disabilities (i.e., inviting disclosure and providing accommodations) than did faculty who had not participated in prior training. (p. 189)

This case study focused on gaining an understanding of how much knowledge faculty members have about supported educational services that are available to students with psychological problems. The results from this project study indicated that many faculty members did not have any knowledge about supported education practices and the psychological problems that affect students. Therefore, based on the findings from the

interviews it was apparent that the best way to address faculty and staff members, is to offer a three-day training course. This course would highlight information about psychological problems students are faced with, material about supportive education services at their university, understanding the role of a faculty or staff member, and learning about university and community available to students. Based on research presented here, there were two different types of project types that could have been considered for this project study: project evaluation, and professional development. An explanation of the project types is described below.

Program Evaluation

Although program evaluation is a widely used method, its overall purpose differs from a professional development project type. "Program evaluation is used for decision making purposes whereas research is used to build our general understanding and knowledge on a particular topic and into form practice" (Lodico et al., 2010, p. 318). At this time there is not a need to make a particular decision about changing policies within the university, so I could not use the program evaluation for this project study.

Professional Development

Successful professional developments can be seen as a critical element to the success of a faculty or staff in a post-secondary environment. The Education Research Center (2011) defined professional development as an "ongoing learning opportunities available to teachers and other education personnel through their universities" (para 1). The participants in my study were interested in possibly attending a training course that would provide them with information to assist them in supporting students with

psychological problems. Due to the nature of this study, I chose to utilize the professional development project type.

Goals

As students on campus develop or have pre-existing psychological problems supportive services and classroom accommodations are in high demand. It is important that faculty members are trained to be able to identify these students and be able to give accurate information. Hunzicker (2010) stated that the most effective professional development processes for academics need to be ongoing, supportive, and job-embedded. Hunzicker also proposed that professional developments should be instructionally focused, collaborative and ongoing to be effective and authentic, and professional development must be seamlessly integrated with the activities of the academic. Helleve (2010) added that professional development must extend beyond what was provided by the university and include teachers' own proactive engagement with professional development activities. All 12 participants expressed an interest in gaining more understanding students with psychological problems and the services being offered to them. Participant 1 noted:

> Here at this University, we are not trained in what to do if a student presented
> with a psychotic crisis. I am not even sure that my colleagues would know what
> to do other than calling the police. I think as a faculty member we should have a
> full training whether it is online or in person so that we can become more
> comfortable with the students in our classroom.

The professional development training has the potential to benefit faculty members in multiple ways. The topics for this workshop on supporting students with psychological problems include: (a) a brief overview of psychiatric disorders college students experience (b) strategies for working with college students with psychological problems (c) identifying resources available to college students on campus and off campus and (d) the importance of faculty and staff support and its contribution to a student's success in higher education. The first topic provides faculty and staff members with a brief overview of psychiatric disorders that college students experience and how it affects their college experience. It is possible that some faculty and staff members may have some limited knowledge of these disorders due to the criteria of various disorders that change as the newer versions of the DSM emerges. The second topic offers faculty and staff member resources about support services on campus as well as in the community. As students become more willing to disclose their diagnosis in efforts to gain additional support, it is imperative that faculty members are aware of the resources available to these students. The final topic discusses the different roles faculty members might play when a student is experiencing psychological problems.

The world of education is one that is continually changing based on the needs of students who have psychological problems. With that basic premise, the number of students with psychological problems has increased at universities, leaving them no choice but to embrace the change in order to help students with psychological problems achieve their academic goals. Students rely on faculty members and other supports to assist in preparing them for meaningful work experience upon graduation. In order for

this to be successful, faculty members must have the necessary resources to be able to assist students with psychological disabilities just as they would for those students without a disability. The purpose of this training is included here.

The objectives for the three-day training course include:

1. Develop an awareness of common psychological disorders in college students and the symptomology associated with them.

2. Develop an awareness of their individual role with students who disclose their mental health status.

3. Build resources for students to connect with services on campus or in the community.

4. Develop an awareness of available accommodations.

Rationale for the Three-day Training Course

Through the data collection phase, one common theme that was reoccurring was to offer faculty members a training course to assist in understanding students with disabilities. In 2002, Hoban completed a 14-week qualitative case study with 25 faculty members to determine their skill level in working with students who have a disability, and to evaluate changes that occurred as a result of professional development class. Results indicated that faculty members were not aware of their role as a professional upon entering into their position. As an outcome of the professional development, faculty members felt as if their awareness into working with students with psychological disabilities increased. Hoban (2002) suggested that "the professional competence of the faculty members with specific reference to knowledge about their role and

communicating as part of a team, increased due to their participation at the professional

development." (p. 179). As Participant 2 stated:

> I believe that professional developments are critical for faculty members in order
>
> for them to be helpful to the students that they work with on a daily basis. I
>
> honestly don't know that faculty members are even aware of the services that are
>
> offered to students on campus. I am aware of the disability services, because that
>
> is where the accommodations generate from. I also know that we have a
>
> counseling center; however, I am unaware of the extent of the services that are
>
> offered.

In a research study by Ashby, DeClouette, and Causton-Theoharis (2009) staff

and professors were interviewed about the post-secondary education programs available

to students with disabilities. Their results showed the changes in attitudes with students

without disabilities, available opportunities in the community, and the reluctance of

faculty members to work with these students. Marshall and Plotner (2015) suggested that

although faculty reluctance was identified as a barrier in the research study, with further

investigation it was determined that their reluctance stemmed from fear that they were

not adequately trained or qualified to work with students with disabilities. Marshall and

Plotner conducted their own qualitative research study utilizing the Think College Web

directory to recruit 79 administrators, faculty, and staff around the United States. The

Think College Web directory consists of students and families, and information regarding

academic programs for students who have disabilities. The purpose of my research study

was to determine the range of supports offered to students by faculty members and

administrators, and possible barriers to those supports once students with disabilities are enrolled in post-secondary education. Results from this study suggested that there is a need for training in the area of academic supports in the post–secondary environment. The results also indicated that many universities are not able to implement trainings or programs about academic supports due to the lack of funding.

The three-day training course developed for this project study is intended to give faculty members, staff and administration a platform for learning and discussing ideas about supported education practices. In addition, a general overview of the psychological problems that students face along with the symptomology of those disorders will also be discussed. The training will initially begin with the game show "are you smarter than a 5th grader", in order to add creativity and fun to the learning experience. Throughout the remainder to the days there will be role plays, and in depth discussions in efforts to highlight a variety of key points in supported education practices.

Review of the Literature

The purpose of this literature review is to research best practices for the development of a professional development workshop. Entering the themes discovered during the data collection assisted me in finding literature that would indicate the need for supported education trainings for a local university concerning students with psychological problems. Searches were conducted in education and psychology databases. To locate articles, searches were executed through Walden University's library databases including ERIC, Academic Search Complete, Thoreau and EBSCOhost. Using the terms *professional development, students with disabilities, higher education*

faculty *, accommodations, understanding psychiatric disorders, professional development, and students with disabilities*. The additional databases used in this search were Academic Search Complete, PsycARTICLES, and EBSCOhost using the terms *professional development, mental health, faculty members, and faculty members' roles*. An additional was conducted utilizing ProQuest using the terms *training, faculty members, mental health, and higher education.*

In order to search for specific journals using search terms, I utilized the SocINDEX database. To specifically get certain journals it was imperative that I put the word journal before the subject term. The terms used was *faculty members, higher education, mental health, training and professional development, faculty member roles.* After this review, saturation was present since the ongoing themes noted did repeat during the data collection process. From the data collection, I developed the following themes: mental health training, faculty members' roles, and accommodations options. The pairing of the information received during the in-depth interviews, and information gathered during the literature assisted in forming the project study.

Mental Health Training

Although mental illness can have a varying onset age, individuals are often diagnosed during the adolescence to young adult phase. Barrow and Brooks (2014) proposed that academics and practitioners continue to grapple with the question of how best to reduce stigma associated with mental health and to provide appropriate support. The more time that students spend on campus, the more that the need for support services increases. Therefore, some universities are implementing Mental Health First Aid

(MHFA) training in order to enhance the knowledge of university employees regarding supporting students with psychological problems.

The MHFA training was developed to help people provide initial support for someone who may be developing a mental health problem or is experiencing a mental health crisis (MHFA, 2009). This training is designed to promote recovery and provide comfort for those experiencing psychological problems. Through the use of randomized controlled trials and mixed-methods studies, MHFA training has been found effective at improving participants' knowledge of mental disorders, reducing stigma, and increasing the amount of help provided to others (Jorm & Kitchener, 2006). Barrow and Brooks (2014) suggested that "MHFA is offered in the form of an interactive 12-hour certification course that presents an overview of mental illness and substance use disorders and introduces participants to risk factors and warning signs of mental health problems" (p. 325). This training is designed to build an initial understanding of the influence that psychological problems can have on students in an educational environment, and it gives a synopsis of familiar treatments. Within this training university professionals learn the skills, and knowledge needed to assist students in crisis.

A case study was conducted in 2014 by Barrow and Brooks with 84 staff members with 55 of those staff members attending a mental health first aid training. Participants in this study were given an initial survey to complete and send back, and then invited to participate in a one on one interview. From the qualitative data collected it was noted that MHFA training increased the knowledge of the university employees who had prior training as well as those with no training. Barrow and Brooks (2014) pointed out

that staff knowledge surrounding mental health and its related services was also increased

through the training as several participants commented on their new awareness of the

resources available to them. This type of training also provided them with a greater

understanding of the resources available for those needing support. Participant 8 in my

study noted:

> I would absolutely be interested in a mental health training. Here at this
>
> university we are offered many opportunities for various training, but I think it
>
> would be helpful if someone from the office of disability resources would actually
>
> come and complete some trainings. I wouldn't mind going to a training where
>
> someone is brought in. I think it would be helpful to everyone.

Dugan et al. (2014) conducted a research study with twenty-seven university staff

from two Australian universities, using the snowball sampling technique. Data were

collected using the semi structured interview with open-ended questions. The purpose of

my research was to gain understanding on the impacts of mental health challenges,

changes to the university systems, training, and managing the approach towards students

with psychological problems. Results showed that the quality of support that students

receive from faculty and staff members can have an impact on their ability to finish their

program. Dugan et al., suggested that while MHFA training has been implemented at

many universities, further programs are required. It was also noted by the researchers

that these programs could be enriched by including stimulus materials such as vignettes

that embody the kinds of interactions between university staff and students. Through this

study, it was also suggested by Dugan et al. (2014) that support that is given by faculty or

staff member that are fully trained, leaves the staff member with a senses of appreciation

for the pressures that are associated with mental health, and learning challenges. Having

a more formal training guarantees that faculty and staff are equipped to handle and adjust

to the needs of students who suffer with psychological problems. Participant 1 noted:

> I think that a mental health training would absolutely be a good idea. In fact I
>
> have even thought about conducting a training similar to better inform my
>
> colleagues. I have a background in Asperger's and I think it is a great idea to get
>
> information out there on how to work with these students. I feel like the
>
> university makes changes as they need to. Nothing is ever put in place ahead of
>
> time, only when it is needed and it should not be like that. If they got someone in
>
> here to train, I believe people would go because it is becoming so prevalent on
>
> campuses now days.

Dugan et al., suggested that there is an urgent need for the systematic revision of policy,

strategy and service implementation in relation to working with students with mental

health challenges (2014). With that said the type of support that will be offered by

universities will facilitate increased educational outcomes.

In 2013 researchers Tschudi and Whitley conducted a study with 15 university

and college representatives regarding supporting the mental health needs of student

veterans. The study was a panel discussion at George Washington University.

Researchers found that veterans bring not only their experiences to the campus but also

additional recommendations to address their mental health needs. Many of the returning

veterans have a physical, emotional, or cognitive disability (Ely, 2008; O'Herrin, 2011).

As a result of this influx, campuses are now beginning to incorporate training on how to work with these students. Results showed that veterans identified several recommendations about the services offered at their institution of higher learning. Veterans identified several areas of improvement such as developing ways to de-stigmatize support services, organizing a welcoming environment, hiring a learning specialist, providing adequate accommodations, hire experienced counselors, provide mentors, developing support groups, provide a drop in center, and hire great leaders. It was determined that many of the veterans will have emotional, mental, and physical concerns; however, many universities are not equipped to handle these students. Therefore, institutions need to provide faculty/staff members with the appropriate trainings that will aid in working with these students. Tschudi and Whitley (2014) proposed that colleges and universities should look to hire more counselors who are trained in the area of mental health.

Offering some form of mental health trainings to faculty/staff members would be important because it will assist university staff in supporting students with psychological problems. Although these individuals may be exposed to some form of training, there is a higher need for a mental health training. As noted earlier in the literature review as well as in the data analysis from the individual interviews, faculty/staff members are receptive to the idea of having additional training in mental health.

Faculty Members' Role in Higher Education

The relationship between a faculty member and a student is significant to a students' academic experience at a university. Faculty members play a unique role

especially when working with students who present with psychological problems.

Participant 6 noted:

> My role can become sticky. We are taught not to get involved with students and
> their problems, but when you see a student in need of help sometimes you do get
> involved. I have no problem talking with a student and researching some
> resources and it is up to them to determine whether or not they want to use it or
> not. I have also had students that I did not want to become involved so I
> contacted the CARE team. This is similar to a crisis team, who has specialized
> training and who will come and assess the student and refer them to the
> appropriate services.

Traditional roles of full-time faculty in higher education have been focused on
what are called the "tenure line" positions, a term incorporating tenure-track and tenured
faculty members (Glod & Roberts, 2013, p. 100). Traditional teaching roles consist of
having clear goals, having increased attention to the needs of their students, and being the
expert in the field they are teaching students. However, it is now common for academic
and professional staff to provide support for students with mental health challenges
(Margrove, Gustowska, & Grove, 2014; Reavley et al., 2012). Further, there is an
expectation that staff will be understanding and provide support effectively (Laws &
Fiedler, 2012). However, these staff may or may not have the training, knowledge, or
confidence to deal appropriately with the complex issue of a student grappling with
learning and mental health challenges simultaneously (Dugan et al., 2014).

Although handling a student with a psychological crisis may not be the ideal role of the university staff, one should always do what is best for the student. If staff are expected to respond directly and appropriately to such students, they need to have a highly developed mental health literacy to help them make decisions that balance the student's right to freedom and safety, over others' rights to safety (Finney, 2009), and highly developed ethical decision making to clarify when to respect the fundamental right to privacy over the respect for confidentiality (Collingridge, Miller, & Bowles, 2001). During the data collection the researcher spoke with a staff member who expressed some clarity as it relates to the roles of staff members. Participant 4 noted:

> I feel that it is assumed that those who are teaching automatically know where to refer students and what our role should be in this particular situation when in fact, most do not, and often will not make the effort to find out. Some will take it upon themselves to obtain information and share it as needed, but I feel that this is the minority.

To date within the literature, minimal attention has been given to the distress staff may experience when supporting students with significant mental health challenges (Margrove et al., 2014). This distress could cause emotional feelings to trigger within themselves if it is an issue that the faculty/staff member have experienced in their personal lives.

Dugan et al., (2014) conducted a qualitative study with 27 university staff from an Australian university using the snowball technique. The purpose of this study was to gain an understanding of how faculty and staff manage students with mental health

challenges, and of what their roles consist of when dealing with these students. Results

from the study indicated that faculty members and staff are confused about their role and

the level of support that they should give to students who are experiencing a

psychological problem. University staff also stated that they were unaware of what they

should prioritize more because of the expectation that is placed on them regarding these

students. University staff also talked about their uncertainty of where they should refer

students for more formal support. Finally, as a result of the data collected, researchers

determined that:

> Universities needed to (a) take more responsibility for supporting students who
>
> identify as having mental health challenges; (b) move forward in formalizing
>
> expectations of staff in terms of their responsibilities and roles to students who
>
> disclose, or are observed to be struggling with mental health challenges; (c)
>
> provide clear referral guidelines; and (d) ensure that there are appropriate student
>
> resources at the other end. (Dugan et al., 2014, p 198)

It is important that the faculty members and staff members are aware of their roles and

responsibilities when assisting students who suffer with psychological problems.

Supporting faculty members as they gain additional knowledge in the area of mental

health will increase their confidence in working with students with psychological

problems.

In 2013 researcher Sadler interview 11 faculty/staff members about their roles in

teaching or working with students in higher education. Semi-structured interviews took

place in order to encourage participants to describe their everyday teaching experiences.

Results from this study showed that participants lacked self-confidence which is an

important role when working with students who have psychological problems. Sadler

(2013) stated that participants also expressed their views regarding more interactive

approaches to help build their confidence when working with students.

Faculty/staff member roles are important in any level of education. Students

often look to the professionals for guidance and support in the areas that are of great

concern to them. The literature reflects that often faculty/staff members are unaware of

their roles, especially when working with students with psychological problems. As

university staff become more informed in this area, the more confident they become

when working with these types of students. As noted in the data analysis section, it is

assumed that faculty/staff members are aware of their roles, but they actually do not

know. With the help of professional development programs, faculty/staff members will

be better equipped to handle students with problems without crossing any boundary that

is outside of their role.

Accommodations

As the enrollment of students with psychological disabilities has increased,

universities have been diligent in ensuring that students are given the appropriate

accommodation. Markward and O'Neil (2012) suggested that because of this increase,

"universities have created more accessible facilities and worked toward ensuring that

students receive the appropriate accommodations they need to have equal access to being

successful in postsecondary environments" (p. 21). These services included learning time

management strategies; learning how to self-advocate; support when studying and taking

test, and practice sessions that will better assist students in being successful. Often

faculty members struggle with implementing accommodations to students because of the

time it takes to facilitate the accommodation. Participant 1 noted:

> Whenever I get the paperwork for a student, I get somewhat annoyed. I don't get
>
> annoyed with the student, but I get annoyed with the disability resources center. I
>
> understand that they cannot tell us what the actual diagnosis is, however I feel like
>
> they can tell us more than they do. No professor really wants to deal with
>
> accommodations in their classroom, but we have to because we have student who
>
> need them. An accommodation takes time and you don't always know if it is
>
> appropriate for the student.

In a 2015, Brockelman and Scheyett conducted a mixed methods research study at

a Southern university with 168 faculty members. Faculty members were asked to fill out

a brief web-based quantitative survey and then a web based survey with open-ended

questions. The goal of this research study was to gather information regarding faculty

members' knowledge about students with mental illness and accommodations that

students are receiving. Results indicated several pertinent things about faculty members

and staff. The first was that university staff have familiarity with some of the

psychological problems that exist. Faculty members were most familiar with depression

while more than half of participants were somewhat familiar with attention deficit,

anxiety, and bipolar disorder (Brockelman & Scheyett, 2015). In this same study

participants were least familiar with personality disorders, schizophrenia, and paranoia.

According to Participant 10 the most common disorder that they have encountered was

depression and anxiety, however that does not mean that others are not as prevalent.

The second theme that derived from the results was the use of accommodation

strategies used by faculty members and staff. The university staff in this study stated that

the most common accommodation that they used was extending a deadline for a student

and having a discussion about their psychological problem. The staff reported that they

were least likely to exempt students from exams and referring students to outside

agencies. Participant 6 noted:

> Accommodations come in various forms. I have offered students extra time on
>
> deadlines for papers. I have also given students extra time during testing. In
>
> previous courses I have had someone who needed someone to take notes with
>
> them because they were unable to do so. I don't have a problem administering the
>
> accommodation; it just takes time to arrange some of the things that are
>
> requested.

The final theme in this study was to encourage students with a psychological

problem was to have a psychiatric advance directive to identify a trusted individual to

make decisions on their behalf. Overall it is perceived that faculty members and staff

have a supportive stance when working with students in and out of the classroom.

In a study conducted in 2015 with 11 graduate students with varying disabilities,

researchers attempted to gain an understanding about their accommodations and how it

related to their academic success in an online environment. The study took place at a

public university with 15,000 not far from the Canadian border. Results indicated that

most students stated that they discovered that not all faculty understood their disabilities nor knew the appropriate accommodations to meet the needs presented by the disability (Leggio et al., 2015, p. 329). Students also reported that they did not always request an accommodation in a classroom setting or in an online setting. Leggio et al., (2015) suggested that "even when students perceive their disabilities to negatively impact their academic performance, they may not know what accommodations to request, or the technology available in online courses (e.g., text enlargement) negates the need to request accommodations" (p. 330). Students stated that because of the accommodations, they are self-advocating, have less fear of being stigmatized, and a positive attitude.

In a 2014, a qualitative study with in-depth interviews was conducted with 16 participants. The goal of this study was to assess the perceptions of faculty/staff members' behaviors when a student discloses information or requests accommodations. Participants noted that the most important facts that came out of the study was faculty/staff impact on a student's academic achievement, how to assist students in succeeding in their academics, and faculty/staff member behaviors. Participants also expressed their frustration about the shortage of knowledge that faculty/staff members have understanding accommodations and students with psychological problems. Results from this study helped to explain the perceptions of individuals with psychological problems. Stein (2014) suggested that "there is a need for disabilities and legal requirements regarding accommodations, as well as the need for self-advocacy training for students with psychological disabilities" (p. 63). Accommodations are key to assisting a student in being successful in the learning environment.

According to the literature, accommodations is an area that will continuously be developed. As students become more comfortable with disclosing their mental health status, the need for accommodations will rise. Teaching university staff about the reasoning behind accommodations, and how to implement appropriate accommodations will most likely decrease some off the frustration among educators.

Best Practices

As students with psychological problems enter the classroom, faculty and staff members are made aware of special accommodations that should be given in order for students to be successful in their coursework. Fish and Wickersham (2009) suggested four best practices that are useful for instructors and staff members. The first one is to restructure the delivery of course information. Every student may learn in a different way; therefore, it is important to make an attempt to meet the need of the student. The course content should also appeal to various audiences. The second is incorporating learning centered classes to satisfy students need to learn. This type of learning incorporates real world problems to enhance the students' critical thinking skills. The third practice is planning ahead. This practice is necessary to decreasing frequent confusion among students. Planning ahead also allow faculty members to develop clear and concise objectives. These objectives set the tone for setting well-defined guidelines that can be achieved effectively by any learner. Finally, the fourth practice is the interaction between students and faculty/staff member. The relationship between staff and students is crucial to the students' performance. Meaningful dialogue also increases a students' level in communicating with that instructor or staff member. All of these

practices combined speaks volumes to the success of a student in a higher educational institution. These practices also show how faculty and staff members can be creative when building their curriculum to accommodate all students.

Another entity that is important are the best practices used in online education. Over the last decade, online education has continued to rise, due to the student demand. In 2004, over 54,000 online courses were offered within universities across the United States (Pan & Singh, 2004). Fish and Wickersham developed a list of best practices for online learning. These practices were think differently, faculty and support collaboration, instructor and student interaction, and ongoing evaluation (Fish, & Wickersham, 2009). Think differently relates to the quality of the information input into the classroom. Although it is slightly challenging and time consuming, some faculty believe that it enhances the relationship with the student, and is effective for students. Dykman and Davis (2008) suggested that online teaching will likely become easier and rewarding for educators as they become more comfortable delivering courses online. The next practice is faculty/staff member support and collaboration. Online education is only successful when you have dedicated faculty/staff members who feel supported. Successful online course development is dependent upon the commitment (Magnussen, 2008), enthusiasm, interest and skills of dedicated faculty (Arbogast et al., 2007). It is also important that faculty/staff members feel supported by being offered professional development courses. Institutions must provide ongoing faculty/staff training and support (Appana, 2008) through professional development opportunities that expose instructors to current technologies and related software, and different teaching methods (Evans & Champion,

2007). After faculty/student support, there is faculty/staff member interaction. This interaction is important because it enhances the effectiveness of the learning environment which relates to positive student performance in the classroom. Dykman and Davis (2008) emphasized that initial and continuous communication as consistent meaningful dialogue between instructor and student serves as a basic principle of online teaching. Faculty/staff members should always be proactive, meticulous, and committed to working with students in the online environment. The final best practice is ongoing evaluation. Faculty/staff members should continually evaluate themselves in their effectives in working with students. This can be done through various forms of written evaluations. Evaluations assist in making the necessary changes in the learning environment.

Summary

From this literature review, it is evident that with the collaborative efforts of university staff they are a vital part of a students' success in higher education. This is especially important when you have a student who is experiencing a psychological problem. Faculty members, staff, and administration have not had adequate training provided by their university to work with students with students with psychological problems. Some have reported former knowledge but has expressed interest in gaining additional knowledge in this area. It has also been pointed out that due to the lack of training faculty and staff members are unaware of the accommodations that are available and the steps needed to implement those accommodations. Finally, as a faculty or staff member it was determined that their roles can become skewed because of the desire to

meet the need of the student experiencing the crisis. To assist the faculty and staff members in acquiring new knowledge in the field of mental health as it relates to the students that they encounter on a daily basis, this three-day training module is offered in order to sharpen their knowledge in that area.

Educators are aware that it is important to learn these skills in order to be able to support a student who displays presenting problems while in their class. Being knowledgeable in your role, knowing what accommodations to implement, and being adequately trained in this area may make students' who are afraid of disclosing more comfortable.

The final theme in this study was to encourage students with a psychological problem was to have a psychiatric advance directive to identify a trusted individual to make decisions on their behalf.

Project Description

The three-day training module, found in Appendix A, allows for university staff to become more familiar with prevalent psychological problems that students face, the resources that are available to students, and supported education programs available to students. Additionally, the collaboration of professionals in the training environment will open up a platform of learning and transference of ideas that can be implemented in their individual classrooms. The scenarios throughout the three-day training gives university staff a chance to practice in a safe environment the situations that may occur, while the articles used will provide a foundation for research, and the discussions will assist in exchanging ideas.

Training opportunities are a way for individuals to increase their level of knowledge in a specific area. However, the barrier to attending trainings is ensuring that it fits into one's schedule. As a faculty or staff member it can be extremely difficult to block out several days unless it is during the summer months. As a potential solution to that barrier an online version of the training could be available to individuals who express difficulty in attending the training.

Implementation

I will initially send an email to the professional development/continuing education department at the local university in the Southeastern part of Pennsylvania summarizing the findings from my project study about the supported education practices used by faculty members in their classrooms. In this email, I asked permission to facilitate the three-day training. Upon receiving permission to facilitate the training, I contacted disability resources staff via email to inform them of the upcoming training class. This email will include a summary of the findings, and a description of the three-day training program that is available for use at a higher educational environment. The intended goals of the three-day training will also be identified in order to address any potential concerns regarding the training opportunity. In addition to the disability resources directors, a copy of this email will also be sent to program directors of the institute on disabilities at the same university. Finally, the email will also be shared with faculty and staff members. In an approximately a week, an email link will be sent to program directors with an invitation to participate in the training program and asked to register their participation by using Survey Monkey to sign up.

To ensure that registration is done appropriately, the link will be available two months prior to the presentation date to allow participants to plan properly. Once registration is complete, confirmations will be sent out to all of those individuals attending the training. The final email as it gets closer will be a reminder of the training date, time, location, and any last minute details.

Resources

The three-day training is one that is beneficial for the individual to be present; however, an online version would be created in order to accommodate those who express difficulty in attending. The following items will be needed in order to facilitate the training:

1. Email addresses for faculty, staff, and administration

2. Email address for program directors of the Disability Resource Center and the Institute on Disabilities

3. Information entered about psychological disorders

4. Information about current supported education and mental health resources

5. Information regarding roles and responsibilities of university staff (faculty, staff, and administration)

6. Guided discussions

7. Scenarios

8. Technical devices needed to operate a power point presentation

Roles and Responsibilities

My role as the facilitator will be to ensure that the training meets its learning objectives, and to deliver the appropriate information to the individuals seeking to increase their knowledge. As the facilitator, I will also make certain that the individuals remain engaged in the conversations as a whole, and in designated groups. It is expected that participants have an open mind, and are not afraid to discuss experiences and the effectiveness it may have had in their learning environments.

The role and responsibility of the university will be to distribute information about the training in order to provide individuals with ample time to determine if it is convenient for their schedule, and to register. It will be at the discretion of the university if this training would be a requirement for their department. In addition, it will be the responsibility of the university to provide any type of reimbursement for time, and efforts for attending the training.

<p style="text-align:center">Project Evaluation Plan</p>

The project evaluation plan has many processes. When one attends a training, you are asked to explain what you have learned, questions you may have about the topics covered, and ideas for future trainings. Typically, the evaluation is the exit ticket from the training (Appendix A). The evaluations will be used to assess what was learned by individuals who took the class. These evaluations are considered to be formative, due to the results having an impact on the updates to the next training. Spaulding (2008) proposed that formative feedback is used to identify problems in project. The information received from a formative evaluation is also useful when a facilitator is

trying to improve or change a program. Spaulding also stated that feedback can be received in the form of a memo, presentation, phone call, or on a written form. As participants are given the evaluation they will be responding to 11 questions in a narrative form and through feeling statements. Summative evaluation was not appropriate for this training. Spaulding suggested that summative data includes numerical scores, standardized measures, and state assessments. Information from the summative evaluations is gathered quantitatively and reported to stakeholders.

The overall goals of the three-day training it to:

1. Develop an awareness of common psychological disorders in college students and the symptomology associated with them.

2. Develop an awareness of their individual role with students who disclose their mental health status.

3. Build resources for students to connect with services on campus or in the community.

4. Develop an awareness of available accommodations.

As of result of the goals based objectives, the overall goal of the evaluation is to collect information to help improve the three-day training moving forward. Another goal of the evaluation is to get an understanding of additional trainings that are of interest to individuals working with students who have psychological problems. Key stakeholders involved in the implementation of the three-day training are the university administrator, disability resources staff, and faculty members. To ensure the attendees receive the

evaluation, I will allow time at the closing of the final session for people to complete and submit their evaluation form.

Project Implications

Talking to faculty and staff members at a local university about providing students that have psychological problems with additional supported education opportunities has made an impression on those who believe that additional services are needed. As information was shared with various faculty and staff members, and questions were asked, feelings began to surface about the need for additional training. More specifically university staff members felt that the need was in the area of disability services and mental health. The three-day training has the potential to inform faculty and staff members at the university where the study took place on understanding prevalent psychological problems on the campus, and their role as a faculty or staff member. The training also has the potential of providing faculty and staff members with various ways of handling common situations in the classroom. Finally, the training will also expand their knowledge on the resources that are available to students who have a psychological problem. Creating partnerships with one another during the training, will also build up the type and amount of support that they are giving to each other.

Summary

A three-day training about supported education practices for students with psychological problems is a project that can be reproduced to use at universities nationwide. As faculty and staff members become trained in this area, they will begin spreading the word to others. The more universities become more accepting of the influx

of students reporting psychological problems, the better they can equip those who have frequent engagement with students.

Section 3 included the framework of the project study and the development of the three-day training course. Faculty and staff members will attend the training to increase their awareness in the area of mental health as it relates to education. A resource guide of places within the city will be provided to faculty and staff members to aid in the distribution of assistance to those who may benefit from it. While others may not have gained anything from this experience, my goal was to inform faculty and staff about a local problem. In addition, it was also my goal to offer creative ways in implementing new strategies to meet the need of a student experiencing a psychological problem. Using this project as a starting point will allow me the opportunity to be flexible in adjusting to the training needs of the university staff.

Section 4: Reflections and Conclusions

Introduction

Reflection is a time that many researchers use to review the strengths, weaknesses and challenges that they encountered during the project study. This section highlights the projects strengths as well as its limitations, and considers alternate ways to address the problem being presented. In addition, this section provides insight into my learning process, the development of the project, and my leadership and the social change that I would like to have in the community. Correspondingly a self-reflection is included to display how the researcher has evolved as a writer as a result of this project study. Next in this section there are specific projections about future research in order to introduce possible areas of further study. Finally, I discuss the accomplishments involved in the study as well as the potential benefits.

Project Strengths

As students begin to feel more comfortable about disclosing their mental health status to university personnel, it is my hope that universities will become better equipped in handling these students. For many students learning how to accept and understand their psychological problem can be difficult. The difficulty can be initiated by the need to learn new skills to be successful in higher education, adapting to their environment, and overcoming the fear of stigmatization. However, for faculty members the need then becomes learning how to work with students with psychological problems in the classroom.

Faculty members often lack the knowledge of the teacher/student role with students who appear symptomatic, or have an understanding of the supports that are available to students with psychological problems, and strategies to address potential concerns that may occur in the classroom as a result of a student's symptoms. Creating a three-day training around supported education services and psychological diagnoses will assist faculty and staff members in gaining insight into the services that are needed in order to help students to be successful. The tools used in the training program will be interactive, creative, and informative. Having access to updated material allow for faculty and staff members to stay abreast of new findings in their city. In a group setting participants will have the opportunity to not only learn from the facilitator but to learn from one another new ideas to use in the classroom. The group work creates a safe environment for the faculty members to ask questions and exchange information.

When I created my version of the game "are you smarter than a fifth grader," that is used for day 1, the information used was gathered from various credible internet resources, and book resources. With each topic being discussed within the game, I incorporated real life examples to help the group to get a better understanding of the concept. The game was meant to not only teach various concepts, but it was also a creative way to have fun. The second day, I will designate towards talking about the roles of a faculty member, and resources. I believe that this is important because some faculty are unaware of the appropriate way to communicate with students who are experiencing a crisis. Finally, on the third day to culminate all of the things that were discussed, participants will form groups to work on a scenario of a fictitious student. In

each day, there will be the opportunity to learn throughout the presentation of relevant information, exchange of ideas, and strategies for moving forward.

Limitations

The proposed training for universities to address the supported education practices used by faculty members in the classroom has its limitations that could affect how beneficial and suitable the information is to that population. Having a three-day training as the only option of learning material could be limiting to some of the faculty and staff members due to their schedules. Another limitation could possibly be that potential participants would not be required to complete the training. Participation in the training would be strictly voluntary for faculty and staff members.

The content in the training follows a sequence and allows for the faculty member to learn concepts in chunks which then allows time to process the information. Learning information in chunks can be a limitation to someone who may not be able to process information in that style of learning. Each faculty member will be asked to complete the series of activities in groups, and individually. I would not reveal all the information at once or provide the faculty member with presentation notes in order to allow for discussions and participation during the activities. The training would be designed to provide faculty members with the most useful up to date information in order to provide the appropriate resources.

The limitation of individuals not being able to attend the three-day training could be addressed by offering a self-paced program online. The facilitator would place presentation notes at the bottom of each PowerPoint presentation slide in order to give

more detail to the information being presented. Another way to address the limitations in the study would be to offer an incentive of continuing college credits, professional development credits, or other credits that can be used for various licensures. An alternative option could be to offer the three sessions staggered over a time period, for example over a semester. That approach could provide opportunity to apply new learning/ideas to the work setting with students. An added possibility for alternative formatting could be to spread sessions out over a couple of month. This would allow time for reflection between sessions and opportunity for self-reflection on how, after attending initial sessions, the content has impacted their practices.

Scholarship

This doctoral journey is one that has encouraged growth in many areas causing me to have experiences of authentic opportunities to learn, and to practice the things that I have learned. Walden was able to give me those opportunities by providing me support in developing me as a scholar. Development began with learning in group experiences, attending webinars and group advising sessions, completing literature reviews, and learning how to perfect my writing skills. Peer editing in prior coursework during the preliminary stage also assisted me, as did attending an intensive residency to offer additional structure in my project development and scholarly writing efforts. The Walden Writing Center was exceptionally supportive by providing valuable feedback necessary to move forward in sections of my proposal. Every tool that was afforded to me played an integral part in the success of this project. My ability to conduct various

types of research using a variety of databases is credited to the library that was able to guide me in the appropriate direction.

As a scholar completing research it is important to know how to analyze literature when choosing articles for a project study. As I located articles, I utilized a method adapted from a seminar during the residency to aid in identifying information that would be key to answering questions pertaining to the project study. This method involved answering a series of questions that caused me to take an in-depth look at how the article would be beneficial to my project study. Using this method in my coursework, and the preliminary phase of the project study helped me to develop as a scholar and prepared me for the detailed work involved in a lengthier study. As a result of this experience, my approach to any project has changed due to the need of accessing the latest peer reviewed research on a topic.

Project Development and Evaluation

Planning and designing a project is something that has always intrigued me. As time progressed and the more that I collected data about the problem in my local community, the more my project began to have a more solid foundation. Having great colleagues was also critical to the success of this project. My colleagues served as a sounding board for ideas for a project that is designed to promote change in the local community. It was with great anticipation that my colleagues would inquire more about the inter-workings of supported education programs and resources, which gave me the opportunity to flesh out my ideas and develop the design for the project. After listening to my ideas, some of my colleagues were interested in the community resources and

supportive education practices that they could implement at their agency or in their classroom.

During the planning, and development of the three-day training program, the evaluation about the information communicated during the three-day training is important to the success of the program. Having feedback given to you after a training session is how we as individuals learn and develop as scholars. Feedback gives the facilitator an idea of what improvements could be made. Trial and error is an essential way to showcase your vision for something while incorporating others to help gage whether the training will be successful in the future.

Leadership and Change

To contribute to the change in my community, it is important to me to design a training program to support faculty and staff members in learning about supported education practices for students with psychological problems. A training program contributes to my growth as a leader of change by utilizing all of the skills that I have learned over the years.

Leadership skills and personal growth are two terms that complement one another. Through this project study I feel I have gained more motivation, inventiveness, persistence, and endured a positive attitude. All of these traits are important in a leader when you are trying to implement change in the community. Another element that assisted me in my growth as a leader for change was being committed to my personal and professional goals. These goals will help me to guide my future plans for the community

that I live in. The change that I hope to bring is more awareness about the importance of supported education for students who have psychological problems.

My goal in developing this training was to not only gain new insight as a scholar and trainer, but to also grow as an educator in the field. I want to find various ways to bring university staff together in a group setting to teach new concepts in a creative way. As these new skills and concepts are learned, faculty and staff members are then able to apply them as they see fit. In selecting the three-day training, it was also important to reiterate that the facilitator does not hold all of the knowledge about the topic and the opportunity serves as a chance to learn from others in the group. As a facilitator you grow through experiences and practice, therefore it produces new ways to have a positive impact in the local community.

Analysis of Self as Scholar

Obtaining a doctoral degree is a journey that is different in many distinct ways. Finding the time in between life's trials and tribulations to complete coursework and research often presents challenges. Often you seek to gain motivation from others to complete all necessary requirements, but the reality is that it comes from within oneself. Completing a doctoral degree is looked upon as not only a personal achievement but also a professional achievement. Without the support from family, friends, coworkers, and faculty members it would not be possible.

Prior to my enrollment at Walden University, I had no idea what it meant to be a true scholar. In most of my coursework I was required to do some type of research, but I did not have to complete literature reviews or find relatable research theories. As a

student at Walden University, it was expected that I use critical thinking skills to complete research and complete thorough literature reviews. This has helped to shape my role as a practitioner by researching and then implementing evidence based practices when working with young adults who have a desire to attend a university or college.

Being a scholar is a notable honor and experience that will sometimes lead you down one path but through research and experience your journey takes a detour. As a scholar in this doctoral program, I believe that I have grown in many areas. I continued to be even more passionate about working in the field of education to bring more awareness to helping students with psychological problems be successful in higher education. As a scholar my networking skills were challenged by reaching out to other professionals in my community asking them about their experiences with these students. As a result I am now connected to some individuals who have agreed to be a mentor for me during my career transition and beyond. Finally as a scholar I have upheld strong ethics academically and professionally. No matter the circumstance, I always treated each individual with respect while remaining true to myself. The research that was completed was done so with great integrity, and without gaining any personal advantages.

Analysis of Self as Practitioner

As a certified psychiatric rehabilitation practitioner in the field of behavioral health for over 5 years, my position has required me to do some research into evidence based practices that could be used with the population. In working with young adults and doing research into various areas of education as it relates to mental health, my interest sparked into wanting to take my research further. My interest in mental health and

education led me to Walden University to further my research efforts. Although I had an idea of what research would encompass, I did not anticipate the amount of time that a qualitative research study would take.

My current position as a practitioner has been impacted by my work on this project study. The more research that I completed the more I begin to use my critical thinking skills to advance in the area of education and mental health. The research in this project was important to understand how much faculty and staff members have an effect on students who suffer from psychological problems, and the type of resources that are available to these students by faculty and staff members. While researching these critical elements of the project, I have learned the significance of this iterative process, and learned how to apply it to my writing.

Analysis of Self as Project Developer

The most astonishing thing that surprised me in this phase was my attachment to the work that I produced. Although the project has not undergone a trial run, I anticipate that if it does it would be beneficial to those who participate. The unique idea that I used to discuss various topics for the training was utilizing the game, "Are you smarter than a fifth grader". I thought that this would be a great way to get faculty and staff members involved while also learning. Later in the training schedule, I introduced scenarios. The scenarios that were introduced were a way to bring together all of the information that was learned. As a project developer, the time and effort that went into the project ensured that the information being presented was accurate and would capture the attention of those reading and listening to the material. While developing this project I

believe that I gained more insight into how to handle and introduce new concepts to the students that I work with on a daily basis.

The Project's Potential Impact on Social Change

This project is important to me because I have spent several years in the area of mental health working with youth who have the desire to return to school, however they may not have the supports necessary to be successful. As I researched ideas that were related to supported education, I was able to get information that I can currently put into place in my current position. Due to the changes I have implemented at my place of employment, I am now able to help my consumers to locate supportive services on campus, locate supportive services outside the campus, and collaborate with the disability services office. Prior to completing the research needed for this project I was not aware of the accommodations protocol and the documentation that is required in order for a student to receive services. I am now able to help guide the students who attend the university in my community in the right direction when looking for services.

I believe this project will have an impact on social change because faculty members will have a better understanding of what it means and feels like to be a student with a psychological problem. Faculty members will become more accepting of these students as opposed to being afraid based upon the media's portrayal of students with psychological problems. Furthermore, faculty members will know how to work with students with psychological disorders and how to give the appropriate referral information to those students. Having faculty members that are knowledgeable about psychological problems and the resources available to students would be beneficial to

students because it assists in building a rapport. Students will feel more comfortable talking to a faculty/staff member who is knowledgeable in the area that they need the most support.

Implications, Applications, and Directions for Future Research

The results from this project study may result in many creative ideas for future research. One idea is a qualitative study that involves students with psychological problems who receive services on the campus of a university in the southeastern part of Pennsylvania. I would like to learn about the experiences of the students who may be experiencing the problems, and the level of support they receive. In addition, I would like to learn how they acquire supported education services, and the role their faculty member plays. This research could be done in a one to one interview, focus group, or anonymous survey with open-ended questions.

Additional research done could be to understand and compare the attitudes of students who do not have a psychological problem compared to those who do and the effects that it can have on them mentally and academically. These attitudes could have developed based on negative events that have transpired on campuses nationwide such as fatal campus and school shootings.

Finally, research done with faculty members about their attitudes towards students with psychological problems could be of use to someone trying to change the perception of faculty members about students with psychological problems. The attitude of a faculty member could be essential to the success of a student who displays psychological

problems. This study could be conducted in multiple ways such as focus groups or one-on-one interviews.

Research and practice in this area can go in many directions. The immediate need for psychological services at a college level is essential to the success of these students in their career, and learning new skills. Often times students, and faculty members put themselves at a disadvantage when they do not take advantage of the supportive services offered. Students are offered disability related services. Meanwhile faculty members are offered support through the department and trainings. Helping students with psychological problems pursue their desires to enroll in higher educational institutions is a shared responsibility of students, faculty members, staff members, and family.

Conclusion

The purpose of this project study was to gain understanding on how much knowledge faculty and staff members have about working with students who have a psychological problem. It was also to understand the types of professional developments available to faculty members. The conclusions of this study are based on the data; however, the common denominator is the need for professional development in relation to students with psychological problems. My aspiration in this endeavor was and will continue to be, to make a difference on campuses in ways to benefit students with psychological problems, and the faculty and staff who support them.

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Appendix A: Three-Day Training

The project is a three-day professional development training for faculty and staff at a university in the Southeastern part of Pennsylvania. The primary goal of this professional development is to inform faculty and staff members about the psychological problems that students have, the supported education practices that are implemented in the classroom setting, and the resources that faculty and staff can offer students. The professional development will allow for participants to get a better understanding of students with psychological problems. All of the content used in the professional development training addressed the themes that developed during the data analysis and literature review. The professional development training explores faculty and staff experiences as it relates to effective teaching strategies for students who have psychological problems.

The outcomes of the three-day professional development training include developing an awareness of common psychological disorders in college students and the symptomology associated with them, understanding their individual role with students who disclose their mental health status. Participants will also learn about resources for students to connect with services on campus or in the community, and develop an awareness of available accommodations.

Identifying Supportive Education Practices for College Students with Psychological

Disabilities

Day 1
Overview of Disorders

9:00 am- 9:10 am:

Welcome. This is a time where the facilitator should introduce themselves and welcome the group to the training.

9:10 am-10:45 am:

The training will begin with an ice breaker question, in order for everyone to get to know one another. The ice breaker questions could be something as simple as introducing yourself and then answering the question of if you could be anywhere in the world right now, where would you be. The ice breaker game should only last 15-20 minutes. Next the facilitator will discuss the rules of the game which are exactly the same as the game show "are you smarter than a 5th grader." Team will then be divided into two teams. The entire group will count off by two's in order to create the teams.

10:45 am-11:00 am: BREAK

11 am-12:30 pm

Game Time (Are you smarter than a 5th grader)

12:30-1:00: Lunch

1:00 pm-2:45 pm:

Continuing the game

2:45 pm-3:00 pm:

At this point the game should be over with, and the facilitator can have a question and

answer period.

MATERIALS FOR DAY ONE

1. LCD projector, screen, sound system, Internet access, desktop computer for the
    facilitator (in case the facilitator do not have access to their own personal
    computer)

Identifying Supportive Education Practices for College Students with Psychological Disabilities

Day 2

Supported Education

9:00 am -9:15 am:

Welcome. The facilitator will welcome back the group, and ask if there were any questions from Day 1 training. If not the facilitator will move on to the current training for the day.

9:15 am-10:45 am:

1. What are evidence based practices? Have a discussion about what participants think it is, and how it works with education.

    a. Supported Employment

    b. Supported Education

10:45 am-11:00 am: Break

11:00 am-12:30 pm:

Supported Employment: Facilitator will describe what it is, how one becomes eligible, supports, integrating supported employment with other treatment, and student preferences.

Supported Education: Facilitator will discuss what it is, the effectiveness of supported education, and the principles and requirements for supported education. The facilitator will also discuss what supported education includes, and the challenges of being enrolled in school.

12:30 pm-1:00 pm: Lunch

1:00 pm-2:00 pm:

Who can students turn to

1. Colleges or Universities

   a. What can they offer?

   b. Academic Advisement

   c. Accommodations

   d. Disclosure

   e. Documentation

   f. Financial Aid

2:00 pm-2:15 pm: Break

2:15 pm- 2:45 pm:

1. Mental Health Agency

   a. What do they offer

2. Student Roles/ Peers

   a. How are they a support

3. Family Support

   a. How are they a support

2:45 pm -3:00 pm:

Wrap Up/ Questions

MATERIALS FOR DAY TWO

1. LCD projector, screen, sound system, Internet access, desktop computer for the

   facilitator (in case the facilitator do not have access to their own personal

   computer)

Identifying Supportive Education Practices for College Students with Psychological

Disabilities

Day 3
Putting your knowledge to the test

9:00 am-9:15 am:

Welcome back. Groups will also be determined by counting off in 4's.

9:15 am -10:45 am:

Quick review of DX 1, 2, 3. Each review of the disorders the group should be able to

describe the disorder, describe signs and symptoms, and identify at least 2 different types

of that specific disorder. The group will also discuss action plans or assessments for

students with that specific disorder. Facilitator will also show YouTube video of

examples, and give out handouts of assessments.

10:45 am-11:00 am: Break

11:00 am-12:30pm:

Quick review of DX 4, 5, 6. Each review of the disorders the group should be able to

describe the disorder, describe signs and symptoms, and identify at least 2 different types

of that specific disorder. The group will also discuss action plans or assessments for

students with that specific disorder. Facilitator will also show YouTube video of

examples, and give out handouts of assessments.

12:30 pm-1:00 pm: Lunch

1:00 pm-2:30 pm:

Group activity will take place. All groups were assigned during the morning

introduction. Each group will be given a scenario that they will read through together

and answer the following questions:

1. What psychological problem do you think the student has?

2. What would you do to help this student?

3. How would you respond?

4. What supports/resources would you offer this student?

2:30 pm-3:00 pm:

Wrap up/ Evaluation, and Post Test. Facilitator will also give out contact information,

and thank individuals for attending the professional development training.

MATERIALS FOR DAY THREE

1. LCD projector, screen, sound system, Internet access, desktop computer for the

   facilitator (in case the facilitator do not have access to their own personal

   computer)

Overview of Psychiatric Disorders Day1

Overview of Psychiatric Disorders

Objectives
- Discuss the changes and differences in various psychiatric disorders
- Discuss the symptomology.
- Discuss the risk factors.
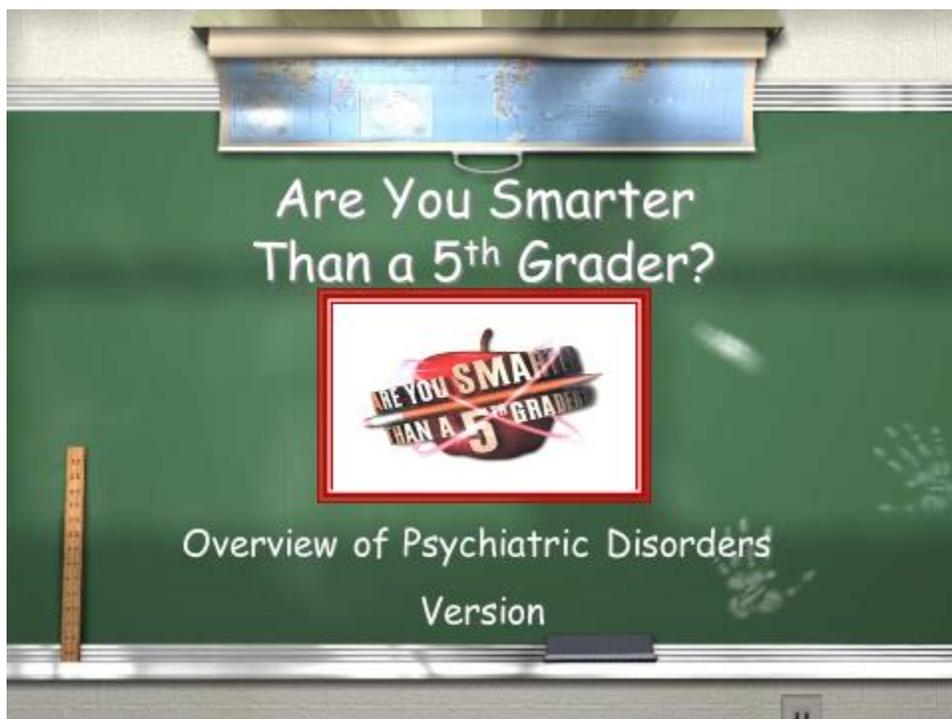
Facilitator Notes:
Discuss the rules of the game; make teams
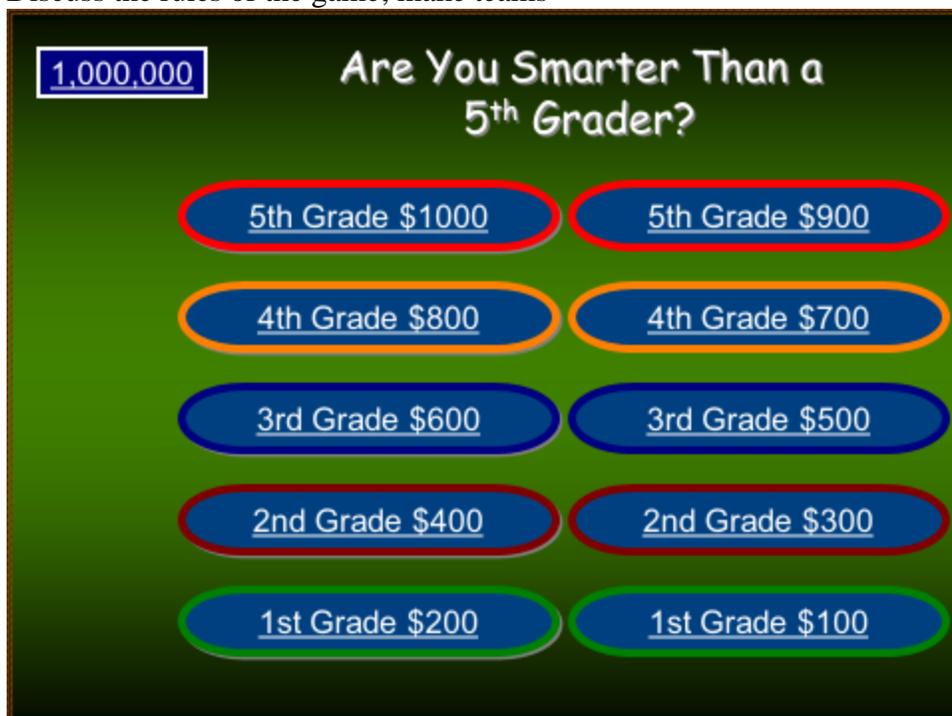
Facilitator Notes:

Let each team come together and pick a grade

5th Grade $1000 Answer

The main difference between bipolar disorder and major clinical depression is the presence of manic episodes.

Bipolar

Manic Episode-Signs and symptoms

- Increased energy, activity, restlessness
- Euphoric mood
- Extreme irritability
- Poor concentration
- Racing thoughts, fast talking, jumping between ideas
- Sleeplessness
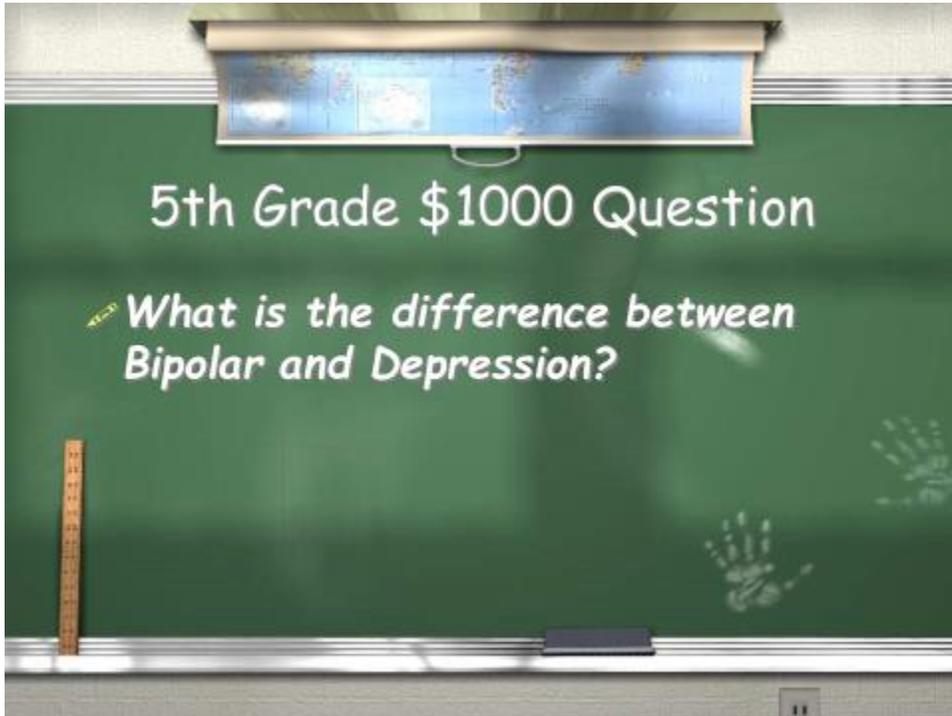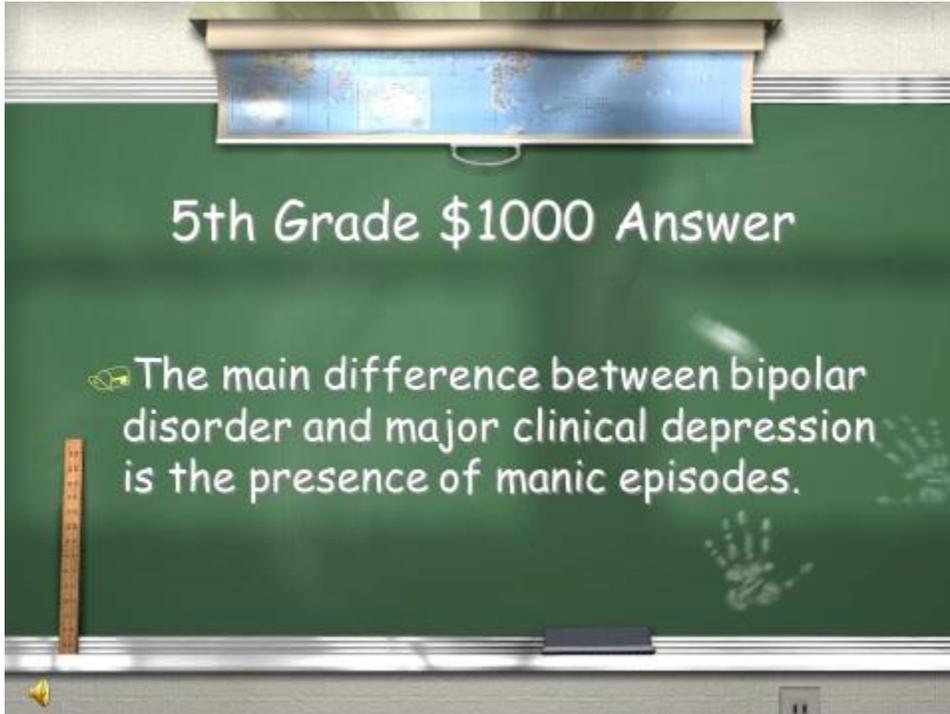
Facilitator Notes:

Other Symptoms

Heightened sense of self-importance

Spending sprees

Increased sexual behavior

Abuse of drugs, such as cocaine, alcohol and sleeping medications

Provocative, intrusive or aggressive behavior

Denial that anything is wrong
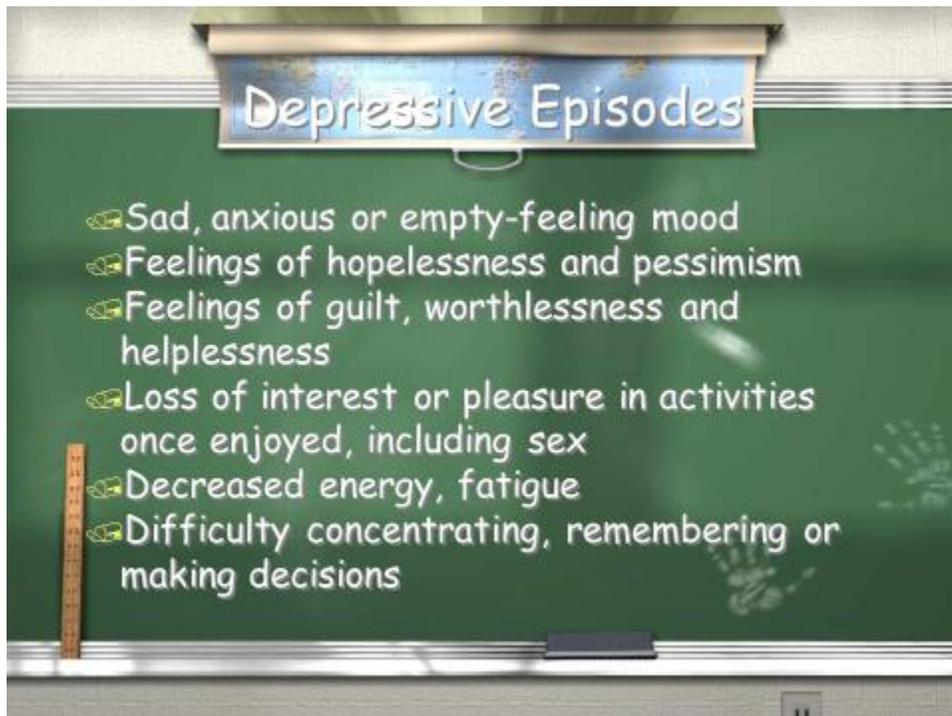
Facilitator Notes:
What happens during a depressive episode?
Restlessness and irritability
Sleeplessness or sleeping too much
Change in appetite, unintended weight loss or gain
Bodily symptoms not caused by physical illness or injury
Thoughts of death or suicide

Types of Bipolar

- Bipolar I Disorder is mainly defined by manic or mixed episodes that last at least seven days, or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, the person also has depressive episodes, typically lasting at least two weeks. The symptoms of mania or depression must be a major change from the person's normal behavior.

Facilitator Notes:

Other types of bipolar disorders.

Bipolar II Disorder is a disorder that mimics a pattern. Its shifts back and forth between episodes of hypo mania.

Another type is:

Bipolar Disorder Not Otherwise Specified (BP-NOS) is diagnosed when a person has symptoms of the illness that do not meet diagnostic criteria for either bipolar I or II. A person can have symptoms but they do not last as long as the criteria requires.

Cyclothymic Disorder, or Cyclothymia, is a mild form of bipolar disorder. People who have Cyclothymia have episodes of hypomania that shift back and forth with mild depression for at least two years. However, the symptoms do not meet the diagnostic requirements for any other type of bipolar disorder.
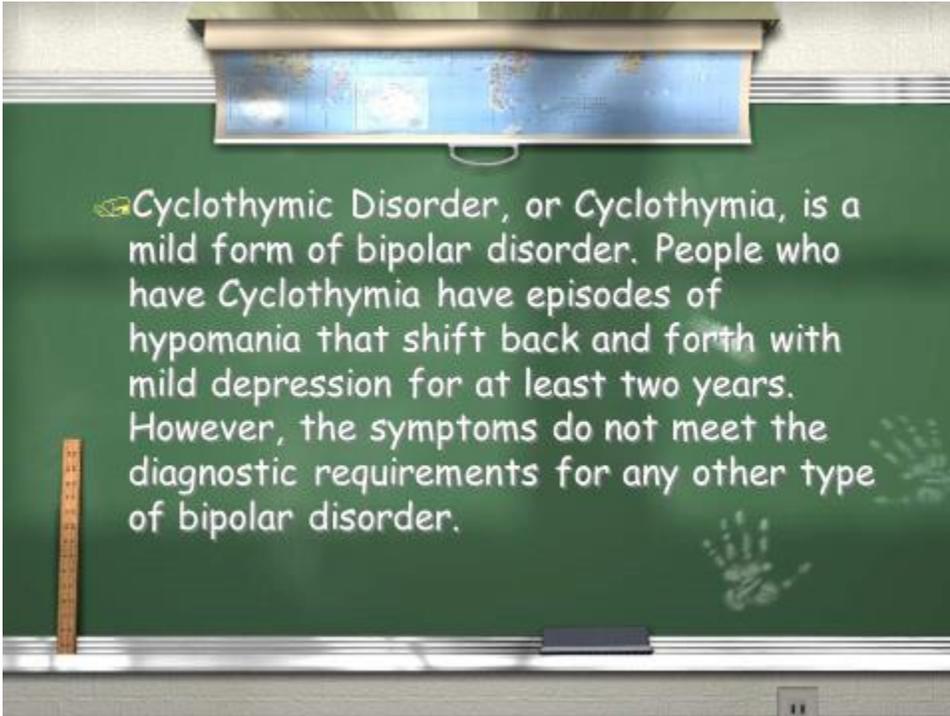
Facilitator Notes:
Some people may be diagnosed with rapid-cycling bipolar disorder. This is when a person has four or more episodes of major depression, mania, hypomania, or mixed symptoms within a year.
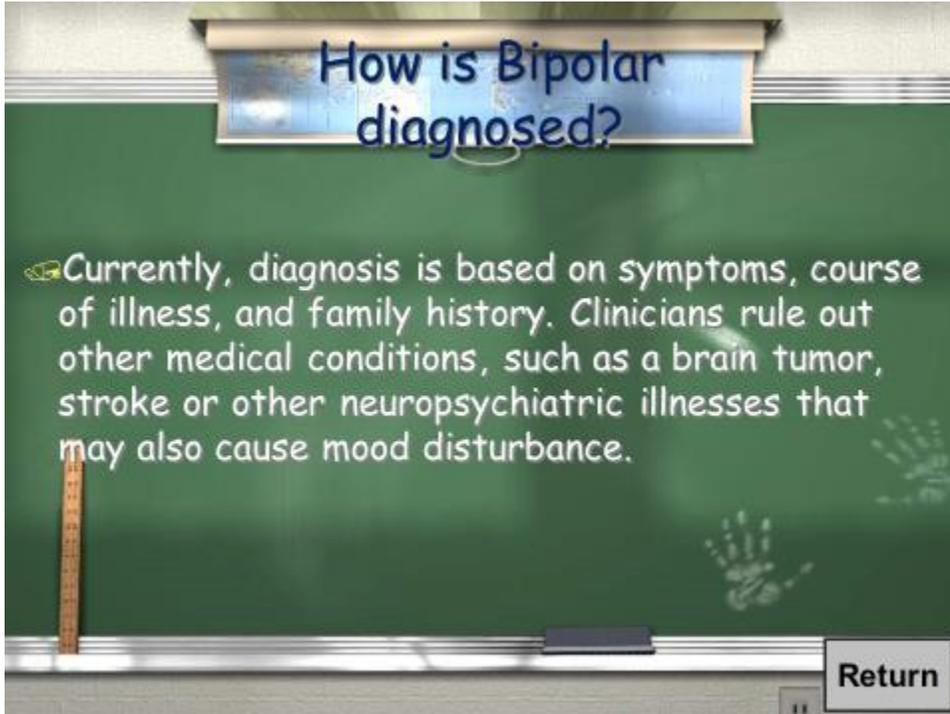
Facilitator Notes:
It is treatable and manageable with psychotherapy and medications. Mood stabilizing medications are usually the first choice in medication. Lithium is the most commonly prescribed mood stabilizer.

5th Grade $900 Question

What is the difference between Autism and Asperger's Syndrome? What are the symptoms?
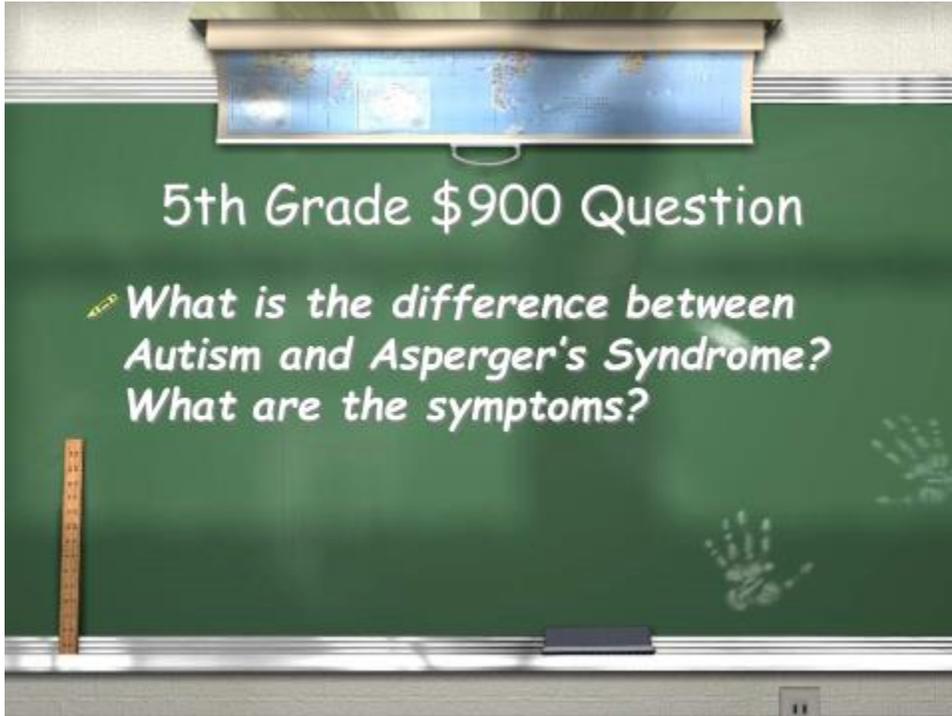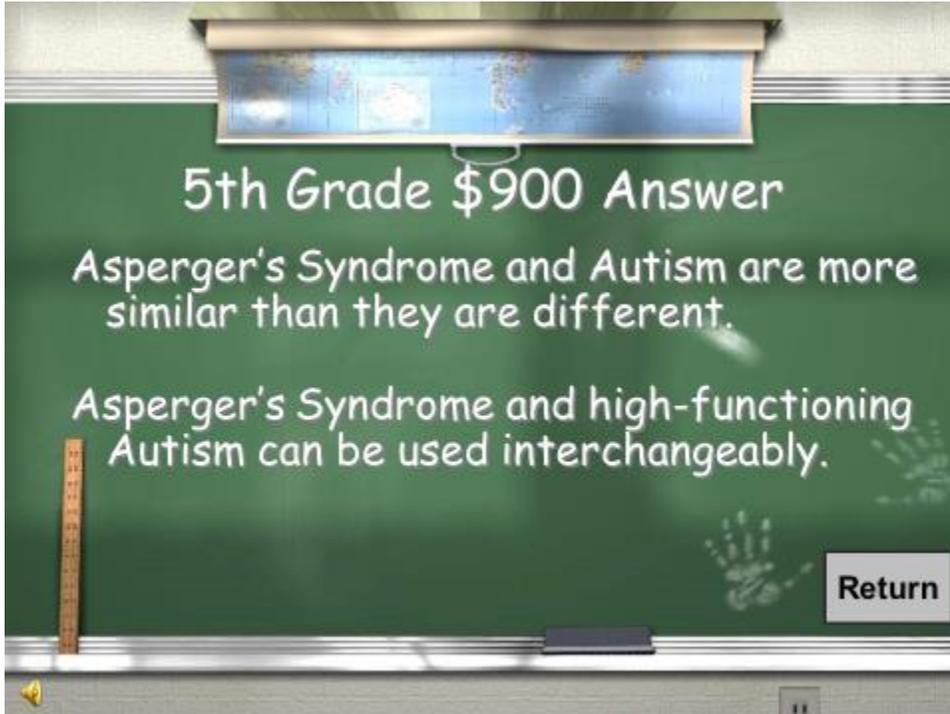
Facilitator Notes:

Academic accommodations that have been helpful for some students with Asperger's/ High Functioning Autism are.

Many students need a little longer to process information and organize responses. This can mean that they will take a little longer in responding to questions in class. This is also why students who require a lot of study times for taking test identify distraction free environments.

Seating is important. They students need to be close to the front or in the front of the room. This will sometimes make it easier for them to understand. It is encouraged that you tell those students to get to class early to avoid someone sitting in the seat that works best for them.

Small group projects and speaking in front of the class can be challenging for these students. It is important to encourage your students to speak you early on to determine if an accommodation is appropriate or some other additional support.

4th Grade $800 Question

👉 What are some symptoms of Depression?
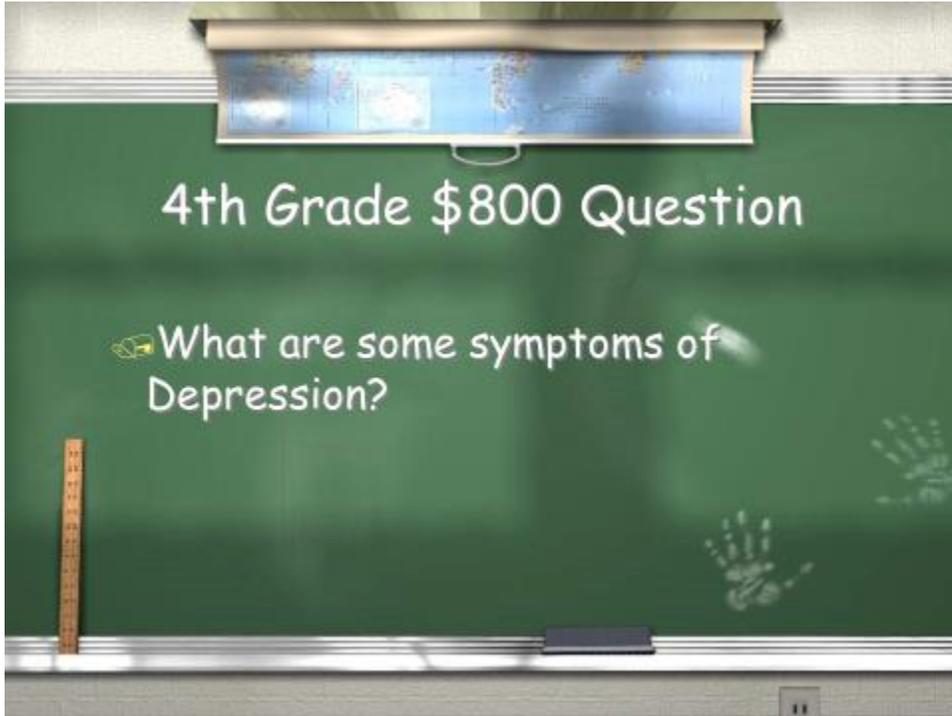
4th Grade $800 Answer

Depression

A person is diagnosed with a major depression when he or she experiences at least five of the symptoms listed below for two consecutive weeks. At least one of the five symptoms must be either (1) depressed mood or (2) loss of interest or pleasure.

Symptoms include:

- Depressed mood most of the day, nearly every day
- Markedly diminished interest or pleasure in activities most of the day, nearly every day
- Changes in appetite that result in weight losses or gains unrelated to dieting
- Changes in sleeping patterns
- Loss of energy or increased fatigue

Facilitator Notes:
Give examples of an experience

Facilitator Notes:
Give examples of an experience

Facilitator Notes:
Give examples of an experience

Stress is a normal feeling. In small doses, stress can help you get things done. Stress does not affect everyone the same way.

Many people feel stress symptoms in their body. You may be having pain in your abdomen, headaches, and muscle tightness or pain.

Facilitator Notes:
When you are very stressed, you may notice:
A faster heart rate
Skipped heartbeats
Rapid breathing
Sweating
Trembling
Dizziness
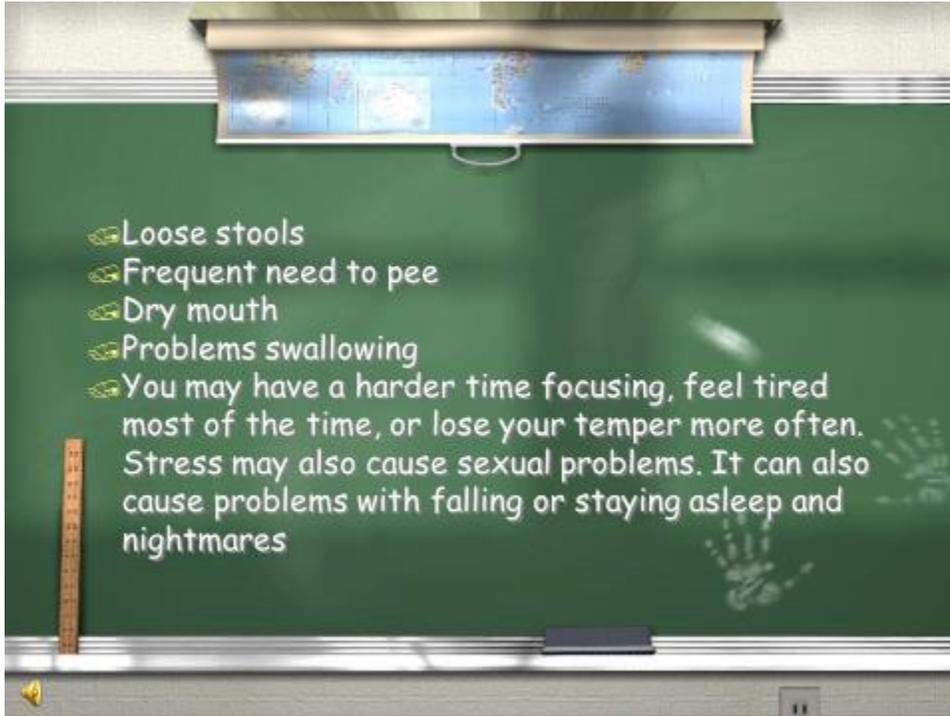
Facilitator Notes:
Many people have stress when they need to adapt or change. What are some causes?
Examples are:
Starting a new job or school
Moving to a new home
Getting married
Having a child
Breaking up with someone
Obsessive-compulsive disorder
Panic disorder
Post-traumatic stress disorder (PTSD)
Some drugs may cause or worsen symptoms of stress.
Caffeine, cocaine, alcohol, and tobacco products
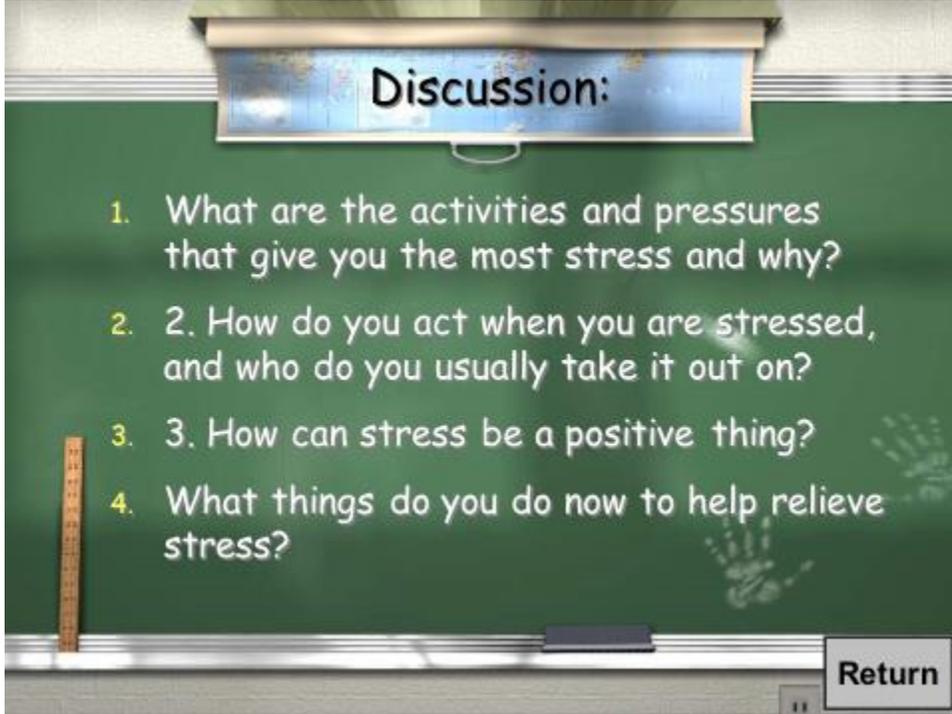
Discussion:

1. What are the activities and pressures that give you the most stress and why?

2. 2. How do you act when you are stressed, and who do you usually take it out on?

3. 3. How can stress be a positive thing?

4. What things do you do now to help relieve stress?

Return

Facilitator Notes:
Discuss these questions within your group
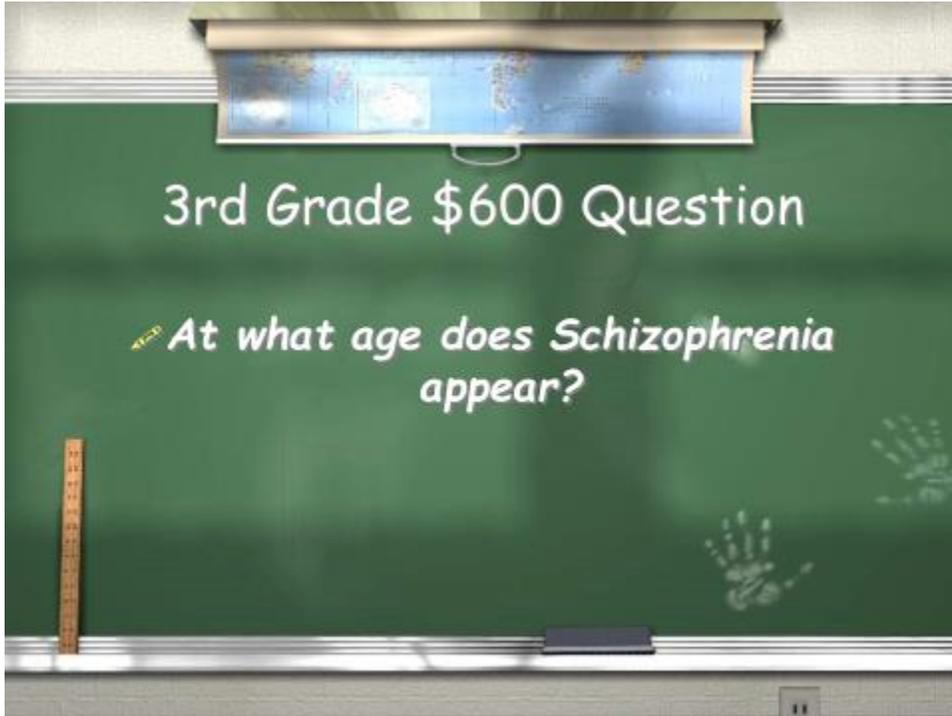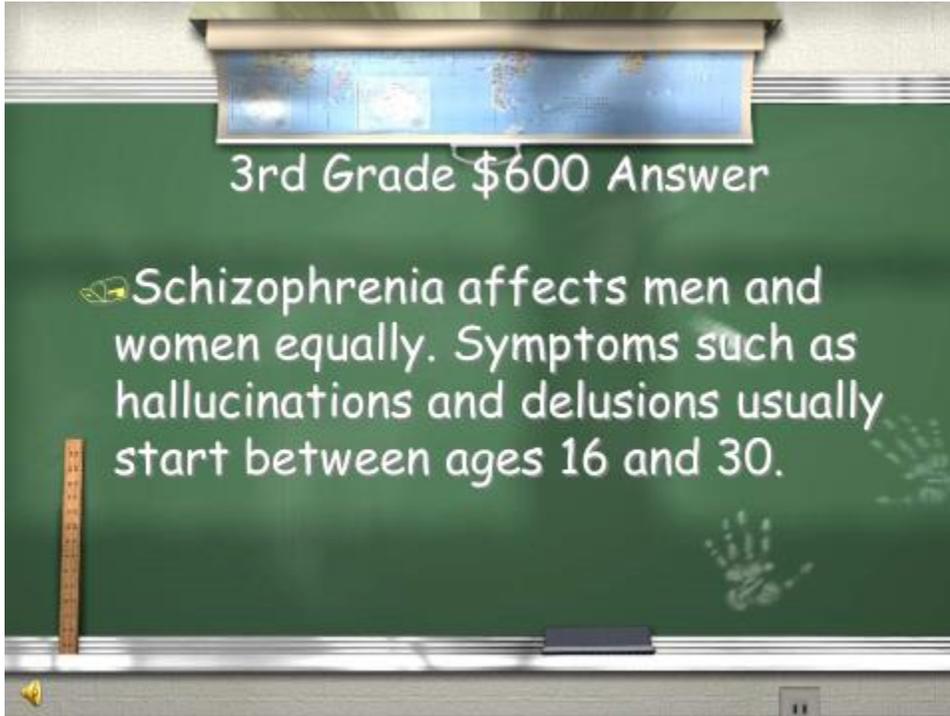
Facilitator Notes:
Men tend to experience symptoms earlier than women. Most of the time, people do not get schizophrenia after age 45. Schizophrenia rarely occurs in children, but awareness of childhood onset schizophrenia is increasing.
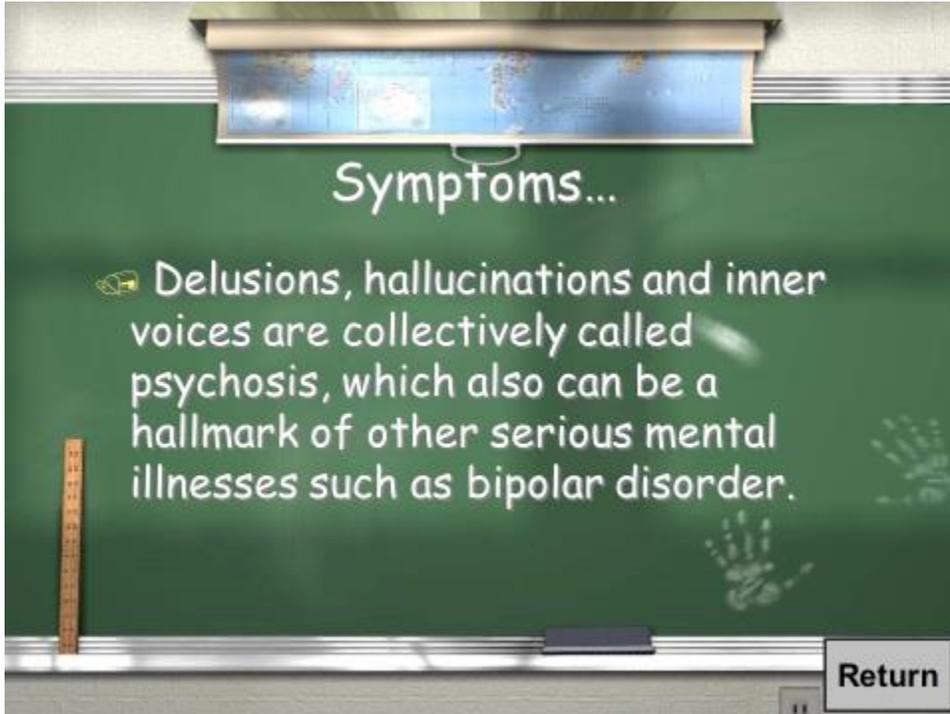
Facilitator Notes:
Delusions lead people to believe others are monitoring or threatening them, or reading their thoughts. Hallucinations will make someone believe that they can feel, hear, see, or smell something that really isn't there. Those with thought disorder is unable to put thoughts together. Individuals with psychomotor problems will sometimes be very clumsy, do things repetitively, and have unusual manners
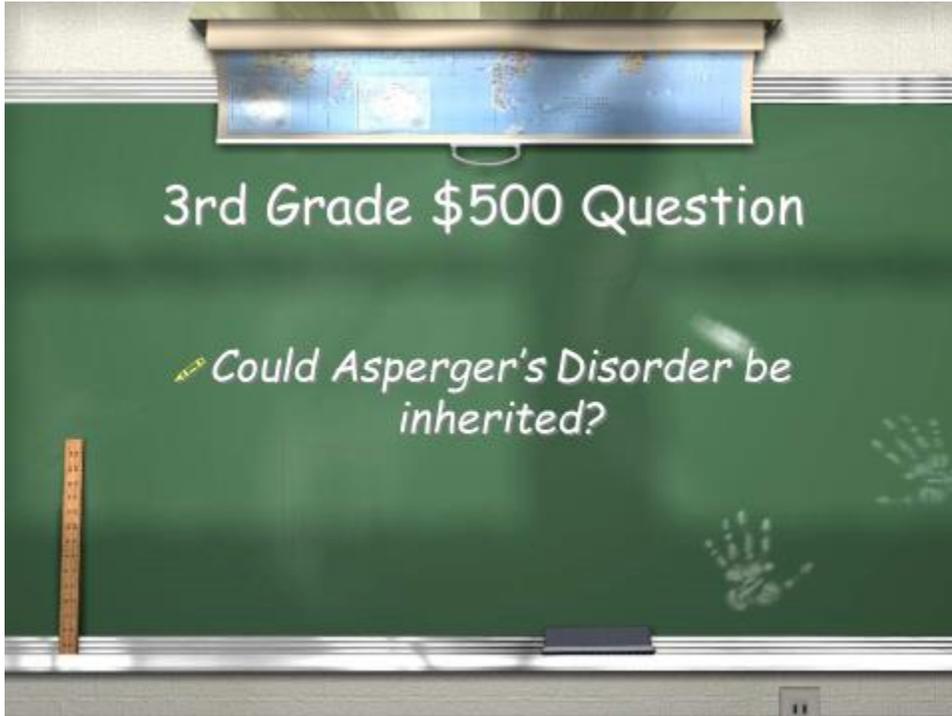
3rd Grade $500 Question

Could Asperger's Disorder be inherited?

3rd Grade $500 Answer

Some research shows that there are strikingly similar features in first or second degree relatives on either side of the family, or the family history includes "eccentric" individuals who have a mild expression of the syndrome. There are also some families with a history of children with AS and classic Autism.
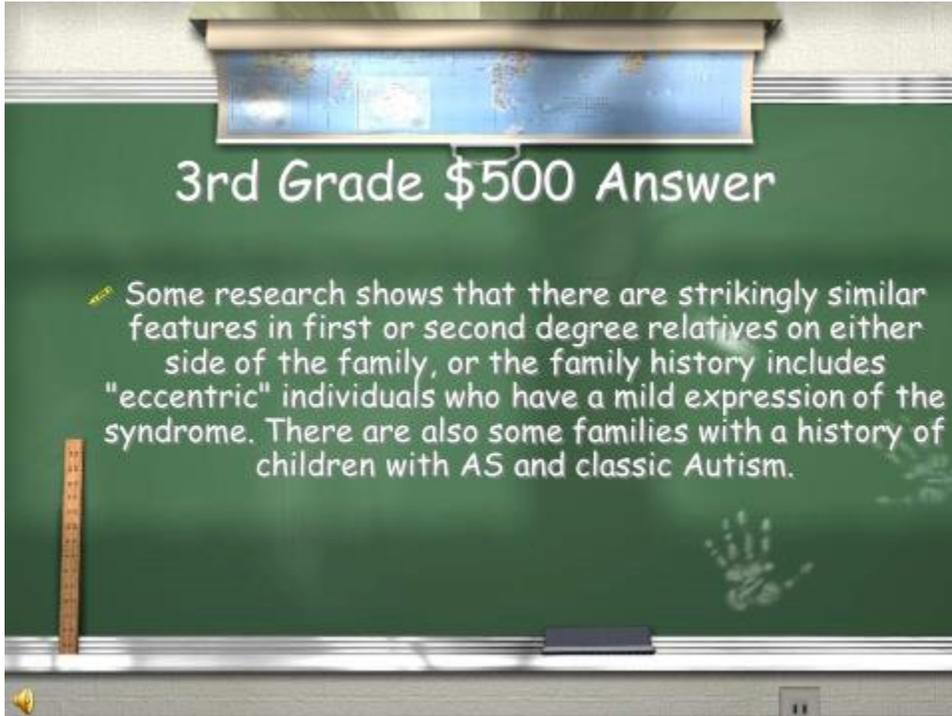
Facilitator Notes:
Give examples
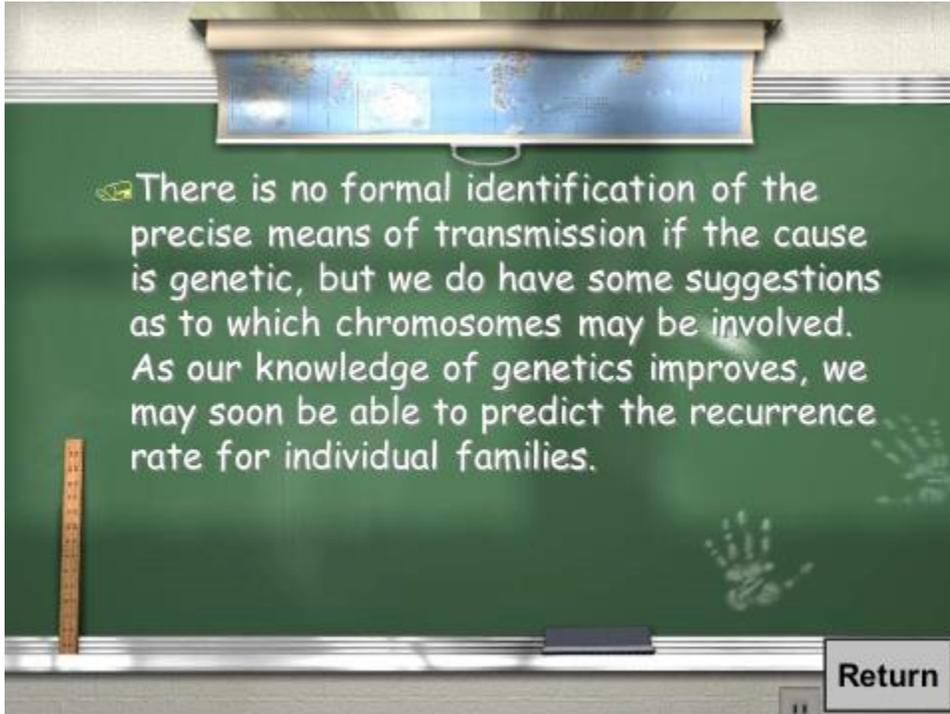
There is no formal identification of the precise means of transmission if the cause is genetic, but we do have some suggestions as to which chromosomes may be involved. As our knowledge of genetics improves, we may soon be able to predict the recurrence rate for individual families.

Return
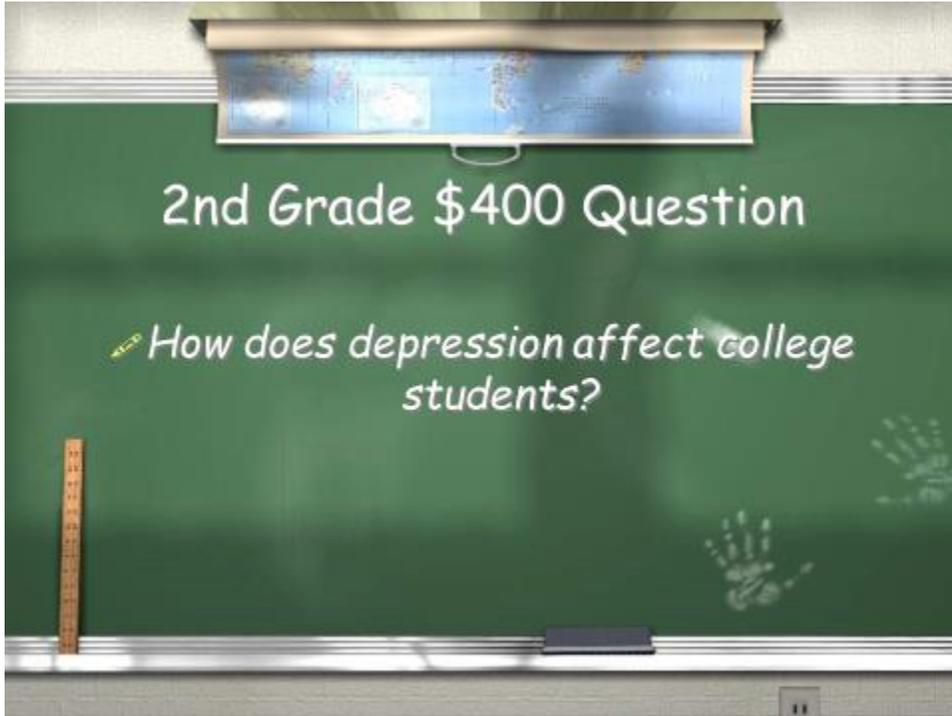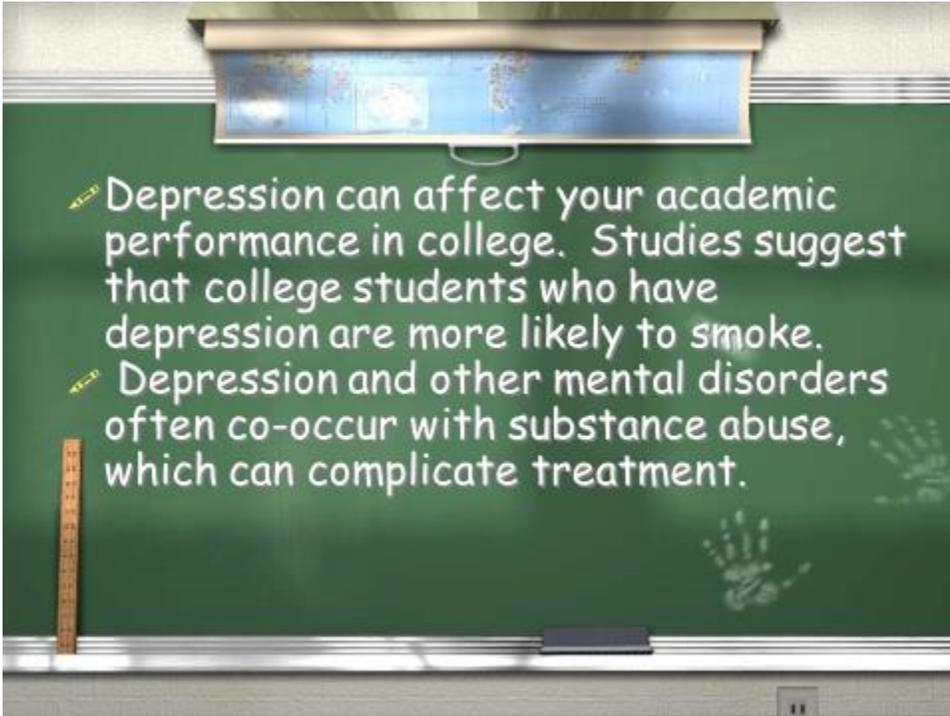
Facilitator Notes:

Research suggests that students with depression do not necessarily drink alcohol more heavily than other college students. But students with depression, especially women, are more likely to drink to get drunk and experience problems related to alcohol abuse, such as engaging in unsafe sex.
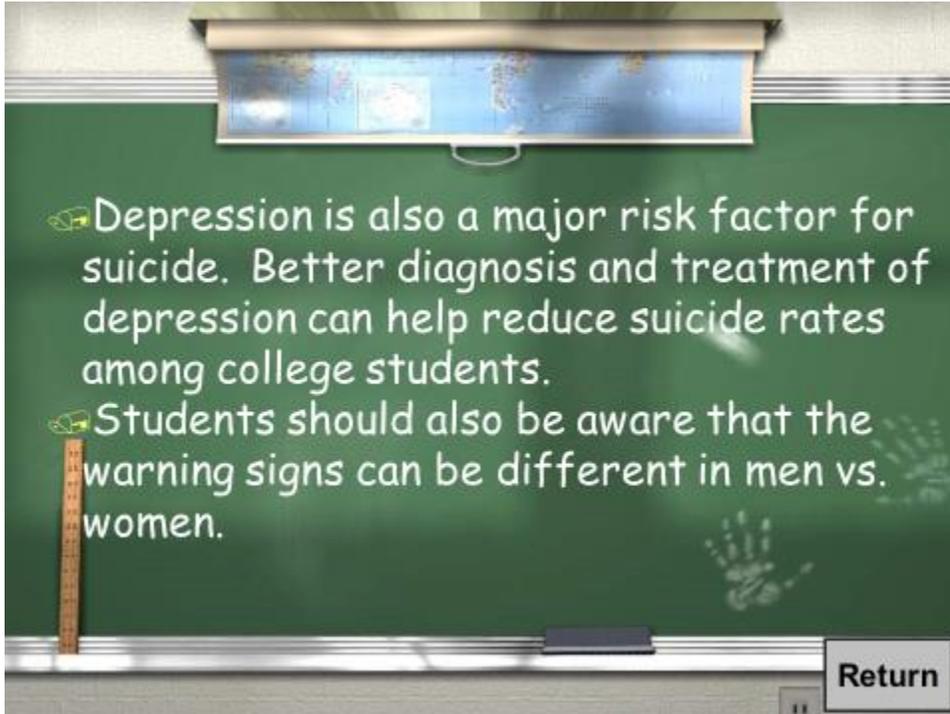
Facilitator Notes:
In the Fall 2011 ACHA–NCHA survey, more than 6 percent of college students reported seriously considering suicide, and about 1 percent reported attempting suicide in the previous year. Suicide is the third leading cause of death for teens and young adults ages 15 to 24.

2nd Grade $300 Answer

Depression does not have a single cause. Several factors can lead to depression. Some people carry genes that increase their risk of depression. But not all people with depression have these genes, and not all people with these genes have depression. Environment—your surroundings and life experiences, such as stress, also affects your risk for depression.

Return

Facilitator Notes:
Stresses of college may include:
Living away from family for the first time
Missing family or friends
Feeling alone or isolated
Experiencing conflict in relationships
Facing new and sometimes difficult school work
Worrying about finances.
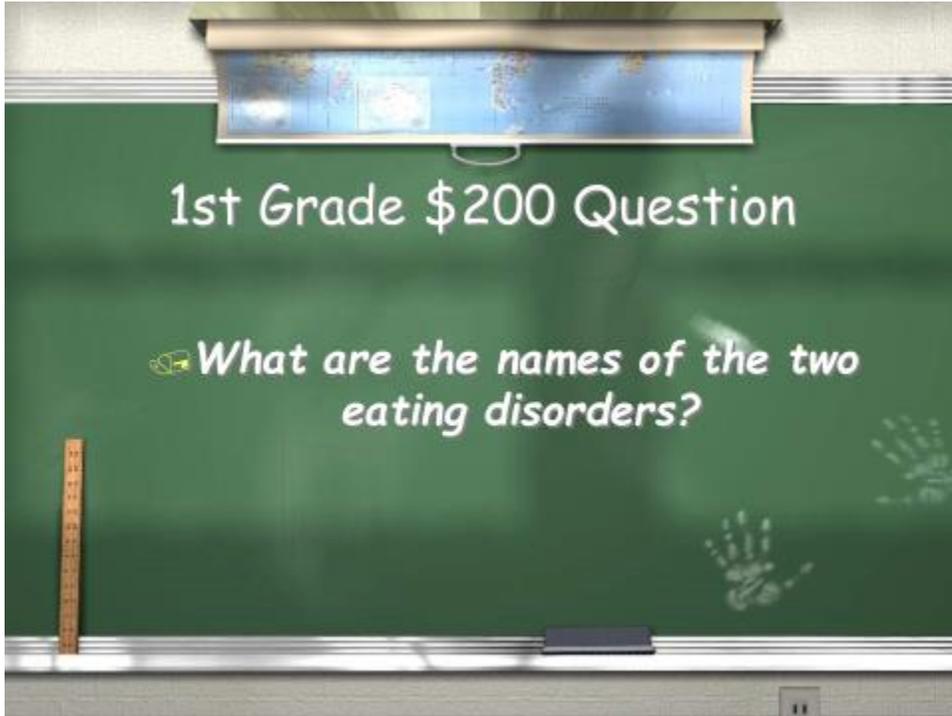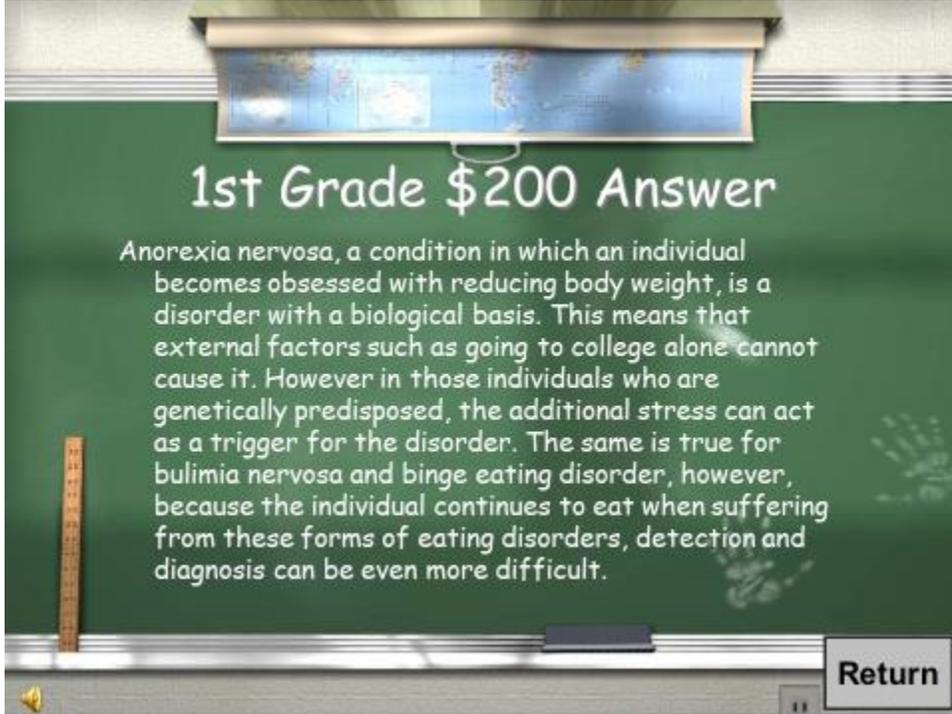
1st Grade $200 Answer

Anorexia nervosa, a condition in which an individual becomes obsessed with reducing body weight, is a disorder with a biological basis. This means that external factors such as going to college alone cannot cause it. However in those individuals who are genetically predisposed, the additional stress can act as a trigger for the disorder. The same is true for bulimia nervosa and binge eating disorder, however, because the individual continues to eat when suffering from these forms of eating disorders, detection and diagnosis can be even more difficult.

Return

Facilitator Notes:
Give example

1st Grade $100 Answer

- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder
- Panic Disorder
- Post Traumatic Stress Disorder
- Social Anxiety (Social Phobia)
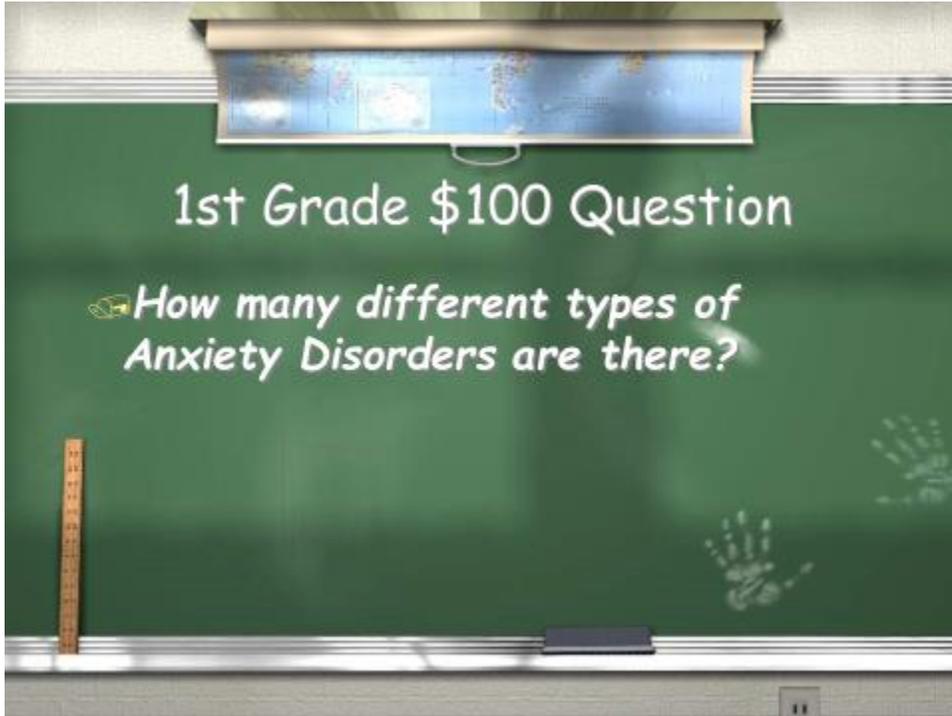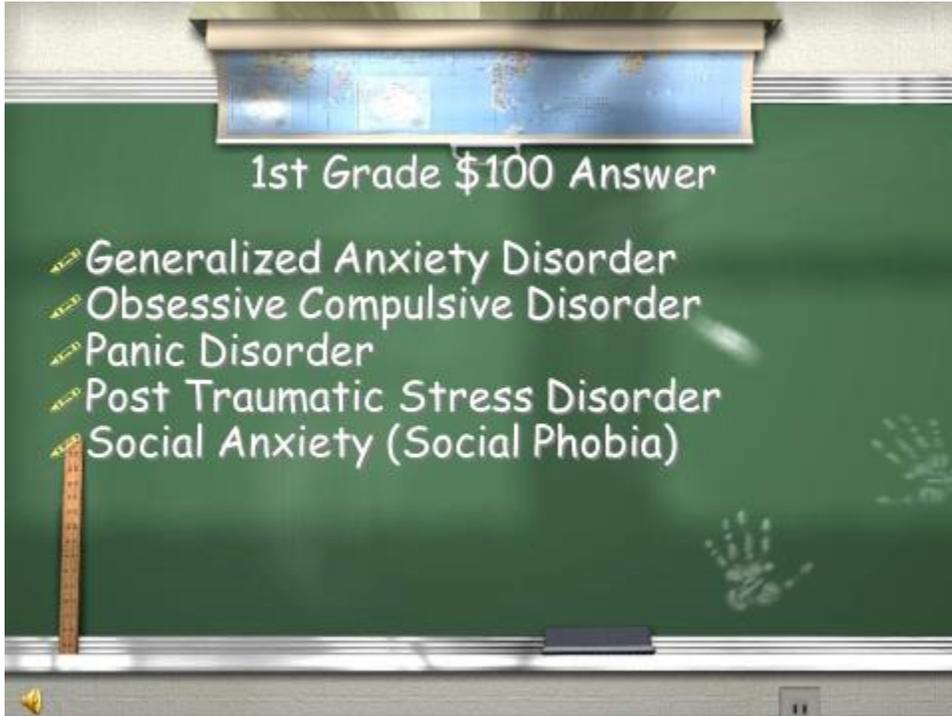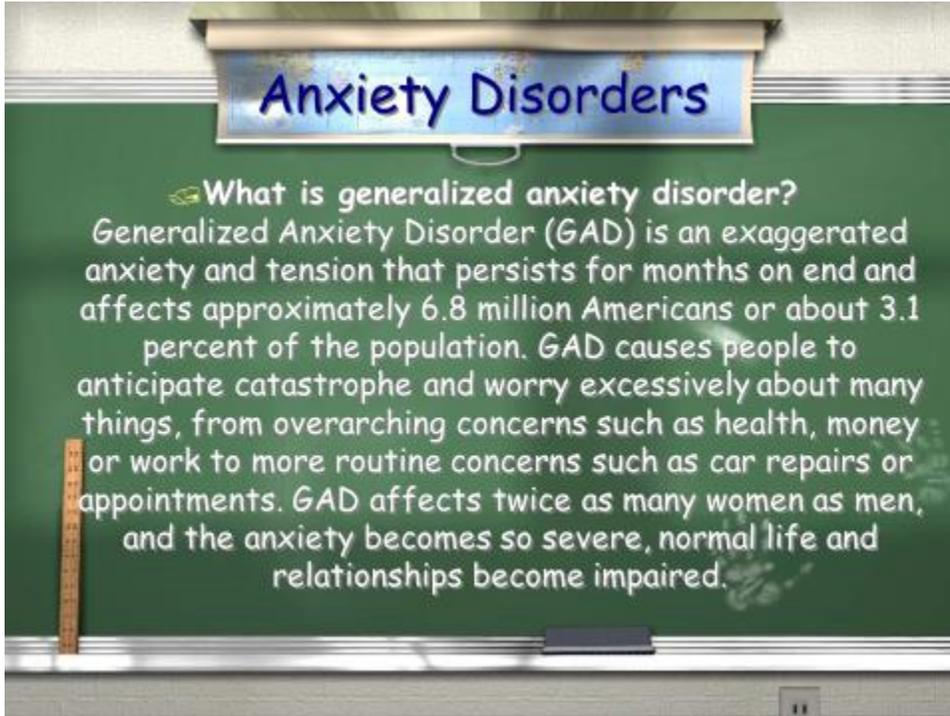
Facilitator Notes:

Worries have physical symptoms, such as fatigue, headaches, muscle tension and aches, difficulty swallowing, trembling, twitching, irritability, sweating, and hot flashes. GAD does not have a start or end time, it can happen at any time during your life. Studies have shown that the risk is at a high during childhood and middle age. Diagnosis is determined when a person has six straight months of worrying without being able to control their anxiety.

What is Obsessive-Compulsive Disorder?
Obsessive-Compulsive Disorder (OCD) is an anxiety disorder marked by fearful ideas and ritualistic behaviors. Obsessions are repetitive thoughts or impulses, such as a fear of getting infected from someone else's germs or hurting a loved one. These obsessions create excessive anxiety and stress for the person affected.
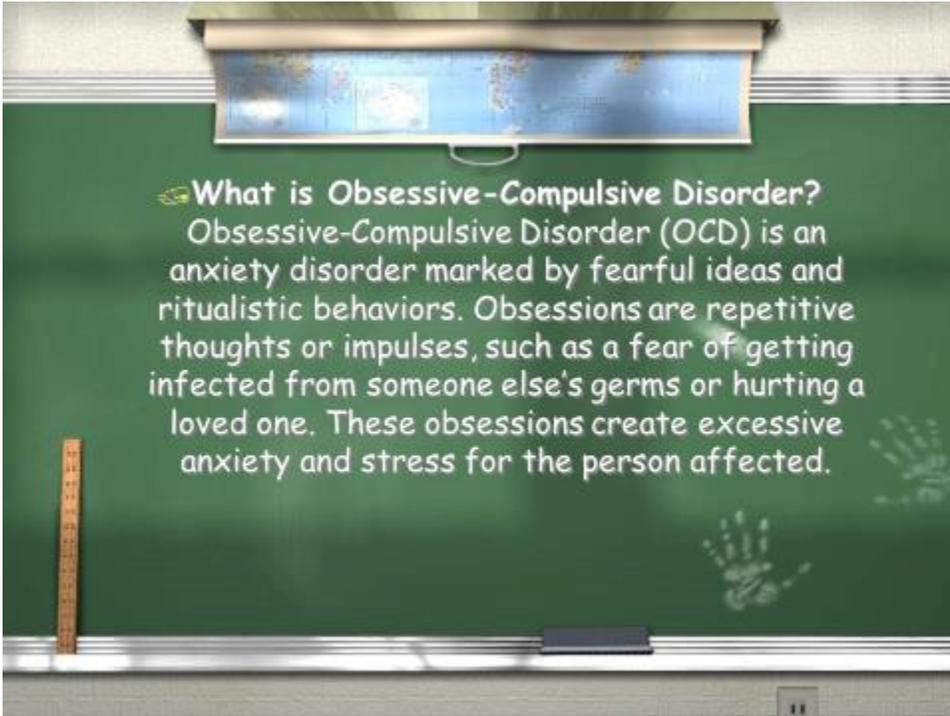
Facilitator Notes:
Although the thoughts are intrusive and unwanted, the person with OCD cannot stop them. Compulsions are repetitive behaviors created by obsessions. This can include things like constantly checking that an oven is off to prevent a fire, or frequent cleaning or hand-washing to avoid contamination.

What is Panic Disorder?
Panic disorder is characterized by unexpected and repeated episodes of intense fear accompanied by physical symptoms that may include chest pain, heart palpitations, shortness of breath, dizziness or abdominal distress. It is characterized by sudden attacks of terror, usually accompanied by a pounding heart, sweatiness, weakness, faintness or dizziness.

Facilitator Notes:
During these attacks, people with panic disorder may flush or feel chilled; their hands may tingle or feel numb; and they may experience nausea, chest pain or smothering sensations. Panic attacks usually produce a sense of unreality. They can occur at any time, even during your sleep.

> ✍ **What is Post-Traumatic Stress Disorder?**
> Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. After traumatic events, such as death, an earthquake, war, car accidents, floods or fires, it is not uncommon for people to experience feelings of heightened fear, worry, sadness or anger. If the emotions persist, however, or become severe, or the person gets triggered into reliving the event in their daily life, this can affect the person's ability to function and may be a sign of PTSD.

Facilitator Notes:
Give an example

⌔ What is Social Phobia?
Social Phobia, or Social Anxiety Disorder, is an anxiety disorder characterized by overwhelming anxiety and excessive self-consciousness in everyday social situations. Social phobia can be limited to only one type of situation, such as a fear of speaking in formal or informal situations, or eating or drinking in front of others. In its most severe form, social phobia may be so broad that a person experiences symptoms almost anytime they are around other people.

Return

Facilitator Notes:
Give an example

Million Dollar Answer

- *Paranoid schizophrenia* — feelings of extreme suspicion, persecution or grandiosity, or a combination of these.

- *Disorganized schizophrenia* — incoherent thoughts, but not necessarily delusional.

Facilitator Notes:
Give an example of at least 2 of the types.

References

- Woloshin, N. (2015) Mental Illnesses. Brain and Behavior Research Foundation. New York: NY
- http://www.aspergerfoundation.org.uk/contact.htm
- http://teacch.com/educational-approaches/preparing-for-college-tips-for-students-with-hfa-aspergers-syndrome-new-gladys-williams-and-ann-palmer
- http://www.nytimes.com/health/guides/symptoms/stress-and-anxiety/overview.html
- http://www.nimh.nih.gov/health/publications/depression-and-college-students/index.shtml

SUPPORTED EDUCATION & SUPPORTED EMPLOYMENT

IN HIGHER EDUCATION

Day 2

WHAT ARE EVIDENCE BASED PRACTICES

- Evidence based practices are services that demonstrate the effectiveness with helping people who have a mental illness accomplish their goals.

- The effectiveness was determined researchers who have rigorously studied the outcomes.

Empirically Supported Treatments

Family & Individual Preferences

Data-Based Decision Making

Professional Judgement

Evidence-Based Practices

Facilitator Notes:
Who uses evidence based practices? Agencies, colleges, universities, therapist etc.
What are your experiences with evidence based practices?

EXAMPLES OF EVIDENCE BASED PRACTICES

■ **Supported Employment**

■ **Supported Education**

SUPPORTED EMPLOYMENT

Supported employment is a well-defined approach to helping people with disabilities participate in the competitive labor market, helping them find meaningful jobs and providing ongoing support from a team of professionals.

Services focus on competitive employment: The agency providing supported employment is committed to competitive employment as an attainable goal for its consumers with SMI, devoting its resources for rehabilitation services to this endeavor, rather than to intermediate activities, such as day treatment or sheltered work.

Eligibility is based on consumer choice: No one is excluded who wants to participate.

Rapid job search: Job search begins soon after a consumer expresses interest in working. Lengthy pre-employment assessment, counseling, training, and intermediate work experiences are not required.

Facilitator Notes:

It is mostly integrated with a persons mental health treatment: Employment specialists or job coaches develop plans with the persons treatment team. (case manager, psychiatrist, etc.).

Everyone has choice: Choices and decisions about where they would want to work and support is given based on those decisions that involve reflecting on past experiences.

Counseling: Employment specialists provide individualized planning and guidance on an ongoing basis with each consumer to ensure well-informed and optimal decisions regarding Social Security and health insurance.

No time limit for individualizes support: As long as the person wants the support, its available to them.

SUPPORTED EDUCATION

❖Supported education helps people with psychological problems, who have a desire to pursue higher education and training.

Facilitator Notes:
Effectiveness of supported education
More access to and participation
in educational programs
Increased competitive employment
Improved self-esteem
Reduced hospitalization
Increased consumer satisfaction

PRINCIPLES FOR SUPPORTED EDUCATION

- Access to an education program with positive, forward progress is the goal

- Eligibility is based on personal choice

- Supported Education services begin soon after interest is expressed

- Individualized, ongoing educational services are offered at the institutional

- Supported Education is strengths-based and promotes growth and hope

Facilitator Notes:
Give examples if possible

SUPPORTED EDUCATION INCLUDES:

- Adult basic education
  - General Educational Development (GED)
    - Training programs
- College or university

CHALLENGES FOR RETURNING TO SCHOOL

■ **Applying for financial aid**

■ **Registering for classes**

■ **Concentrating**

Facilitator Notes:
What else could be a challenge?

■ Being distracted by internal or external stimuli

■ Relating to others

■ Taking tests

■ Completing assignments on time

■ Managing time

WHO CAN OUR STUDENTS TURN: WHO'S WHO?

- **Colleges and Universities**
  - **Mental Health Agency**
    - **Student Role**
  - **Family Supports**

Facilitator Notes:
Who else can our students turn to?
Who shouldn't our students turn to?

COLLEGES AND UNIVERSITIES

- Provide support with academic counseling/advisor
  - Provide accommodations
- Link with disability resources or institute on disability
  - Provide support with financial aid

ACADEMIC COUNSELING OR ADVISEMENT

- Assistance with understanding their program
  - Assistance with class selection
    - Monitor progress

Facilitator Notes:
Give examples

ACCOMMODATIONS

- What are accommodations?
- Who accommodates the student?
- The importance of accommodations vs no accommodations.

ACCOMMODATIONS

- Extended time for tests
- Quiet place for tests
- Tests individually proctored
- Extended time for assignments
- Alternative way to complete assignments
- Books on tape

- Seating modifications
- Special parking permits
- Beverages in class
- Changes in courses of study
- Grade of incomplete rather than failure if students need a medical withdrawal

Disability Services

Facilitator Notes:
Ask the participants about experiences they have had with accommodations

DISCLOSURE

- ▪ What is it all about?
- ▪ Who has access to the information?
- ▪ Where is the information stored?

Facilitator Notes:
What do you know about disclosure?

DOCUMENTATION

- What type of documentation is needed?
- Who does the documentation come from?
  - How much information is requested?

Facilitator Notes:
Remember every school is different. What do you know about the various forms of documentation needed? Have you seen different documentation that is required?

FINANCIAL AID

- **Federal Work Study**
  - **Loans**
- **Vocational Rehabilitation**
  - **Pass Program**
    - **Grants**
    - **Pell grants**
- **Supplemental Education Opportunity Grants**

MENTAL HEALTH AGENCY

- Expectations
- Medication monitoring
  - Individual therapy
    - Group therapy
  - Psychiatry services
  - Case Management
  - Provide support
    - Resources
- Develop educational goal plans

Facilitator Notes:
Describe each bullet point if needed and give examples

STUDENT ROLE

- Maintaining their physical and mental health
  - Maintain expectations
  - Work with financial aid office

Facilitator Notes:

What else is associated with the student role? (give examples where appropriate)

- Understand your rights and responsibility

- GO TO CLASS

- Connect with the professors

- ASK FOR HELP!!

FACULTY SUPPORT

- **SUPPORT SUPPORT SUPPORT!!!**
  - What does that mean to you?
  - What does that look like from your point of view.

REFERENCES

- www.nami.org
- www.samsha.gov
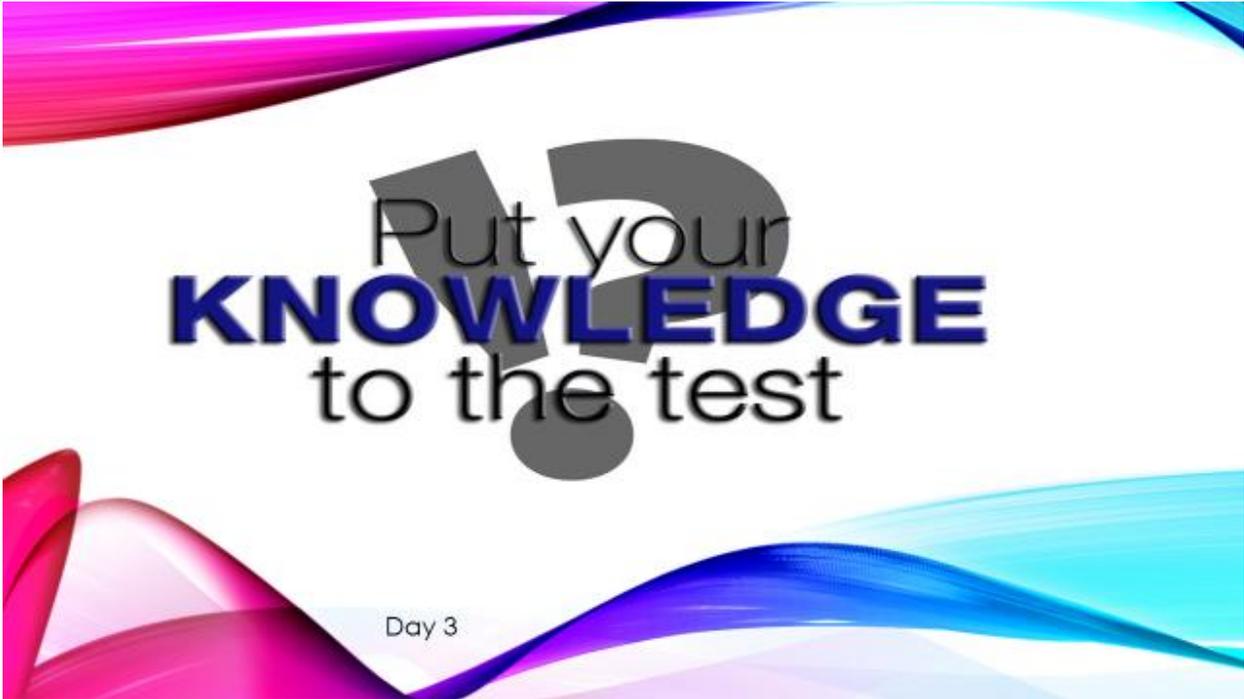
ANXIETY

- How would you describe Anxiety?

- What are some signs and symptoms?

- What are the different types of Anxiety Disorders?

Facilitator Notes:
1. Its more severe, last longer than usual, and it interferes with normal activity. This could things such as a person's social life, family, academic situation, and financial situation. Approximately 40 million adults a year are diagnosed with this disorder.

2. Physical: Heart racing, headache, dizziness, dry mouth, stomach pains, shaking, restlessness. Psychological: Anger, confusion, impatience, irritability, racing thoughts, unrealistic worrying and fear about the past, current, or future. Behavioral: OCD, increased alcohol or drug use, constant distress

3. Generalized Anxiety Disorder, Panic Disorder, Phobic Disorder, Separation Anxiety Disorder, Post-Traumatic Disorder, Obsessive Compulsive Disorder, Mixed Anxiety, Depression, and Substance Abuse

ACTION PLAN FOR STUDENTS WITH ANXIETY

Step 1	Assess for safety; Assess for risk
Step 2	Listen without judgement
Step 3	Give comfort, Encourage, Reassure, Resources
Step 4	Encourage professional help
Step 5	Encourage support strategies

Facilitator Notes:

1: Does the student have a plan to harm themselves? Is the student safe in the environment?

2. Can you listen to a student without judging their situation? How does one listen without judgement?

3. Let the student know that everything is ok, give appropriate resources

4. Encourage your student to go and get professional help, suggest places for them to go

5. Who else can help? Peers? Coping skills?

EATING DISORDERS

- How would you describe Eating Disorders?

- What are some signs and symptoms?

- What are the different types of Eating Disorders?

Facilitator Notes:

1. Students with an eating disorder see their value through their physical appearance (weight and body shape). Due to this, it can cause a disruption to the students life. Researchers have associated eating disorders with having a mental illness.

2. Behavioral: Obsessive dieting, binge eating, avoidance in eating foods Physical: weight loss or gain, fainting, discoloration Psychological: Pre-occupied with food, and body, sensitive to comments, anxiety around eating, depressed, low self esteem

3. 3. Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder

ASSESSING STUDENTS FOR AN EATING DISORDER

- Are you satisfied with your eating patterns? (A "no" to this question was classified as an abnormal response).
- Do you ever eat in secret? (A "yes" to this and all other questions was classified as an abnormal response).
- Does your weight affect the way you feel about yourself?
- Have any members of your family suffered with an eating disorder?
- Do you currently suffer with or have you ever suffered in the past with an eating disorder
- Do you make yourself **S**ick because you feel uncomfortably full?
- Do you worry you have lost **C**ontrol over how much you eat?
- Have you recently lost more than **O**ne stone (14 lb or 7.7 kg) in a three month period?
- Do you believe yourself to be **F**at when others say you are thin?
- Would you say that **F**ood dominates your life?

Facilitator Notes:
These are typical questions used to assess whether a student has an eating disorder

BIPOLAR

- How would you describe Bipolar?

- What are some signs and symptoms?

- What are the different types of Bipolar Disorder?

Facilitator Notes:

1. It's a mood disorder! Students with this disorder will experience highs and lows. They will have episodes of depression, mania, and then some periods of a good mood in between.

2. Increased energy, don't need as much sleep as others, irritated, no insight, rapid thinking and talking, delusional

3. Bipolar I and II, Cyclothymic Disorder, Mixed features, Rapid Cycling

EXAMPLE

Facilitator Notes:
Watch the video.
https://www.youtube.com/watch?v=b-qQVG-OnHs

ASSESSING BIPOLAR DISORDER

Facilitator Notes:
Give out assessment and briefly look over it.

SCHIZOPHRENIA

- How would you describe Schizophrenia?

- What are some signs and symptoms?

- What are the different types of Schizophrenia?

Facilitator Notes:
1. Schizophrenia is a brain disabling disorder.

2. People will hear voices other people don't hear, the belief that others are reading their minds, controlling their thoughts, or plotting to harm them. Students with this disorder will then become withdrawn and even more irritable. People with this disorder also don't always make sense when talking and discussing their thoughts, hallucinations, delusions, thought disorders, flat affect, lack of pleasure in everyday life
3. Schizoaffective Disorder, Catatonic Schizophrenia, Childhood Schizophrenia, Disorganized Schizophrenia (Hebephrenia), Paranoid Schizophrenia

ASSESSING FOR SCHIZOPHRENIA

- Clinicians always refer to the DSM-V with ANY psychological diagnosis.

- Must have 2 of the following symptoms for an extensive amount of time in the span of a month.
  - Delusions
  - Hallucinations
  - Disorganized speech (indicating disorganized thinking)
  - Extremely disorganized behavior
  - Catatonic behavior, which can ranges from a coma-like daze to bizarre, hyperactive behavior
  - Negative symptoms, which relate to reduced ability or lack of ability to function normally

Facilitator Notes:
At least one of the symptoms must be delusions, hallucinations or disorganized speech. The person shows a significant decrease in the ability to work, attend school or perform normal daily tasks most of the time.

DEPRESSION

- How would you describe Depression?

- What are some signs and symptoms?

- What are the different types of Depression?

Facilitator Notes:

1. This is a more severe and disabling form of depression. This also can last for weeks and months at a time. Typically others can go through a depressive state and be able to recover from it, however when you are depressed you can't recover. Depression can affect one's ability to work, attend school, or enjoy normal activity

2. Lack of energy, tired, sad mood, loss of interest in fun activities, thinking about death and wishing to be dead, avoidance

Major Depression
Persistent Depressive Disorder
Bipolar Disorder
Seasonal Affective Disorder (SAD)
Psychotic Depression
Postpartum Depression
Premenstrual Dysphoric Disorder (PMDD)
'Situational' Depression
Atypical Depression

ASSESSING DEPRESSION

Facilitator Notes:
See screening tool handout and show video
https://www.youtube.com/watch?v=vdRaP-5y6KI

ASPERGER'S SYNDROME

- How would you describe Asperger's Syndrome?

- What are some signs and symptoms?

Facilitator Notes:
1. Autism or autism spectrum disorder (ASD) incorporates a group of neurodevelopmental disorders, causing impaired communication skills and social skills. ASDs generally start before three years of age and last a lifetime, but early intervention plays a role in treatment and progress.

2. Problems with social skills, Eccentric or repetitive behavioral preoccupations or rituals, Communication difficulties, Limited range of interests, Coordination problems, and Skilled or talented

ASSESSING ASPERGER'S SYNDROME

Facilitator Notes:
Watch video
https://www.youtube.com/watch?v=BILfkNbqgC8

SCENARIO

- Jack graduated from high school and got a job working in a video store and began attending the community college that you work for. After working for about 6 months Jack began to hear voices that told him he was no good and that he would fail out of school. He also began to believe that his boss was planting small video cameras in the returned tapes to catch him making mistakes. He also began to believe that his professor was purposely giving him the wrong information during lectures so that he would fail the upcoming exam. Jack became increasingly agitated at work and school. At school he would talk strangely to his peers and to his teacher during lecture time. Jack also stopped taking care of his hygiene on a daily basis which was beginning to present a problem. After 6 months Jack quit his job, and accused his boss and the CIA of watching him through the TV screen at home and the projector at school.

What psychological problem do you think this student has? What would you do if this student presented in your class? How would you respond? What supports/resources would you offer this student?

Facilitator Notes:
Break the participants up into groups by counting in 4's. Each team will read the scenario, answer the questions. Once the time is up, each group will talk about their scenario. Some groups may have the same scenario, but that's fine because there may be different perspectives.

SCENARIO

- Martin is a 21 year-old business major at a large university. Over the past few weeks his family and friends have noticed increasingly bizarre behaviors. On many occasions they've overheard him whispering in an agitated voice, even though there is no one nearby. Lately, he has refused to answer or make calls on his cell phone, claiming that if he does it will activate a deadly chip that was implanted in his brain by evil aliens.

- His parents have tried to get him to go with them to a psychiatrist for an evaluation, but he refuses. He has accused them on several occasions of conspiring with the aliens to have him killed so they can remove his brain and put it inside one of their own. He has stopped attended classes altogether. He is now so far behind in his coursework that he will fail if something doesn't change very soon.

- Although Martin occasionally has a few beers with his friends, he's never been known to abuse alcohol or use drugs. He does, however, have an estranged aunt who has been in and out of psychiatric hospitals over the years due to erratic and bizarre behavior.

What psychological problem do you think this student has? What would you do if this student presented in your class? How would you respond? What supports/resources would you offer this student?

SCENARIO

- You see Jill (age 24) sitting in the classroom after everyone has left in tears. As you approach her she goes on to tell you how much she is going to miss you and that you were the best teacher she has had. She talks about moving to Africa because she wants to save the world and all of the children. She goes on to tell you that she is having a huge garage sell to get rid of all of her things in her apartment including Jasper the dog whom she has had since she was in middle school. While standing there you notice that she hasn't allowed you to get one word in to ask questions. She has rapid speech, crying on and off, and begins to pace the area in which you are standing in.

What psychological problem do you think this student has? What would you do if this student presented in your class? How would you respond? What supports/resources would you offer this student?

SCENARIO

Amy, age 19, is a worrier. She is restless, irritable and has difficulty concentrating while in class. She worries that she worries so much and isn't always sure what it is that she is worried about. She worries about passing her classes, and if she is able to live up to what he parents has in store for her for her life. She asks to speak with you everyday after class to get an update on how she is doing in your class. When she doesn't have a chance to talk with you in the classroom she contacts you via email constantly until you respond.

What psychological problem do you think this student has? What would you do if this student presented in your class? How would you respond? What supports/resources would you offer this student?

SCENARIO

- It was 6 months since Jen has begun your class. You notice that she always eats a salad during class time, and appears to be in some sort of sport and talked about exercising more than studying. The more she worked out and ate very small amounts of food the more that she became extremely sick. She became very skinny and pale as the weeks passed. Initially Jen had many friends in the class but as her moods changed she became moody and seemed sad all the time which made her friends talk less to her.

What psychological problem do you think this student has? What would you do if this student presented in your class? How would you respond? What supports/resources would you offer this student?

SCENARIO

- Jack was a normal kid. At the age of 18 he enlisted in the Army reserves. He is now 23 and has decided to return to college to learn additional skills. School has been getting the best of him because it requires him to do a lot of research and reading. Jack was attending class pretty regular until 2 months ago. His girlfriend suddenly broke up with him and his grandmother that raised him passed away. Jack has barely been able to get out of bed, and finds it difficult to find the energy or motivation to do school work or go out with friends. Jack contacted you several times, and visited during office hours in attempt to get missing work. You explain to Jack that he would need to speak with his classmates. Jack gets extremely upset and begins to state that things in his life are worthless. He told you he has contemplated suicide but knows that it would hurt his family so he decided not to do it.

What psychological problem do you think this student has? What would you do if this student presented in your class? How would you respond? What supports/resources would you offer this student?

SCENARIO

- Brian at the age of 21 presented as a young man of at least average intelligence and very articulate, but socially very immature especially in your classroom. You began to notice Brian when he began to antagonize the class with behaviors such as repetitive and perseverative questioning about topics of interest, and inappropriate behavior during your lecture time. It seemed as if he was continually attention-seeking. One day while a classmate was sharing an experience about a relative Brian began to act strangely because of his harbored anger towards family for abandoning him and their lack of interest in his life. Brian's behavior was often difficult within the classroom setting, as he appeared to have little tolerance for confrontation by the professor or other classmates. When he did not get the attention he wanted he would yell, swear or seek attention through inappropriate behavior such as interrupting or burping.

What psychological problem do you think this student has? What would you do if this student presented in your class? How would you respond? What supports/resources would you offer this student?

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THE MOOD DISORDER QUESTIONNAIRE

Instructions: Please answer each question to the best of your ability.

	YES	NO
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	○	○
...you were so irritable that you shouted at people or started fights or arguments?	○	○
...you felt much more self-confident than usual?	○	○
...you got much less sleep than usual and found you didn't really miss it?	○	○
...you were much more talkative or spoke much faster than usual?	○	○
...thoughts raced through your head or you couldn't slow your mind down?	○	○
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	○	○
...you had much more energy than usual?	○	○
...you were much more active or did many more things than usual?	○	○
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	○	○
...you were much more interested in sex than usual?	○	○
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	○	○
...spending money got you or your family into trouble?	○	○
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	○	○
3. How much of a problem did any of these cause you -- like being unable to work; having family, money or legal troubles; getting into arguments or fights? *Please circle one response only.*		

No Problem   Minor Problem   Moderate Problem   Serious Problem

	YES	NO
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	○	○
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	○	○

SCORING THE MOOD DISORDER QUESTIONNAIRE (MDQ)

The MDQ was developed by a team of psychiatrists, researchers and consumer advocates to address a critical need for timely and accurate diagnosis of bipolar disorder, which can be fatal if left untreated. The questionnaire takes about five minutes to complete, and can provide important insights into diagnosis and treatment. Clinical trials have indicated that the MDQ has a high rate of accuracy; it is able to identify seven out of ten people who have bipolar disorder and screen out nine out of ten people who do not.[1]

A recent National DMDA survey revealed that nearly 70% of people with bipolar disorder had received at least one misdiagnosis and many had waited more than 10 years from the onset of their symptoms before receiving a correct diagnosis. National DMDA hopes that the MDQ will shorten this delay and help more people to get the treatment they need, when they need it.

The MDQ screens for Bipolar Spectrum Disorder, (which includes Bipolar I, Bipolar II and Bipolar NOS).

If the patient answers:

1. **"Yes"** to seven or more of the 13 items in question number 1;

AND

2. **"Yes"** to question number 2;

AND

3. **"Moderate"** or **"Serious"** to question number 3;

you have a positive screen. All three of the criteria above should be met. A positive screen should be followed by a comprehensive medical evaluation for Bipolar Spectrum Disorder.

[1] Hirschfeld, Robert M.A., M.D., Janet B.W Williams, D.S.W, Robert L. Spitzer, M.D., Joseph R. Calabrese, M.D., Laurie Flynn, Paul E. Keck, Jr., M.D., Lydia Lewis, Susan L. McElroy, M.D., Robert M. Post, M.D., Daniel J. Rapport, M.D., James M. Russell, M.D., Gary S. Sachs, M.D., John Zajecka, M.D., "Development and Validation of a Screening Instrument for Bipolar Spectrum Disorder: The Mood Disorder Questionnaire." *American Journal of Psychiatry* 157:11 (November 2000) 1873-1875.

Post Test Questions

1. Statistically, men are more commonly afflicted by anxiety disorders than women.
   a. True
   b. False

2. Anxiety affects a sufferer physically such as headaches, dizzy spells, and rapid heartbeat.
   a. True
   b. False

3. In a college campus survey, 91% of the women admitted to controlling their weight through dieting. 22% said they dieted "often" or "always."
   a. True
   b. False

4. Eating disorders are not categorized as mental illnesses where there is a healthy relationship with food.
   a. True
   b. False

5. Everyone is diagnosed with Bipolar.
   a. True
   b. False

6. People with bipolar disorder go through mood changes. Sometimes you feel very happy and other times you very sad and down.
   a. True
   b. False

7. Schizophrenia is a brain disorder that distorts the way a person thinks, acts, expresses emotions, relates to others and perceives reality.
   a. True
   b. False

8. Cognitive symptoms include trouble focusing or paying attention, and difficulty remembering.
   a. True
   b. False

9. 1 in 4 young adults will suffer an episode of depression before age 24.
   a. True
   b. False

10. Self-injury (cutting or burning) is not a way individuals show they are depressed.
    a. True
    b. False

11. Asperger students don't need to get up from their seat because they don't have a short attention span.
    a. True
    b. False

Depression Screening Test

	Not at all	Several days	More than half the days	Nearly every day
g1. Little interest or pleasure in doing things	○	○	○	○
2. Feeling down, depressed, or hopeless	○	○	○	○
3. Trouble falling or staying asleep, or sleeping too much	○	○	○	○
4. Feeling tired or having little energy	○	○	○	○
5. Poor appetite or overeating	○	○	○	○
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	○	○	○	○
7. Trouble concentrating on things such as reading the newspaper or watching television	○	○	○	○
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	○	○	○	○
9. Thoughts that you would be better off dead or of hurting yourself in some way	○	○	○	○

If you clicked on any problems above, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ○   Some what difficult ○   Very difficult ○   Extremely difficult ○

Schizophrenia Case Study

1. Jack graduated from high school and got a job working in a video store and began attending the community college that you work for. After working for about 6 months Jack began to hear voices that told him he was no good and that he would fail out of school. He also began to believe that his boss was planting small video cameras in the returned tapes to catch him making mistakes. He also began to believe that his professor was purposely giving him the wrong information during lectures so that he would fail the upcoming exam. Jack became increasingly agitated at work and school. At school he would talk strangely to his peers and to his teacher during lecture time. Jack also stopped taking care of his hygiene on a daily basis which was beginning to present a problem. After 6 months Jack quit his job, and accused his boss and the CIA of watching him through the TV screen at home and the projector at school.

2. Martin is a 21 year-old business major at a large university. Over the past few weeks his family and friends have noticed increasingly bizarre behaviors. On many occasions they've overheard him whispering in an agitated voice, even though there is no one nearby. Lately, he has refused to answer or make calls on his cell phone, claiming that if he does it will activate a deadly chip that was implanted in his brain by evil aliens.

   His parents have tried to get him to go with them to a psychiatrist for an evaluation, but he refuses. He has accused them on several occasions of conspiring with the aliens to have him killed so they can remove his brain and put it inside one of their own. He has stopped attended classes altogether. He is now so far behind in his coursework that he will fail if something doesn't change very soon.

   Although Martin occasionally has a few beers with his friends, he's never been known to abuse alcohol or use drugs. He does, however, have an estranged aunt who has been in and out of psychiatric hospitals over the years due to erratic and bizarre behavior.

Bipolar Disorder

You see Jill (age 24) sitting in the classroom after everyone has left in tears. As you approach her she goes on to tell you how much she is going to miss you and that you were the best teacher she has had. She talks about moving to Africa because she wants to save the world and all of the children. She goes on to tell you that she is having a huge garage sell to get rid of all of her things in her apartment including Jasper the dog whom she has had since she was in middle school. While standing there you notice that she hasn't allowed you to get one

word in to ask questions. She has rapid speech, crying on and off, and begins to pace the area in which you are standing in.

Anxiety

Amy, age 19, is a worrier. She is restless, irritable and has difficulty concentrating while in class. She worries that she worries so much and isn't always sure what it is that she is worried about. She worries about passing her classes, and if she is able to live up to what he parents has in store for her for her life. She asks to speak with you every day after class to get an update on how she is doing in your class. When she doesn't have a chance to talk with you in the classroom she contacts you via email constantly until you respond.

Eating Disorders

It was 6 months since Jen has begun your class.   You notice that she always eats a salad during class time, and appears to be in some sort of sport and talked about exercising more than studying. The more she worked out and ate very small amounts of food the more that she became extremely sick. She became very skinny and pale as the weeks passed. Initially Jen had many friends in the class but as her moods changed she became moody and seemed sad all the time which made her friends talk less to her.

Depression

Jack was a normal kid. At the age of 18 he enlisted in the Army reserves. He is now 23 and has decided to return to college to learn additional skills. School has been getting the best of him because it requires him to do a lot of research and reading. Jack was attending class pretty regular until 2 months ago. His girlfriend suddenly broke up with him and his grandmother that raised him passed away. Jack has barely been able to get out of bed, and finds it difficult to find the energy or motivation to do school work or go out with friends. Jack contacted you several times, and visited during office hours in attempt to get missing work. You explain to Jack that he would need to speak with his classmates. Jack gets extremely upset and begins to state that things in his life are worthless. He told you he has contemplated suicide but knows that it would hurt his family so he decided not to do it.

Asperger's Syndrome

Brian at the age of 21 presented as a young man of at least average intelligence and very articulate, but socially very immature especially in your classroom. You began to notice Brian when he began to antagonize the class with behaviors such as repetitive and perseverative questioning about topics of interest, and inappropriate behavior during your lecture time. It seemed as if he was continually attention-seeking. One day while a classmate was sharing an experience about a relative Brian began to act strangely because of his harbored anger towards family for abandoning him and their lack of interest in his

life. Brian's behavior was often difficult within the classroom setting, as he appeared to have little tolerance for confrontation by the professor or other classmates. When he did not get the attention he wanted he would yell, swear or seek attention through inappropriate behavior such as interrupting or burping.

Training Evaluation Form

I am a: ○ Faculty Member   ○ Staff Member

se indicate your impressions of the items listed below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training met my expectations.	○	○	○	○	○
2. I will be able to apply the knowledge learned.	○	○	○	○	○
3. The training objectives for each topic were identified and followed.	○	○	○	○	○
4. The content was organized and easy to follow.	○	○	○	○	○
5. The materials distributed were pertinent and useful.	○	○	○	○	○
6. The trainer was knowledgeable.	○	○	○	○	○
7. The quality of instruction was good.	○	○	○	○	○
8. The trainer met the training objectives.	○	○	○	○	○
9. Class participation and interaction were encouraged.	○	○	○	○	○
10. Adequate time was provided for questions and discussion.	○	○	○	○	○

. How do you rate the training overall?

Excellent	Good	Average	Poor	Very poor
○	○	○	○	○

. What aspects of the training could be improved?

. Other comments?

THANK YOU FOR YOUR PARTICIPATION!

Appendix B: Recruitment Email

VOLUNTEERS WANTED
FOR A WALDEN UNIVERSITY
DOCTORAL RESEARCH STUDY

Identifying Supportive Education Practices for Students with Psychological Disabilities: A Case Study

Are you a full time or part-time faculty member, administrator, or staff member currently working at Temple University? I am conducting a research study about supported education practices for students with psychological disabilities and could use your feedback! The purpose of this study is to gain insight on your understanding and experiences about the psychological problems faced by their students, and the educational supports available to them. The one to one interview will take approximately 60 minutes and will take place at Starbucks @ 1801 N. 12th St.

No risks or benefits.

Interested?
*Contact Lekeia Sears @ (*239) 400-0770 *or lekeia.sears@waldenu.edu*

This research is conducted under the direction of Dr. Mary Batiuk, Doctor of Education Program.

(IRB number: # 09-02-15-0337525)

lekeia.sears@waldenu.edu (239) 400-0770	lekeia.sears@waldenu.edu (239) 400-0770	lekeia.sears@waldenu.edu (239) 400-0770	lekeia.sears@waldenu.edu (239) 400-0770	lekeia.sears@waldenu.edu (239) 400-0770	lekeia.sears@waldenu.edu (239) 400-0770	lekeia.sears@waldenu.edu (239) 400-0770	lekeia.sears@waldenu.edu (239) 400-0770	lekeia.sears@waldenu.edu (239) 400-0770

Appendix C: Emails to Participants

Greetings,

Thank you for showing interest in participating in a one to one interview regarding supported educational practices for students with psychological disabilities. Please respond to this email with the day and time that you are available. Also include in the email a suggested place that you would like to meet. I look forward to speaking with you in the near future.

Thank you,

Lekeia Sears MLA, CPRP

Greetings,

Thank you so much for taking the time to participate in my one to one interview. You help to provide me with rich information that will be used to further investigate the problem, and also helping to develop an outcome. This interview is one that has been valuable to the success of my project!

Thank you,

Lekeia Sears MLA, CPRP

Consent

You have be invited to take part in a Walden University doctoral research study conducted by Lekeia Sears. Through this interview I hope to learn about your experiences as a faculty member with students with psychological problems, and the knowledge that you have about these students. I am inviting you to participate in this study because you met the criteria of being a full-time or part-time employee at this university in the southeastern part of PA, have frequent contact with students on a daily basis; and you do not have any concerns with discussing your experiences in a one to one interview.

The purpose of this qualitative study is to discover whether faculty members, administration, and staff at a local university in southeastern part of Pennsylvania feel that they can effectively engage students with psychological problems through their awareness of supportive programs that are beneficial for these students. While there has been a great deal of literature and research on psychiatric disorders and education, that information reflects the need for more supportive services due to the increase of students with psychological problems on campus.

If you decide to participate, you and the researcher will schedule a convenient time and place to meet. The interview will take approximately 60-90 minutes. During the interview you will be asked a series of questions pertaining to students with psychological problems, your knowledge about supported education services on your campus and the types of professional developments that are offered to employees. During this interview you will also be given a full description of the project study. The interview will also be reordered via a tape recorder for future playback during the analysis phase. After the interview the researcher will send you a copy of the transcript from the interview via email so that you can check for accuracy. Upon completion of the study, the researcher will discard the audio tape used to record the interview, interview notes, and interview transcripts.

The expected benefit of this study will be to gain an understanding of the knowledge around supporting students with psychological problems, and understanding how informed faculty and administration are with the supportive services available to these students on campus. Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure in a password protected electronic file. All participant identities involved in this study will be kept using participant codes. Data will be kept for a period of at least 5 years, as required by the university.

Your participation in this study is strictly voluntary. Your decision whether or not to participate will not affect your relationship with Temple University. There is a minimal risk associated with this research study. As a participant, you have the freedom to withdraw your consent to participate at any time without any penalty. Furthermore as a participant you will not receive any compensation, or reimbursements for your participation.

If you have any questions about the study, please feel free to contact (239) 400-0770 or lekeia.sears@waldenu.edu. If you have questions regarding your rights as a research subject, please contact the IRB (IRB@waldenu.edu). You will also receive a copy of this form for your personal records. Walden University's approval number for this study is 09-02-15-0337525 and it expires September 1, 2016.

By signing this document, it indicates that you have fully read and comprehend all of the information provided to you in its entirety. It also signifies that you are willing participating in this interview, and that at any time you may withdraw your consent, and discontinue participation without any penalty.

Signature

Date

Appendix D: Interview Schedule

Topic: Identifying Supportive Education Practices for College Students with

Psychological Disabilities

The purpose of this this study is to collect data from post-secondary faculty and staff

members to inquire about how much knowledge they have about supportive education

programs on their campus that can potentially assist a student with a psychological

problem in a crisis.

Research Questions

RQ1: How do faculty members describe their understanding of psychological

problems their students might be facing?

RQ2: What do faculty members know about the educational supports at this

school for students for students with psychological problems?

RQ3: What would a faculty member recommend if he or she suspected that a

student was suffering from some kind of psychological problem?

RQ4: Overall, how effective do faculty members feel in engaging students with

psychological problems?

RQ5: What do faculty members recommend to help them with better dealing with

students with psychological problems?

Participant
Full or part time faculty and staff members from a local university in the southeastern
part of Pennsylvania.
Interviewer and Transcriber
Lekeia Sears
Time and Duration
The interview will last between 60-90 minutes.

Method
The interview was conducted utilizing the semi-structured interview approach. The interview will take place at a time convenient for the participant and researcher. The interview will also be recorded.

Informed Consent
Each participant will be required to sign an IRB approved consent form prior to the start of the study. A copy of the consent form will also be given to the participant.

Academic Information

1. How would you define what it means to have a psychological problem?
2. What psychological problems do you believe are most prevalent with students you work with?
3. If a student was experiencing a severe or disruptive psychological problem do you feel that you would be competent to be able to identify this? If so what are some warning signs do you think these students would display?
4. Do you become uncomfortable when a student discloses information about their psychological problems? Why? Do you think you would treat that student differently?
5. What is your overall perspective on students with psychological problems entering universities?
6. What does having educational supports mean?
7. What kinds of supports are offered to students with psychological problems? What kind of supports should be offered that are not offered at your school?
8. What do you know about supported education services?
9. Do you believe you are well informed about the services that your university offers?
10. How can you be more informed about the services that are available to students?
11. How have you responded to a student who seemed to be having a psychological crisis? What methods did you use?
12. What resources have you given students who were in a crisis (campus or outside)
13. How did you know what information to give to a student experiencing psychological problems?
14. Do you feel as if you have enough information in this area?
15. Do you feel like you adequately trained in the area of supported education?
16. What can your university offer faculty to make them feel more effective?
17. Would you like to see mental health training at your university to address the concerns about students with psychological problems?
18. Are there any programs in the community that you feel are beneficial to the students at your university?

Thank you for meeting with me regarding your experiences with students with psychological problems and the supportive education practices that you may use in your classroom. Your input is valuable to the success of this project and to the future outcomes at your university. I will send you a copy of the transcription to review. If you feel that there are any errors or changes to be made, please let me know.
[End recording and turn off recorder.]