SERVING STUDENTS WITH PSYCHIATRIC DISABILITIES AT COMMUNITY COLLEGES IN MISSOURI: A STUDY OF CURRENT AND BEST PRACTICES

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The undersigned, appointed by the dean of the Graduate School, have examined the dissertation entitled

SERVING STUDENTS WITH PSYCHIATRIC DISABILITIES AT COMMUNITY COLLEGES IN MISSOURI: A STUDY OF CURRENT AND BEST PRACTICES

Presented by Rhonda J. Frazelle

A candidate for the degree of Doctor of Education

And hereby certify that in their opinion it is worthy of acceptance.

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DEDICATION

This work is dedicated to my parents, Bob and Karen Walker,

to my children, Sarah, Robbie, and Marie,

my grandchildren, Isobel, Joshua, Cayden, and Javon,

and to Cissy, the closest person to a sister I will ever know.

I am honored by the constant support you have all given me and

I am blessed by the ways you each enrich my life.

I also dedicate my work to my Lord,

who gives me the strength and wisdom to do all things.

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Abstract

This mixed-methods study was conducted to determine practices being used at Missouri community colleges for serving students with psychiatric disabilities using a survey created from a compilation of best practices guidelines. Survey items were developed by reviewing over 40 expert sources on the subject of disability services. Descriptive statistics and thematic descriptions were used to analyze survey data. Additionally, current practices used at Missouri Community Colleges were compared with best practice guidelines in the survey using t-tests. Demographic information collected provided information about survey respondents such as their job title and length of employment in disability services. The findings revealed significant differences between best practice guidelines and current practices used at Missouri community colleges. Successful strategies and common concerns related to serving students who have psychiatric disabilities were discovered. Further research is needed to strengthen the current findings and discover the efficacy of current and best practices.

CHAPTER ONE

Introduction to the Study

On April 16, 2007 the Virginia Polytechnic Institute and State University (VA Tech) campus was shaken by the tragedy of a severely mentally ill classmate taking the lives of 32 members of the university community before taking his own life *(*International Association of Campus Law Enforcement Administrators Special task Force [IACLEA], 2008). On February 8, 2008, a young woman who was experiencing "paranoia and losing touch with reality" committed suicide after killing two others on the campus of Louisiana Technical College in Baton Rouge (Baton Rouge Police Report, 2008). Since the first documented shootings by a mentally ill person at University of Texas, Austin in 1966 several violent incidences involving mentally ill students have occurred on college campuses across the United States (IACLEA*;* Kadison & DiGeronimo, 2004). No colleges or universities are immune from critical incidences associated with mentally ill students. Nevertheless, it is unfortunate that cases of mentally ill students who acted out in violence are the most salient examples of mentally ill students that many people think of because it adds to the stigma associated with mental illness and it is an unfair portrayal of the mentally ill. The stigma of mental illness negatively impacts the success of all students with mental health problems on campus (National Alliance for the Mentally Ill [NAMI], 2004; Willis, 2007; Wolanin & Steele, 2004). Although a tragic outcome is a real possibility for an individual who is experiencing psychotic symptoms of mental illness, violence is not the norm for mentally ill individuals.

An estimated one out of four adults in the United States will experience a mental illness at some point in their life and the vast majority of those individuals will never

commit a violent act (National Institute of Mental Health [NIMH], 2008). The typical college age student is at even higher risk of developing a serious mental health problem than the rest of the population due to age and stressors (Andrews & Wilding, 2004; NAMI, 2004). According to the Mental Health Work Group at the University of Michigan, Ann Arbor (Report of the mental health work group, 2003):

> College-age students are more likely to experience mental illness than other age group. It appears that colleges and universities have experienced increasing enrollment of students with pre-existing mental illness and concurrently the number of students with more complex and severe mental health problems has increased. (p. 3)

Given that college students are more at risk of developing mental health problems than the general population and that the numbers of students attending college with mental illness has steadily increased each year (Andrews & Wilding; Baker, 2005; Belch & Marshak, 2006; Collins & Mawbray, 2005; Miller, 2004; NAMI; Zdziarski, 2007), the issue of how to best manage and serve the population of students who have mental health problems is highly relevant in higher education today.

Students with psychiatric disabilities (SPD) gained increased access to higher education with the legislation of Section 504 of the Rehabilitation Act of 1973. Section 504 was furthered and enhanced with the passing of the Americans with Disabilities Act (ADA) of 1990 (U. S. Department of Justice, 2009). Together these federal acts mandate institutions of higher education from discriminating against SPD and entitle SPD to reasonable accommodations to level the academic playing field and afford them opportunity to reach their educational goals (U.S. Department of Education, 2009). Nevertheless, SPD remain one of the most marginalized groups of college students due to

their unique needs, a limited understanding about mental illness by the public, and stigma associated with mental illness that carries over to campus interactions.

With and without reasonable accommodations, SPD have trouble achieving their academic goals (American College Health Association [ACHA], 2004; Andrews & Wilding, 2004; Collins & Mawbry, 2005; Jenkins, 2006; Muckenhoupt, 2004; Sharpe, Bruininks, Blacklock, Benson, & Johnson, 2004). SPD complete college at a lower rate than their peers, feel more isolated than other students, have more communication problems with classmates and faculty, and experience problems unique to symptoms of their mental illness and its treatment (Cohen, 2007; Kadison & DiGeronimo, 2004).

According to the American College Health Association (2004), "Programs and policies surrounding issues such as …mental health are increasingly viewed as campus wide concerns that affect student health and academic progress" (p. 2). College policies, and the application of policy in practice, influence students' ability to reach their academic goals (Jenkins, 2006; Marshall & Gerstl-Pepin, 2005). Furthermore, effective policies related to SPD serve to protect institutions of higher education by ensuring compliance with ADA standards (Cohen, 2007) and help to increase campus safety in case a student has a psychiatric crisis (Baker, 2005). The focus of this research is on services that colleges offer to students who have psychiatric disabilities (SPD). This chapter provides an overview of issues related to serving SPD, conceptual underpinnings for the study, and a brief statement of the problem and the research questions on which this study focuses.

Colleges in Missouri

The Missouri Department of Higher Education (MDHE, 2007) lists 21colleges as Public Certificate and Associate Degree Granting Institutions, including five of which belong to one urban area community college system, and another four that belong to a second urban community college system. In the fall of 2007 these 21 colleges had a total enrollment of 89,207 students (MDHE report 29). According to MDHE, historical trends show net enrollment gains from 1981 through 2007 (MDHE, report 33). Referencing data from the U.S. Department of Education, Chen (2008) reports that enrollment gain trends are likely to continue during the current difficult economic times in the United States. In addition to the 21 public colleges in Missouri, the state has a number of private-for-profit colleges and technical schools, a state university system, and several private and public four year colleges and universities. According to the Missouri Association for Higher Education and Disabilities (MO AHEAD, 2010), there were 4,140 students with psychiatric disabilities reported as attending Missouri community colleges in 2008. However, the number of SPD is underreported. Out of 79 colleges and universities listed on the MO AHEAD website, only 39 reported the number of students registered with the disability services office (DSO). Furthermore, several documents listed only a few students and were likely incomplete or inaccurate. For example, two different schools reported having only four students registered with their disability office and two other documents listed only two types of disabilities, whereas most schools that reported the numbers of students with disabilities listed in multiple categories of both physical and mental disabilities. Additionally, reported numbers of SPD are low compared to actual numbers because students are required to self disclose their disability and many students

with disabilities choose not to register with the disability services office. Institutions of higher education in Missouri have an obligation to help their diverse students fulfill their educational goals, keep their campuses safe and provide opportunity for creating an educated citizenry for the public good.

Conceptual Underpinnings Applied to this Study

Colleges Play a Role in Social Justice

Educational programs of study in college are one way for individuals to gain career training. Additionally, academia is viewed as an avenue to help improve society as a whole (American College Health Association, 2004; Marshall & Gerstl-Pepin, 2005). A natural outcropping of the community college mission is to develop programs and services that provide educational opportunities to typically underserved populations and increase diversity in academia as colleges serve their communities (O'Banion, 1997). According to Merriam (1998), "Education is considered to be a social institution designed for social and cultural reproduction and transformation." (p. 4). Framing education within a social justice perspective is aided by our understanding that "schools [are] embedded within a larger social and cultural context" (Marshall & Gerstl-Pepin, p. 111) that affects how academia operates. Several authors advocate that institutions of higher education today have a moral responsibility towards social justice and encourage college leaders to empower marginalized members of society, such as mentally ill individuals, through reform of educational policies and programs (Cervero & Wilson, 2006; Marshall & Gerstl-Pepin).

College Policies Play a Role in Social Justice

Policy can be used either to further the status quo or to disrupt hegemonic discourse and practices (Craig, 2006; Marshall & Gerstl-Pepin, 2005; Willis, 2007). Attending to the larger sociological and social justice perspective in which academia is embedded, college policy makers, and those who implement policy, have a moral, ethical obligation to not only write good policy, but also protect and represent the interests of low power, minority stakeholders (Cervero & Wilson, 2006; Marshall & Gerstl-Pepin). From a social justice perspective, policy is intricately related to political power structures and the competition for resources (Marshall & Gerstl-Pepin). Historically, groups such as individuals with disabilities, minorities, women, and those from lower socioeconomic circumstances have less power and influence at the policy planning table. Thus, their voices are underrepresented and their needs are frequently misunderstood or ignored (Cervero & Wilson).

Policy decisions directly affect diverse stakeholders such as students, faculty and staff. This makes it beneficial for those responsible for making policy decisions to understand and attend to the multiple perspectives and legitimate concerns from all stakeholders and policy actors (Cervero & Wilson, 2006; Marshall & Gerstl-Pepin, 2005; Placier, Hall, McKendall, & Cockrell, 2000). Individuals involved in developing, implementing and analyzing educational policies and practices should seek to understand diverse stakeholder views, while at the same time maintain perspective on the overall needs of their institutions. Policy that is created with attention to multiple perspectives facilitates serving both the needs of varied stakeholders and the institution (Marshall & Gerstl-Pepin).

Critical Theory Supports Social Justice Research

Looking through the lens of Critical Theory, an important function of education is to provide an avenue for changing and improving society (Grogan, 2003; Merriam, 1998). Moreover, Critical Theory provides theoretical underpinnings for this study because foundational ideas of Critical Theory relate to disrupting the status quo with the goal of improving society (Grix, 2004) by improving conditions for marginalized members of our society. The socio-cultural and social justice perspectives are consistent with the application of Critical Theory to this study in that all of these ideologies seek to "understand how individual cultural groups or communities respond to and are affected by policy" (Marshall & Gerstl-Pepin, 2005, p. 111). Use of Critical Theory aids in revealing hegemonic discourse embedded in social and political structures, including college policies and practices, and helps the inquirer understand the complexity of issues involved in policy making when striving to serve all members of society (Coghlan & Brannick, 2005; Grix; Grogan; Heppner & Heppner, 2004; Marshall & Gerstl-Pepin; Merriam). Furthermore, use of Critical Theory encourages the researcher to use research methods that best facilitate discovering information about policies and practices related to SPD. Quantitative data can provide objective information that allows the researcher to compare data sets. That contrasts with qualitative data that can provide descriptive information about personal experiences. Guided by the underpinnings of critical theory, both quantitative and qualitative methods are deemed valid avenues of inquiry for this study on college policy and related practices (Coghlan & Brannick; Grix; Seidman, 2006).

Rationale for this Study

Consistent with the idea of colleges serving as an avenue for social justice, The American Association of Community Colleges (2006) is committed to the mission of "advance[ing] the recognition of the role of community colleges in serving society today." (¶ 5). Community College leaders in Missouri benefit their institutions by ensuring that their college policies and practices meet the challenges of serving a diverse student body. College policies and related practices provide an avenue to comply with federal law, facilitate student success, maintain safe campuses, and meet community expectations. Given the number of students attending Missouri colleges, coupled with the prevalence of mental illness in our society, there are likely large numbers of students struggling with mental illnesses on the college campuses of Missouri. Some of those students are identified as having a mental illness and some of those students have a mental illness but are not identified as such. The colleges these students attend must not only comply with federal legislation but also meet the mission of effectively serving the academic needs of their students and communities.

In the *Report to the President on Issues Raised by the Virginia Tech Tragedy* (U.S. Department of Health and Human Services [US DHHS], 2007), a straightforward recommendation was "Where we know what to do, we have to be better at doing it" (p. 17). The recommendation was an admonition to use the information we have on best practices for serving SPD by embedding those specific ideas in college polices and putting it into practice. The Report also suggests the need for increased research on issues related to mentally ill students and a concerted effort to decrease the stigma attached to mental illness through public education and policy reviews. The call to use best practices

and more research related to SPD is not a new suggestion. Shaw and Dukes (2001) also noted that few empirical studies had been conducted related to services for SPD.

College policies and practices related to serving SPD need to be evaluated regularly to check on the efficacy of the policies and to improve them as needed (AHEAD, 2009a). Educational leaders use policies to govern and steer institutions of higher education (Cevero & Wilson, 1994; 2006; Marshall & Gerstl-Pepin, 2005). Regulations that flow from policies aide decision makers as they implement policy in daily practice. However, despite sound policy, all policies are interpreted and implemented by "street level bureaucrats" (Weatherly & Lipsky, 1997, p. 172) and influenced by the lived realities of policy implementers and their students (Marshall & Gerstl-Pepin). These daily realities make examining the relationship between formal policy and daily practices necessary.

Statement of the Problem

Community colleges have personnel assigned as disability service compliance officers who, in essence, are gatekeepers to services and street level bureaucrats acting out policy in daily practice (Weatherly & Lipsky, 1997). Disability service providers wrestle with the realities of conflicting interests as they work to meet administrative mandates of their colleges, meet the expectations of faculty and other campus members, and help the students with whom they are in daily contact. Disability services officers are frequently time pressured with multiple responsibilities and frequently lack detailed guidelines to help them meet the responsibilities of their jobs. Many of the decisions they make are related to unclear, complicated situations where legal mandates intersect with many highly individualized variables that current policies fail to take into account

(Andrews & McLean, 1999; Belch & Marshak, 2006). It is difficult for college disability service providers to know how to implement best practices and potentially even more difficult to make consistent, quality decisions when addressing the needs of SPD and the college (Craig, 2006). Harper and Peterson (2005) noted that "clear policies and procedures are absolutely vital" (p.3) in effectively serving SPD and the college. Unfortunately, few studies have been conducted on how well actual college practices for serving SPD aligns with best practice guidelines (Belch & Marshak, 2006; Collins & Mowbray, 2005a) and no such study has been done in Missouri about community colleges and the ways in which these colleges meet the needs of SPD.

Purpose of the Study

The overall purpose of this study was to discover what practices related to serving students with psychiatric disabilities are currently used at community colleges in Missouri. Moreover, the purpose was to explore how closely practices at Missouri community colleges align with established best practice guidelines for serving students who have psychiatric disabilities. The researcher looked to existing educational policies at Missouri community colleges as a starting point; however, the study was focused on discovering what was being done in current practice. The researcher also hoped that this study could help increase awareness about best practice guidelines for serving students with psychiatric disabilities.

Research Questions

The research questions explored for this study were as follows:

1. What practices related to students with psychiatric disabilities are used at Missouri community colleges?

2. How do the practices related to students with psychiatric disabilities being used at Missouri community colleges align with best practice guidelines for serving students with psychiatric disabilities?

3. What successful strategies are Missouri community college personnel using to serve students with psychiatric disabilities?

4. What concerns do Missouri community college personnel have in relationship to serving students with psychiatric disabilities?

Limitations of the Study

It is important to acknowledge the following potential limitations of this study. Limitations include: stigma and bias, a lack of comprehensive guidelines, and problems in defining the population of interest.

Stigma and Bias

Every study related to mental illness is influenced by stigma in some way. Given that most of the research participants in this study understand that the SPD to whom they provide services bear the burden of the stigma attached to mental illness, it is likely that they did not want to further the stigma problem. Additionally, research participants may have answered survey questions with a positive self-serving bias since they may have had a protective interest in presenting themselves and their institutions in a good light. Even so, it is also possible that the stigma associated with mental illness may have moved some respondents to answer in a negative way, especially if a problematic student encounter readily came to mind. The biases and personal opinions of the researcher likely influenced the way in which the research questions were framed and interpreted also. The researcher is a licensed professional counselor with an employment history of working

with adults who had severe and persistent mental illness and worked as a mental health advocate.

An important step to minimize the problems associated with stigma and biases in this study was to recognize areas of potential problems. Coghlan and Brannick (2005) encouraged researchers to question and understand assumptions they make based on their views and experiences. In this study, the researcher engaged in systematic personal reflection during every step of the research process, helping to minimize bias in coding qualitative data for themes and categories, thereby facilitating the trustworthiness of the data (Merriam, 1998). Being aware of potential bias also aides in maintaining the validity of quantitative data (Coghlan & Brannick). In addition to being aware of problems associated with stigma, the survey used in this study was designed with a focus on policy and best practices to minimize respondents answering from any salient, negative experiences of students with whom they have interacted.

Lack of Comprehensive Best Practice Guidelines

Resources for college personnel that explain how to carry out best practices when working with SPD are limited. A list of comprehensive, proven to work, best practices for serving SPD does not exist in a concise form. Existing best practice guidelines are divided up into multiple, topic specific documents and studies that typically address the overall needs of students with all types of disabilities, giving less attention to the specific needs of SPD and policies that affect them. Statistics on success or retention rates for SPD linked to specific practices are lacking. In fact, measuring retention and success rates of students in general is an ongoing concern for community colleges (Alfred, Shults, & Seybert, 2007; Dickeson, 1999; O'Banion, 1997). Therefore, establishing external

validity, from a quantitative stance, is difficult when comparing actual practices to suggested best practices. Nevertheless, the literature is replete with many strategies, in a variety of documents, which can help facilitate the success of students with psychiatric disabilities in college. For this study the researcher developed a survey with closed and open ended questions based on a variety of sources that address best practices in the field of disability services for college students. Prior to administering the survey to the research participants, a pilot study and focus group were conducted and feedback incorporated into the research process to increase the validity and reliability of the survey instrument.

Defining the Population

This study focused on practices affecting a specific population of students: those attending public community colleges in Missouri identified as having a psychiatric disability. This was beneficial by providing clear boundaries for the research. However, this was also a limitation of the study because it excludes a number of students with mental health problems and students attending other types of colleges and universities in this state.

Definitions of what constitutes a psychiatric disability vary and are socially constructed (Becker, Martin, Wajeeh, Ward, & Shern, 2002; Granello, & Granello, 2000; Williams & Arrigo, 2002; Willis, 2007). The lack of a general consensus on one definition of a psychiatric disability is further complicated by students' individuality and the uniqueness of psychological disorders. It is also important to understand that mental illness manifests in people on a continuum of varying symptoms of varying severity and

with different times of onset of problems. Giving a definition of a mentally ill student requires sorting through several possible scenarios.

Some students arrive on campus with relatively minor mental health issues, some of which were diagnosed previously and some that were not. Other students may first develop a mental health problem while attending college; some students recognize the problems and receive treatment, some do not. A number of students come to college with undiagnosed mental health problems and yet others arrive on campus diagnosed with mental health problems so severe that they are labeled as having a psychiatric disability. All students who have mental health problems are of concern on college campuses, and collectively they make up the population of mentally ill students. Research is needed related to each group of these students, but it is a messy process with only a small portion of mentally ill students that can be identified and clearly defined. To improve clarity in this study only one population of students was addressed: students with psychiatric disabilities. Definitions are provided in the list that follows, clearly defining the college population and psychiatric disability.

Definition of Key Terms

The following terms were used throughout this study:

Best Practices- Best practices refers to a set of researched guidelines accepted as setting a high standard of quality for service delivery.

Disability Services Office (DSO) - Colleges refer to the office or department that is responsible for overseeing services for students with disabilities by a variety of names. In this study that office is referred to as the Disability Services Office (DSO).

Disability Services Staff (DSS) - The people who work in the DSO are collectively referred to in this study as the disability services staff. This broad term refers to advisors, counselors, and administrators of disability programs. Administrative assistants are also important staff members included in this category. When referred to in this study they are addressed as either administrative assistants or support staff. At times, individual positions are referred to when appropriate.

Missouri community colleges- For this study the 21colleges listed by the Missouri Department of Higher Education (2007) as Public Certificate and Associate Degree Granting Institutions are collectively labeled as Missouri community colleges.

Policy- In this study, policy refers to written institutional or departmental policies. This is a large, umbrella category of formalized rules that help govern colleges and specific departments.

Practices- In this study, practices refer to how policies are acted upon. The reference is to what is actually going on in policy implementation as people conduct their daily business. The focus is on what typically happens in a given situation.

Psychiatric Disability- The Equal Employment Opportunity Commission (EEOC) (1997) guidelines provides the definition of a disability that was used in this study. EEOC guidelines state "Under the ADA, the term disability means: (a) A physical or mental impairment that substantially limits one or more of the major life activities of [an] individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment" (¶ 3). A psychiatric disability meets both that criteria and the definition of one having a psychological disorder.

Psychological Disorder- For this study the terms psychological disorder, psychiatric disorder, mental illness, and mental health problems are used interchangeably. These terms refer to mental health problems that meet the diagnostic criteria for a mental disorder as defined by The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, 2000). According to the DSM-IV-TR (American Psychiatric Association, 2000) a mental disorder is defined as:

> …a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased fear of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one. (p. xxxi)

In addition to this broad definition of a mental disorder, the DSM-IV-TR categorizes major mental illnesses by categories. For example, within the category of Disorders Usually Diagnosed in Infancy, Childhood or Adolescence is Attention Deficit Disorders and Pervasive Developmental Disorders such as Autism. In the Mood Disorders category are Major Depressive Disorders and Bipolar Disorders. Within the category of Anxiety Disorders are Panic Disorders, Post Traumatic Stress Disorder, and Obsessive-Compulsive Disorder. Within the category of Schizophrenia and Psychotic Disorders are the various types of Schizophrenia. Additionally, there is a diagnostic category for a variety of Personality Disorders. The list of diagnostic categories and related disorders offered here is not complete but provides a sampling of psychiatric disorders seen on college campuses. Note that a disorder may, but does not necessarily, rise to the level of impairment of a psychiatric disability.

Students with Psychiatric Disabilities (SPD) - Students attending colleges who have been diagnosed with a mental illness that rises to the level of a psychiatric disability.

Urban Community College System- The individual colleges that make up each of the two urban area college systems in Missouri were each grouped as one unit of a larger system. For example, one urban college system consists of four different Missouri community colleges and the other urban college system consists of five different Missouri community colleges. There are two urban college systems included in this study that are a subset of Missouri community colleges. All other colleges are considered rural colleges for the purpose of this study.

Summary

In Chapter One, an overview of this study was provided. Background information included the prevalence of mental illness in the adult and college population of the United States. It was noted that a college's primary function is to facilitate the success of all students and provide a safe, accessible environment. The number of students attending college with psychiatric disabilities continues to grow and these students have an especially difficult time meeting their educational goals. Additionally, serving SPD poses unique needs in the policy arena and there is need for more research on best practices for serving these students. Effective policies and resultant practices can pave the way for student success and safer college campuses. A brief look at the colleges' role in joining the mission for social justice led to the idea that Critical Theory is a useful tool for policy research and evaluation. The purpose of this study is to explore daily practices being used at Missouri community colleges for serving SPD. This chapter provided a brief statement of the problem on which this study focuses, the purpose of the study, the

research questions, potential limitations of the study, and definitions of important terms were provided. In Chapter Two a more in-depth review of pertinent literature will be given. Chapter Three follows with an outline of methods used to collect and analyze the research data. In Chapter Four the focus is on data analysis, and Chapter Five provides a discussion of findings and considerations for future research.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Attaining a college education in the United States provides an important avenue to career success and personal fulfillment. A review of policies and mission statements of colleges and universities reveals that institutions of higher education seek to serve diverse populations in meeting personal and career goals (Dickeson, 1999; Jenkins, 2006). Community colleges in particular have a mission to serve students with a variety of needs as a part of their larger mission of serving their communities (Drumm, 2000; O'Banion, 1997). Nevertheless, "providing underserved student populations with access to higher education poses a host of challenges [to colleges] that have adopted this mission" (Passaro, Lapovsky, Feroe, & Metzger, 2003, p. 85). The purpose of this study is to understand how community colleges in Missouri meet the challenges of helping students with psychiatric disabilities (SPD). Understanding challenges faced by colleges serving mentally ill students requires considering an overview of how mental illness has been dealt with historically by society and on college campuses. It is also useful to look at the trend of increasing numbers of students attending college who have psychiatric disabilities and current challenges they face. A review of pertinent literature related to the topic of mentally ill college students illuminates some of the challenges that exist for these students, their professors, and other college personnel and administrators in light of the practical application of legal mandates and social policies. First, this literature review focuses attention on the historical and current context of mental illness on college campuses. Next, pertinent laws and college policies are considered. Finally, best practices

for serving SPD are reviewed and gaps between best practices and lived realities are highlighted.

Historical and Current Context

A Historical Perspective

The history of the way that society has treated the mentally ill is a disturbing story and largely beyond the scope of this writing. Throughout history mental illness has been misunderstood and those afflicted with mental illness have been treated poorly. Historically, mental illness has been attributed to demon possession and witchcraft, to basic character flaws of the afflicted, and to poor self-management skills. The person afflicted was frequently shunned or hidden away in asylums or basements. Treatment options were limited and often inhumane (Halgin & Whitbourne, 2010). Professional career and college opportunities were out of the question for people with severe mental illness. However, the advent of improved research on mental illness, coupled with medical technology, has brought about a better understanding of psychiatric illness. This has lead to improved treatments and medications and enhanced opportunities for those afflicted by mental illness. Even so, individual who have a mental illness today are still affected by the historically troubling ideas about mental illness as a result of stigma.

The Problem of Stigma

Stigma is broadly defined as "a mark of shame or discredit" (Merriam-Webster, 2010) and, although unreasonable, individuals with psychological disorders today still bear the burden of the stigma of mental illness (Halgin & Whitbourne, 2010; NAMI, 2004; University of Michigan, 2003; Willis, 2007). The stigma attached to having a mental illness is strong and negatively influences opportunities for those with a mental

illness in multiple areas, including on college campuses **(**Becker, Martin, Wajeeh, Ward, & Shern, 2002**;** Belch & Marshak, 2006; Blacklock, Benson, & Johnson, & 2003**;** Collins & Mowbray, 2005a; Granello & Granello, 2000; Kadison & DiGeronimo, 2004; Willis). In fact, according to Corrigan (2004), there is agreement from multiple sources that stigma is one of the largest problems facing the mentally ill in the past and today. Still, as our treatment and understanding of mental illness has improved, the move to reform social policy aimed at helping the mentally ill live fulfilling lives has grown. Nevertheless, as a society we still fall short of realizing social justice for the mentally ill and other marginalized members of society (Cevaro & Wilson, 1994; Corrigan; Halgin & Whitbourne; Marshall & Gerstl-Pepin, 2005). Fortunately, enough progress has been made in the treatment of mental illnesses that afflicted individuals have increasing opportunities to lead satisfying family lives, have meaningful careers, and participate more and more in higher education.

On College Campuses Today

The number of students who have a mental illness attending college today is higher than ever before and increasing (Baker, 2005; Harper & Peterson, 2005; Kadison & DiGeronimo, 2004; Zdziarski, 2007). Muckenhoupt (2000) reports that millions of college students are negatively affected by mental illness each year. Symptoms of mental illness negatively impact a student's academic performance (Andrews & Wilding, 2004), minimize the likelihood that the student will reach his/her potential (Collins & Mowbray, 2005a), and interfere with a student's overall health (ACHA, 2004). Kadison and DiGeronimo (2004) cited a study conducted at the University Of Kansas in 2003 indicating that the number of students seeking help for depression at their counseling

center nearly doubled over a thirteen year period. A survey conducted by NAMI (2004) confirms that 1 in 3 college students reported experiencing prolonged periods of depression, 1 in 4 had suicidal thoughts, and 1 in 7 had difficulty in college due to symptoms of mental illness.

The lifetime prevalence of mental illness in the United States is about 32% (Halgin & Whitbourne, 2010), and one source estimates that 37% of young adults have a mental illness (Kessler, Olfson, & Berglund, 1998). Those numbers include all forms of mental illnesses and represent individuals with symptoms ranging from mild to those experiencing symptoms severe enough to rise to the level of a psychiatric disability. The typical age of onset for many mental illnesses is the early twenties, the typical age many students first arrive on college campuses. It is noteworthy that during transitional and stressful times of life people are most vulnerable to developing a mental illness, and college students face multiple transitions and stressors as they cope with college life (Kadison & DiGeronimo, 2004).

Mental illness shows up on college campuses in a variety of ways. Some students develop mental health problems after they begin college (Sharpe, Bruininks, Blacklock, Benson & Johnson, 2004). For some students who develop mental health problems while in college the problems will be manageable and transient; for others it will begin a lifelong journey of living with mental illness. Some individuals dealing with chronic mental health problems will become disabled by severe mental illness. Other students arrive at college already experiencing mental illness (NAMI, 2004; Stein & Cislo, 1992). This group of students separates into two major categories. One set of students begins college with relatively minor problems associated with their mental illness and their

mental health problems do not meet the criteria of a disability. The other set arrives on campus already meeting the criteria of having a major mental illness that rises to the level of having a disability. Understanding that there are various levels of mental illness represented in the student body adds a layer of complexity in meeting the needs of all students on campus.

Community colleges are on the front lines of serving students with mental health challenges and have a valuable role in promoting educational opportunities to SPD. Miller (2004) noted that there is an overall increase in the numbers of mentally ill college students and acknowledges that two year schools are at a particular disadvantage for serving the mentally ill for several reasons. Miller points out that most community colleges are commuter campuses that lack resources on campus to meet the needs of mentally ill students. Community college students also find it more difficult to make social connections important to maintaining a sense of wellbeing. Furthermore, according to The Institute for Higher Education Policy, community colleges face more of a problem than many four year colleges because "a larger proportion of the population with disabilities attends two-year institutions" (Wolanain & Steele, 2004, p.17). Developing quality policies and practices related to disability services is crucial to facilitate success for students with disabilities. Indeed, effective college policies related to disability services serves the best interests of all students (Kadison & DeGeronimo, 2004).

Summary of Contextual Issues

Individuals suffering from mental illness have been poorly treated and the historical contexts in which understandings of mental illness have developed are tainted by views from the past. The result is that mental illness carries a negative stigma that

persists today (Halgin & Whitbourne, 2010). Nevertheless, treatment for psychiatric disabilities has greatly improved and now millions of college students who are afflicted with mental health problems attend college. The community college system is frequently the entry point for SPD (Collins & Mowbray, 2005b) due to convenience and open admission policies. Colleges today are struggling to meet the needs of these students in both providing services and in developing sound policies that address the needs of the students and the colleges that they attend.

The Policy Arena

Federal Mandates

In the United States, several laws at the federal level are involved with providing services for SPD. Section 504 of the Rehabilitation Act of 1973 guaranteed access to higher education for individuals with disabilities. The Americans with Disabilities Act of 1990 (ADA) mandated that businesses and colleges provide services and accommodations for individuals with physical and mental disabilities. In 2009 the ADA was amended (U. S. Department of Justice, 2009), clarifying definitions of "substantially limits" and "major life activity", thereby strengthening language covering psychiatric disabilities. Together, enforcement of these federal acts prevents institutions of higher education from discriminating against students who have psychiatric disabilities (SPD) and promotes the use of reasonable accommodations to facilitate these students reaching their academic goals (Collins & Mowbray, 2005b).

Other federal legislation also impacts services for SPD. The Health Insurance Portability and Accountability Act (HIPAA) mandated the privacy of health records. Only the patient and health care provider has access to his/her health records. To qualify for reasonable accommodations, SPD must provide appropriate documentation

containing a mental health diagnosis and prognosis. The onus of this responsibility is on the student, which can be a barrier for some individuals in accessing needed services. The Family Educational Rights and Privacy Act (FERPA) mandated the privacy of educational records (U. S. Department of Education, 2010), limiting the sharing of student information with parents and campus members. However, according to FERPA and HIPAA guidelines (U. S. Department of Health & Human Services, 2009), one can sign a release of information to facilitate communication and document sharing. Although the intent of FERPA and HIPAA is to help protect patient and student rights, problems related to documentation and privacy issues surrounding both pieces of legislation are common themes in the literature related to serving SPD (Baker, 2005; Belch & Marshak, 2006; Cohen, 2007; University of Michigan, 2003; Wei, 2007). The most pointed comments related to problems with privacy legislation are found in *The Report to the President on Issues Raised by the Virginia Tech Tragedy, June 13, 2007*. According to the report, "critical information sharing faces substantial obstacles" due to "significant misunderstanding" related to the scope and interactions of FERPA and HIPAA legislation (USDHHS, 2007, p.7).

Thoughtful interpretation of privacy laws is paramount to campus and personal safety issues, especially when dealing with mentally ill students. The relatively rare but salient cases of campus shootings and the numbers of suicidal students illustrate this reality. Wei (2007) noted that when dealing with a suicidal student, legal concerns should be balanced with student privacy issues. Parents or other people who can provide support to a suicidal student need to know when there is a significant problem. Likewise, several individuals on campus may need to be involved in helping maintain safety when a student

is a danger to self or others. This type of information sharing is complicated by FERPA and HIPAA. Enforcing multiple, interacting and complex laws is a complicated process that is subject to misinterpretations. Even so, national and state laws provide direction and structure for the writing of college policies related to FERPA and HIPAA.

College Policies and Politics

College policies are developed and written to meet the legal and logistical challenges inherent in running an academic organization. Given the increasing numbers of SPD on college campuses and problems created by FERPA and HIPAA, "clear policies and procedures are absolutely vital" (Harper & Peterson, 2005, p.3) to meet institutional and student needs**.** Campus policy makers want to support and protect the institution while at the same time meet the needs of all students on campus. Administrators and policy makers have the fundamental responsibility of creating policy and procedures that ensure campus safety (Zdziarski, 2007), meet legal mandates (Hoover, 2003), and promote the best learning environment possible.

At its core, policy formation is embedded in the political arena and influenced by positions of power (Marshall & Gerstl-Pepin, 2005). Organizations benefit from looking at their organizations through multiple lenses and framing problems in several ways before settling on potential solutions to problems (Bolman & Deal, 2003; Morgan, 1997). Viewing a college through the political lens reveals a contest for funding and other assets as college administrators and program directors vie for resources to support their efforts. Increasingly, federal and state legislators call for colleges to produce data driven assessment with meaningful results for colleges to qualify for government revenue

streams (Marshall & Gerstl-Pepin). As colleges and various departments compete for scarce resources, the assessment of programs becomes increasingly important.

Given that funding issues plague most publicly run colleges, this creates competition between colleges for state and federal funding. There is also competition for resources within each college. Dickeson (1999) advocated, "the most likely source of needed resources is the reallocation of existing resources" (p.1).This idea automatically creates a competition for scarce resources among programs on campuses. Those with the most powerful voices typically receive the most resources and individuals advocating for funding for disability services are at a particular disadvantage. As Wolanin and Steele (2004) pointed out, "The staff of the disabilities service office is low in the campus pecking order…therefore may have difficulty advocating effectively on behalf of students" (p.41). Thus, low status programs, groups, and individuals such as those represented by disability services have difficulty capturing a fair share of resources. Moreover, low status groups are often overlooked in the planning phase of policy work. The reality that well crafted, effective policies benefit the entire campus community is often overlooked.

Benefits of effective campus-wide policies extend to those with and without disabilities, and to those in the majority and those who have minority status on campus (Jenkins, 2006). Additionally, Marshall and Gerstl-Pepin (2005) pointed out that without funding and clear guidance for policy implementation, policy becomes largely a symbolic interaction that adheres to the "letter of the law" but not the "spirit of the law". Adhering strictly to the letter of the law laid out in ADA, FERPA and HIPAA legislation is not as useful for promoting student success and protecting people on campus as it is to go

further and try to meet the spirit of the law. SPD frequently have unique needs in regards to the sharing of information and reasonable accommodations. SPD need more than just access to higher education; they need reasonable accommodations specific to their individual needs to succeed.

Effective policy development requires looking at who sits at the policy planning table (Cervero & Wilson, 1994). This is especially true when dealing with underserved populations who have unique needs. Gaining access into the policy arena is an inherently political process where power equates to having the strongest voice. An appreciation of diverse perspectives and seeing policy development as a collaborative effort results in more effective policies (ACHA, 2004; Cervero & Wilson; Crouch, 2006; Patton, 1997). Additionally, when people are involved in the planning process they are more likely to "buy- in" to decisions that are made, resulting in greater appreciation of the policy and its enforcement. Greater buy-in results in individuals feeling more a part of the organization and a greater adherence to policy decisions (Nonaka & Takeuchi, 1995).

Including many voices in policy development also facilitates understanding potential unintended consequences that occur when policy is enacted (Patton, 1997). A lack of insight into unintended consequences of a policy can create many problems for an organization because policy can be undermined by unforeseen outcomes once implementation takes place (Marshall & Gerstl-Pepin, 2005). Furthermore, hearing and appreciating diverse perspectives on issues helps overcome a **"**difference blind approach" (Larson & Ovando, 2001). This type of approach inadvertently furthers covert prejudice and discrimination while stymieing needed dialogue and discourse in the name of a false sense of unity (Larson & Ovando). Given the widespread agreement that multiple,

diverse voices help to create the best policies, and that all students and colleges benefit from good policies, it is unfortunate that more colleges do not consistently include a high level of diversity in the planning stages of policy formation. Political objectives, power struggles, and other factors, such as campus culture, play against an inclusive atmosphere in the policy arena.

College Polices and Campus Culture

Organizational and campus culture influences policy development and enactment. Culture also influences the daily realities of life on campus (Bolman & Deal, 2003). Therefore, when contemplating polices and best practices for serving SPD, it is also helpful to consider campus culture. According to the American College Health Association (2004), colleges have a "mission to create healthy and socially just campus communities" (p.2). Even though **a**ll colleges must have policies that meet legal mandates related to ADA, FERPA, and HIPAA, the effectiveness of such polices is influenced by how the campus culture views mentally ill students. From a social justice perspective, it is important to look at what really happens in the lives of people involved in and affected by policies. It is only through these lived realities of people and colleges interacting with a law or policy that policy effectiveness can be judged (Marhall & Gerstl-Pepin, 2005).

When considering the large number of SPD and the scope of services needed for SPD, colleges are encouraged to write formal polices and regulations to support required services and to go beyond the letter of the law (Cohen, 2007). Even so, progress in creating and implementing effective policies and programs for helping SPD succeed has been slow and uneven across college campuses (Collins & Mowbray, 2005b; Hoffmann

& Mastirianna, 1991). Conceivably a partial explanation for this slow pace of change in higher education is related to existing campus cultures which affect how fast and what type of changes occur (Kezar & Eckel, 2002). Cultural ideas about the mentally ill are sometimes explicit, but at other times implied. Whether openly stated or not, those views are intricately linked to following through with policies set in place to level the playing field for those with disabilities.

Once again the stigma attached to having a mental illness causes problems for SPD. In fact, major barriers for SPD are stigma, negative stereotypes, and inadequate or misinformation on psychiatric disabilities (Blacklock, Benson, & Johnson, 2003). It is clear that attitudes about mental illness affect services offered on campus (Granello & Granello, 2000; Leyser, Vogel, Wyland, & Brullee, 1998). One study found that some faculty surveyed thought that mentally ill students were dangerous (Becker, Martin, Wajeeh, Ward, & Shern, 2002**)** even though only a small percentage of mentally ill individuals present a danger to others. Misunderstandings about the mentally ill affect many college stakeholders, including administrators, faculty, and students.

Summary of the Policy Arena

At the most fundamental level, policies related to disability services come from the federal government. Pertinent federal legislation includes the ADA, FERPA and HIPAA. Access and privacy are core issues addressed by those pieces of legislation, but the interpretation of the law varies, creating problems. Policy creation is an inherently complicated progress because policy creation is a political process where those with the most power and strongest voices compete for scarce resources. Furthermore, the local campus culture influences decision making and the problem of stigma continues to affect

policies and practices related to serving mentally ill students. One avenue to help improve attitudes that affect campus culture, and ultimately services for SPD, is to rely on best practice guidelines for serving SPD.

Best Practices

Overview of Best Practices Guidelines

Existing best practice guidelines for working with SPD are divided up into several topic specific documents. A thorough search of existing best practices did not reveal a comprehensive set of easily accessible guidelines for serving SPD. Approximately 45 various sources including peer reviewed articles, books written by authorities on the topic of disabilities, and disability organization web sites were reviewed. These sources included standards of practice set by governmental agencies and national and international organizations. Although all resources reviewed related to services for students with disabilities, each source seemed to address specific, limited parts of best practice guidelines. For example, on the website for The Association on Higher Education and Disability one can find the document *Best Practices: Disability Documentation in Higher Education* (AHEAD, 2009b). The focus is on appropriate documentation for disability services offices (DSO) on college campuses. The American College Health Association offers *Standards of Practice for Health Promotion in Higher Education* (ACHA, 2004). The focus is on campus health policies with an emphasis on institutional policy and policy evaluation. Andrews and McLean (1999) developed *Mental Health Issues on Campus: A Resource Kit for Staff* for the Australian National Training Authority. It is a comprehensive guidebook relating to program development for mental health and disabilities offices in colleges and universities in Australia. Shaw and

Dukes (2001) published the most comprehensive, yet concise, document found relating to disability program standards. They listed nine general areas of standards required for a quality disability program. Even so, that document does not specifically address all areas of working with SPD. The list of resources goes on from A to Z but it requires significant time and effort to put the pieces of information together in a comprehensive format. A lack of comprehensive, easily found best practices contributes to the unevenness in the quality of disability services across the United Sates (Collins & Mowbray, 2005b). Fortunately, the literature is replete with, and becomes repetitive about, many strategies that are either helpful or detrimental to the success of SPD. A review of these strategies reveals themes related to best practices in many of the resources. The following is a review of best practice guidelines grouped by common themes.

Legal issues. Foremost in the minds of many college administrators is the task of meeting legal mandates and protecting their institutions from law suits. ADA compliance must be met for colleges to avoid law suits and to receive federal and state funding (AHEAD, 2009a). It is recommended that colleges seek competent legal counsel familiar with the higher education environment and ADA, FERPA and HIPAA. Furthermore, all stakeholders, including parents, students, faculty, staff, and community referral sources, should be educated on FERPA and HIPAA requirements and the special informational sharing needs of SPD (Belch & Marshak, 2006). Education should be provided to all stakeholders about when they can and should share information about a mentally ill student and the appropriate methods for doing so. "A central issue for practitioners is how to respond proactively [to the needs of SPD] while respecting privacy and the rights to self-determination for students with psychiatric illness" (Belch & Marshak, p. 480).

Wei (2007) agreed that legal concerns of the college and individual should be balanced with student privacy issues and needs, parental concerns, and safety. According to the U.S. Department of Health and Human Services (2007), an increase in collaborative use of information needs to become a reality at the state and local level. By recognizing the barriers created by FERPA and HIPAA, colleges can create standardized release of information forms for students and disability service providers on campus and in local communities (University of Michigan, 2003). Signing a release of information form should always be optional for the student, but it can provide an avenue to help pave the way for sharing information in times of crisis. Although suggestions for best practices for legal issues are provided in several sources it is important to note that, "Nothing presented as best practices should be considered legal advice. Institutions are encouraged to consult with their legal counsel and include stakeholders in policy review and development" (AHEAD, 2009a, ¶ 2).

Policies for disability services. The creation and enforcement of effective policies can help mitigate legal and ethical concerns related to SPD. It is the role of the college administration to implement and monitor policies, especially policies linked to diverse populations represented on campus (Andrews & McLean, 1999). As stated previously in this paper, misinformation about mental illness is common, and SPD suffer from the stigma of mental illness through prejudice and discrimination. Only a proactive stance beginning in the policy arena can help create a positive campus culture accepting of individuals who have a mental illness. SPD need advocates soliciting support for their full participation in campus life. Given that policy development often begins at the top of the college hierarchy, "College presidents and other academic administrators should

provide more aggressive and explicit advocacy on behalf of educational opportunities for students with disabilities, comparable to that which now addresses low-income, multicultural, and gender concerns" (Wolanin & Steele, 2004, p. xi). Various stakeholders should be included in the policy development process (AHEAD, 2009c; Belch & Marshak, 2006; Cervero & Wilson, 1994; Crouch, 2006). A variety of perspectives represented at the planning table is important because of the power differential that exists between SPD and others on campus. SPD are frequently perceived as having lower status by members of society and the college community because of stigma related issues. Even the disability office staff typically has lower status than other professionals on campus (Willis, 2007).

Zdziarski (2007) strongly endorsed an ethic of care for students stating that colleges have a "duty to care for students in our charge" (p. 5). Zdziarski argues that colleges need a systematic, planned approach to handling potential campus crises by implementing crisis prevention policies and plans. Belch and Marshak (2006) also suggested colleges have a specific plan for addressing critical incidences with SPD. Polices and plans should be both flexible enough to meet student needs and ensure campus safety (AHEAD, 2009c; Andrews & McLean, 1999). Policies should also be explicit enough to provide real guidance in decision making if a SPD has a mental health crisis. Discipline for incidences involving mentally ill students should be considered on a case by case basis because of the varied symptoms and levels of symptoms experienced by SPD (Andrews & McLean). Just as policy interpretation and implementation is influenced by individual biases, the individual differences of policy actors also affect discipline decisions for SPD that are made based on written policies. Craig (2006) found

that disciplinary action taken against SPD was influenced by the leadership styles and decision making processes of administrators and disability services officers. To minimize biased disciplinary actions systemic discipline and withdrawal policies for SPD should be created (Belch & Marshak; Craig; University of Michigan, 2003). Campus policies should address logistical issues salient to SPD such as "medical leave, involuntary and voluntary withdrawal, parental notification [of mental health crises] as well as procedures for initiating involuntary commitment to a hospital" (Belch & Marshak, p.477). Many colleges have polices that consider suicidal ideation as such a risk that it is grounds for disciplinary action. Instead, Wei (2007) suggested that a plan be set in motion to help students though the crisis period. Wei advocates for administrators to consider suicidal ideation and suicide attempts as mental health issues and not take immediate disciplinary action against a suicidal student. The focus is to interpret disciplinary actions in the light of individual student needs while at the same time balancing privacy and safety issues for the student involved and the larger campus community.

Additionally, a positive philosophical stance on the benefits of serving SPD and disability policies should be integrated with the larger institutional mission (Belch & Marshak, 2006). For community colleges that embrace a larger mission of social justice it is a natural fit to provide a welcoming environment for people with various types of disabilities. A proactive, social justice stance used to focus the institutional mission is an example of putting theory into practice, which is another best practice guideline.

Theory based practice. When an organization or individual operates from the perspective of theory based practice it means that they use a theoretical basis to help ground and guide decision making. For example, Marshall and Gerstl-Pepin (2005)

advocated for educational institutions to operate from a social justice perspective that is rooted in critical theory. The ACHA *Standards of Practice for Health Promotion in Higher Education* (2004) state that colleges have a mission to create "healthy and socially just campus communities" (p. 2). The ACHA supports the use of inclusive wellness strategies that link to the social justice perspective, thereby providing the best care possible for all students in academia. The *Standards of Practice* explicitly promote the use of theory in practice stating that colleges should "articulate the theoretical frameworks used in health promotion decision-making to the campus community" (p.3). Using what we know from theory and research to help guide policy and decision making is an idea supported by multiple authors (Bers, 2007; Blacklock, Benson, & Johnson, 2003; Kadison & DiGeronimo, 2004; Patton, 1997; University of Michigan, 2003; USDHHS, 2007). The benefits of theory based practice go beyond providing structure for practice to include having a guiding framework for developing and evaluating policies and programs.

Evidenced based practice. When an organization or individual operates from an evidenced based practice model it means that they use evaluative processes to help guide decision making. Members of the academic community will recognize these ideas as similar to ideas rooted in the context of assessment, evaluating outcomes, or quality improvement processes. In the broadest sense, operating on evidenced based practice mandates the collection and analysis of disability services program data. In the wake of the VA Tech tragedy, the USDHHS (2007) recommended that colleges and universities evaluate services currently offered on campuses, especially policies and services linked to the psychiatric needs of students.

Useful data can be collected for program development by conducting a student needs-assessment (University of Michigan, 2003). Additionally, the ACHA (2004) recommends conducting surveys and using data to evaluate and improve service for overall student wellness on campus. Just as diversity is beneficial in planning policies, it is useful to include students who have a mental illness as consultants in program evaluation and decision making. Students with mental health concerns should help with the evaluation of policies and programs. These students, equipped with program evaluations, are in a unique position to serve as consultants offering suggestions to improve disability services (Andrews & McLean, 1999).

Institutional and departmental polices ought to be implemented with clearly stated goals and desired outcomes. The process for measuring and evaluating outcomes should also be explicitly stated. Existing college policies should be reviewed and evaluated regularly for efficacy and improvement (Cervero &Wilson, 1994). Collecting and analyzing program data should be a standard operating procedure in our colleges (Jenkins, 2006). Then, based on the results of evaluating policy effectiveness, college personnel must be willing to change procedures, practices, and even organizational structures when necessary to improve services and meet student and campus needs (Crouch, 2006). Changing organizational policies and structures requires a high degree of institutional support for disability services.

Institutional structure and support. Enlisting the involvement of college presidents and high level administrators is important to garnering institutional support for campus disability services (Wolanin & Steele, 2004). This is true is because administrators are often involved in budget decisions and in choosing members of the

campus community to sit on various committees. One way that institutional support for disability services is evidenced is by disability services staff (DSS) being represented on numerous decision making committees (Shaw & Dukes, 2001). Disability service providers are encouraged to work to increase overall accessibility through system wide changes that increase inclusiveness at the college and reduce the need for individual accommodations (AHEAD, 2009c). The idea from AHEAD is that an inclusive, disability friendly campus is a friendlier campus for all students. Systemic campus issues relate to accessibility and delivery of services (AHEAD), collaboration among departments (ACHA, 2004), and barriers that exist for SPD (Blacklock, Benson, & Johnson, 2003).

Barriers to disability services include psychological barriers such as those related to stigma, actual physical barriers such as the location of disabilities services, and financial barriers such as financial aid policies that do not consider the special needs and circumstances of SPD. The placement of disability services within the organizational hierarchy and the location of the DSO are indicative of the level of support given to SPD. According to Crouch (2006), SPD should be provided easily accessible information, resources, and support services. Visibility for disability services can be improved by stationing offices near other student services (Kadison & DeGeronimo, 2004). Best practices also recommend reducing financial barriers for SPD by considering the special financial aid needs of this population (Wolanin & Steele, 2004). Including the cost of mental health care needs in the financial aid package for SPD may help alleviate financial pressures that often cause SPD to leave college (University of Michigan, 2003).

Institutional support is often thought of in terms of resource management and accountability. All departmental budgets should be tied to program goals and explicit

strategies to help achieve those goals. Setting program goals and strategies helps facilitate student success and retention (Jenkins, 2006). Crouch (2006) focused on policy development and recommended that administrative steering committees with active work groups be tasked with implementing actions and strategies that promote mental wellness for all students. The idea that policies and procedures related to promoting mental wellness should be embedded in institutional structure is echoed by AHEAD (2009a) and ACHA (2004). In addition to suggestions for best practices on how to shape college polices and improve institutional support, the literature also points to several specific policy concerns unique to handling SPD. The DSO and DSS are on the front lines of working with SPD.

Disability services office requirements. First, the DSO needs a mission statement that staff can use to steer their program (Sharpe, Bruininks, Blacklock, Benson, & Johnson, 2004). The use of a well crafted mission statement can facilitate the DSS helping other campus members understand the focus of the program. Creating and adhering to a set of clearly defined policies and procedures is another best practice recommendation. Clearly defined roles and responsibilities for staff should be outlined in policies (Sharpe, Bruininks, Blacklock, Benson, & Johnson). It is helpful to formalize processes for how to access services, create effective documentation, ensure confidentiality, handle complaint processes, and delineate institutional and personal responsibilities, (Shaw & Dukes, 2001). Adequate documentation of a disability is required as a point of entry for students to receive services, so issues related to documentation surface in several areas of best practice. Policy should be written so that it helps support streamlining student paperwork (Andrews & McLean, 1999). Furthermore,

ethical considerations include taking into account the needs of students and what they must do to access services. If the process for securing services is too cumbersome there is a risk that SPD will not follow through with providing documentation needed for services. All disability service providers should be aware of and follow the AHEAD Code of Ethics (AHEAD, 2009d; Shaw & Dukes; Willis, 2007). Additionally, Andrews and McLean advocate for disability services officers to create their own list of internal best practices, thereby personalizing standards to best fit their institutions and student population. Just as using a mission statement can help guide staff, having best practice guidelines can facilitate creating and maintaining a quality program, even when staff feel stretched in their abilities to do their jobs effectively.

Disability services staff needs and professional development. An adequate budget that fully funds staff positions and provides needed resources is at the top of the list for providing quality services (Andrews & McLean, 1999; Collins & Mowbray, 2005a; Jenkins, 2006; Kadison & DeGeronimo, 2004; University of Michigan, 2003). Adequate funding, time to meet job requirements and ongoing professional development are all areas that need to be addressed when considering disability staff needs.

Staff training and professional development are cited as major areas of ongoing need for DSS (ACHA, 2004; Collins & Mowbray, 2005a; Shaw & Dukes, 2001). Training needs include specific knowledge domains and skill sets. At the most basic level, personnel need training on appropriate documentation procedures (ACHA), confidentiality (Andrews & McLean, 1999; Cohen, 2007), and what constitutes reasonable accommodations (ACHA; Andrews & McLean; Crouch, 2006; Shaw & Dukes). All staff should have training on laws and regulations pertinent to serving SPD,

including personal and institutional liability (Crouch). Of special interest when working with troubled individuals is a solid understanding of the legal duty to warn others when potentially harmful situations might arise (Andrews & McLean). DSS must be trained to recognize behaviors that sound the alarm for problems (Andrews & McLean) and the importance of early intervention (Crouch). DSS should be involved with campus crises that involve SPD (Willis, 2007) and be trained in crisis response (Crouch).

Additionally, disability service providers benefit by knowing how to access resources for support and information (Crouch, 2006) and how to advocate for their students (Andrews & McLean, 1999). Effective advocacy requires understanding the unique perspectives of both students and staff. Advocates are most effective when they consider the emotional needs of the people for whom they advocate and others working with them. Professional development in the area of cultural awareness needs to be at the forefront of disability service programs (ACHA, 2004; Wolanin & Steele, 2004). Greater appreciation of individual cultural differences, and of campus culture, promotes an understanding of needs and barriers that cannot be achieved without cultural awareness. Professional development should be provided on empathy skills training (Andrews & McLean), setting boundaries with mentally ill students (Crouch), providing appropriate opportunity for personal disclosure, and responding to disclosure from students (Crouch). In addition to counseling skills, working with SPD requires training on specific information such as diagnostic information or medication issues that is unique to helping mentally ill individuals.

DSS needs education on various mental health diagnoses (Belch & Marshak, 2006). Staff should be able to recognize the signs and symptoms of mental illness and

understand how to help SPD cope with symptoms that might affect academic progress (Andrews & McLean, 1999; University of Michigan, 2003). For example, a student who has Bipolar Disorder may have trouble focusing attention during lecture classes. A knowledgeable disabilities service provider might suggest ways for the student to improve attention such as jotting down questions or personal examples that relate to lecture material while taking notes in class. Many SPD are prescribed psychotropic medications. Staff benefit from training on potential side effects of medications taken by SPD (Andrews & McLean). For instance, some medications have the side effect of making one excessively sleepy in the morning. It is advisable to steer students on those types of medications away from early morning classes.

Disability service providers also provide better quality academic and career advising if they are aware of implications of particular mental health diagnoses on various career fields and employment opportunities (Andrews & McLean, 1999). For example, a diagnosis of a substance abuse disorder might prevent a student from becoming employed in some areas of the criminal justice field. Finally, it is useful for DSS to know how to offer support to others who interact with a mentally ill student such as faculty or the student's peers (Crouch, 2006).

Documentation. Securing and maintaining appropriate documentation of a disability is the first step for SPD to receive services and is a central issue in disability services. The disabilities service office must handle documentation of a student's disability, mutually agreed upon accommodations, and how accommodations are met in the classroom. Additional documentation tracking meetings with students and follow up evaluations may also be required. Managing documentation can be a cumbersome task

for students and disability service providers. Cohen (2007) advocates for a "fair and equitable way to request documentation" and states that "students should not be made to jump through hoops to provide documentation" (p. 12). Sometimes students have difficulty in producing one specific document that details their disability and needs. Institutional policies should be "flexible enough for allowing alternative methods and sources of documentation" (AHEAD, 2009b, p.3). The goal of having quality documentation is not only for determining eligibility for services, but also to discover how the disability affects the student's current functioning. It is the student's right under FERPA to choose when, how, and to whom they disclose information about their disability. Sometimes students hold back information because they do not think the information is important to share or because they feel shame about their illness due to stigma. Disability paperwork should be considered working documents and providers should allow retrospective adjustments as needed as the student discloses information that had not been disclosed previously (Andrews & McLean, 1999).

All documentation must be handled in a professional manner protecting the student's confidentiality. Private information should be shared with others only on a "need to know" basis. Documentation should be kept in secured files with limited accessibility (AHEAD, 2009b) The Association on Higher Education and Disability (AHEAD, 2009b) website offers the following Seven Principles of Quality Disability Documentation:

1. Documentation is provided by a credentialed professional in the field who has no personal relationship with the student being evaluated.

2. Documentation includes a clear diagnostic statement describing the diagnosis, the functional impact, and the typical prognosis.
3. Documentation includes a description of the diagnosis methodology: clinical interview, psychological testing, hospital records etc.
4. Documentation includes a description of current functional limitations related to the disability, including a clinician's report and the student's self report.
5. Documentation provides the expected progress of, or stability of, the disability.
6. Documentation integrates a description of current and past treatments, medications and side effects, and previous services.
7. Documentation gives recommendations for accommodations, compensatory strategies, and possible support services. (p.2)

All documentation should be augmented with personal interviews so that complete information is gathered and the services provided to SPD are individualized. Important purposes of quality documentation are to protect SPD from discrimination and determine appropriate accommodations (AHEAD, 2009b).

Accommodations. The nature of one's documented disability determines the nature and scope of reasonable accommodations. All accommodations should be tailored to the individual student's needs as opposed to what might be considered "typical" for a particular disability (AHEAD, 2009a). Determining accommodations is an interactive process. According to AHEAD, "The individual with a disability is a rich, reliable, and valid source of information on the impact of the disability and the effectiveness of

accommodations." (p.2). Reviewing the effectiveness of accommodations is an ongoing process that allows for changes in accommodations as needed. Several sources contain suggestions for various accommodations that are considered reasonable for a variety of disabilities (Andrews & McLean, 1999; Cohen, 2007; Crouch, 2006; Hoffmann & Mastriani, 1991; Kadison & DeGeronimo, 2004; Sharpe, Bruininks, Blacklock, Benson, & Johnson, 2004; Wei, 2007; Willis, 2007; Wolanin & Steele, 2004). The lists of accommodations are extensive. Although understanding what constitutes reasonable accommodations and how they facilitate student success are topics related to effectively helping SPD, discussion of those topics goes beyond the scope of this paper. When reviewing the literature on accommodations two main ideas emerge. First, accommodations should be individualized. Next, the standard is that students with disabilities "are expected to meet the same academic standards and expectations of their peers without disabilities" and no accommodations should require a "fundamental alteration in the nature of a program [of study]" (Wolanin & Steele, p. 39). Deciding what accommodations are appropriate and how to best address student needs requires collaboration between students, DSS, and other members of the campus community.

Collaboration and advocacy. Collaboration and advocacy are critical components of an effective disability services program. Collaboration includes gathering and sharing information with multiple stakeholders such as community members, students, and campus members (Belch & Marshak, 2006; Collins & Mowbray, 2005a; Jenkins, 2006; Shaw & Dukes, 2001; University of Michigan, 2003). Sharing information is beneficial because it provides opportunity to link the disability service office to wider college, community, and social initiatives (Crouch, 2006; Jenkins). For example, components of

Vocational Rehabilitation programs include career counseling and funding to help SPD. Some communities also offer supported education programs with case managers that work directly with SPD, helping them achieve their educational goals (Andrews & McLean, 1999, Collins & Mowbray; Sharpe, Bruininks, Blacklock, Benson, & Johnson, 2004). These types of programs are typically state or federally funded and students in those programs often find better support systems at community colleges than at four year universities (Collins & Mowbray). Vocational Rehabilitation and supported employment initiatives usually serve nontraditional students. Traditional age college students with disabilities who attended public schools benefit from detailed transition plans as they move from high school to college. High school counselors, parents, and students need to know that they must update documentation and be advocates for SPD at college to receive services (Wolanin & Steele, 2004). The disability support staff (DSS) are advised to collaborate with community service providers for continuity of services and to access resources.

Partnering with members of the community can help link the disability service office (DSO) and students to needed community resources that help support the work of DSS. The DSS must be able to provide referrals for mental health services in the community (ACHA, 2004; Belch & Marshak, 2006; Collins & Mowbray, 2005a; Crouch, 2006; Kadison & DeGeronimo, 2004; University of Michigan, 2003). Furthermore, coordination of services and community resources is a key function of the DSO (Andrews & McLean, 1999; Kadison & DeGeronimo; USDHHS, 2007).

The VA Tech tragedy illustrated the need for community organizations to share information with each other and college personnel. The student who was involved with

the shootings there was known to have severe and persistent mental health problems by the local police, mental health providers, and some campus members. Unfortunately, these entities did not share information because no formal avenues for sharing information were in place and because of strict interpretations of FERPA and HIPAA laws (USDHHS, 2007). The U.S. Department of Health and Human Services (2007) now advocates for more flexible guidelines and more collaboration related to the sharing of confidential information and the use of technology to disseminate information.

Students receive the support of disability services at their request; self-identifying as needing services is supported by FERPA and HIPAA. The collaboration that takes place between SPD and the disability support staff (DSS) is at the core of providing services. DSS need to build rapport with the students with whom they work to develop a trusting, working relationship. Rapport is built by showing respect for students, affirming students by noting their strengths, and providing a safe environment within which to meet and work on academic goals. Once rapport is established SPD can be educated on the benefits of disclosing information to others and be encouraged to do so when appropriate to help them meet their educational goals. Permission can be obtained from the student to monitor academic progress via course progress reports, consultations with faculty, individual meetings with students, and by reviewing academic and adjustment checklists (Andrews & McLean, 1999). As DSS monitor student progress, they can work closely with the mentally ill student and recommend that adjustments to accommodations be made as needed. DSS can also encourage the use of academic support services such as tutoring, career counseling and academic planning (Andrews & McLean). It is also useful for DSS to be aware of various learning styles, typical skill or cognitive deficits that exist

for SPD, and be able to suggest different learning strategies for SPD (Shaw & Dukes, 2001).

Staff membersin disability services are the key advocates for SPD on campus and in the community (Andrews & McLean, 1999; Willis, 2007). Student advocacy comes in many forms. First and foremost, the DSS are advised to counsel students to be their own advocates (Andrews & McLean; Shaw & Dukes, 2001). Self advocacy is empowering and instills a sense of personal agency that can help SPD meet the challenges they face in their lives as students. Likewise, families, friends, peers, community members and community treatment providers can be educated on advocacy issues and serve as advocates for SPD (Andrews & McLean). Kadison & DeGeronimo, (2004) also suggest using trained peer counselors to help SPD and enhance the efforts of DSS.

DSS are encouraged to share information about disabilities with others on campus including students and those in various offices and programs on campus. Collins and Mowbray (2005a) suggest, "Educate the entire student body regarding rights, capabilities, and appropriate services for SPD" (p.314). This can be accomplished by developing brochures and materials for students that address these issues, hosting disability awareness activities, and developing other creative ways to highlight disability awareness. It is not only the student body that needs education about disability issues. Offering training on disability issues to multiple departments on campus that interact with SPD is also useful. Researchers who studied mental health needs and services at the University of Michigan (2003) suggest coordination of efforts can be facilitated by creating a mental health organizational structure where different service units work together. Although the structure of an organizational network is different for a large

university system than it is in the community college setting, the ideas of coordinating multiple services is essentially the same. In the community college setting the need for campus networking exists among DSS, financial aid officers, career counselors, academic advisors, those providing mental health services, faculty, and academic support center staff (Cohen, 2007;Crouch, 2006). Other departments to include in coordinating services are Trio staff, residential life directors, those in student services, and the testing center staff. Formalized processes for networking are required given the complexity and time needed to collaborate with such a wide range of campus entities.

Collaborating, consulting with others, increasing awareness about disability issues, advocating for SPD, and doing committee work on campus are all important components of the job for DSS (ACHA, 2004; Belch & Marshak, 2006; Jenkins, 2006; Shaw & Dukes, 2001). Starting the process of education, advocacy and information sharing should be a formal procedure beginning during the student intake process. At that time DSS should also discuss referrals for campus and community resources with their students (Andrews & McLean, 1999). Furthermore, it is essential that the DSS and student define which individuals on campus have a "need to know" about a student's disability to best coordinate care both on and off campus and provide follow up services as needed (Kadison & DeGeronimo, 2004). Successes in advocacy and information sharing facilitate meeting the needs of SPD. Additionally, members of the campus community have varied needs related to the provision of disability services that the DSS are advised to address.

Campus community needs. Members of the college community have special needs related to effectively serving mentally ill students. The largest of these needs deal with

accurately understanding mental health issues and receiving support when working with SPD. Several areas of training are identified in the literature as beneficial. First, all faculty and staff should receive training on a variety of issues related to mental health (Andrews & McLean, 1999; University of Michigan, 2003). Additionally, all parents and students need to learn the warning signs indicative of someone experiencing a mental health crisis and know about available resources for those needing help (USDHHS, 2007). Education should include information about those groups at-risk of developing mental health related problems such as first time freshmen, international students, those living away from home and support networks, students experiencing academic difficulty, those with preexisting mental illness, and students who abuse alcohol and other drugs (Crouch, 2006; University of Michigan).

It is not unusual for the symptoms of mental illness to be misunderstood as character flaws or a lack of willpower or skill on the part of the mentally ill individual (Halgin & Whitbourne, 2010). A large component of understanding others, especially those struggling with mental wellness, is cultural awareness and competency (ACHA, 2004; Willis, 2007; Wolanin & Steele, 2004). Different cultural groups frame psychological problems and intervention strategies differently. Both faculty and students need training on signs and symptoms of psychological disorders (Collins & Mowbray, 2005a) and the impact of disorders on student life and academic skills (Crouch, 2006). Faculty can be trained to review and revise educational program requirements and course work to reduce stressors that can lead to increased psychological problems (Andrews & McLean, 1999; Crouch). Topics for discussion with faculty include clearly delineating course expectations and assignment deadlines, and helping students manage course work

loads. Faculty should be provided guidance on teaching practices that can help mentally ill students learn, and what types of accommodations are helpful and why (Andrews & McLean; Crouch). Of course information on correct documentation of student records (Cohen, 2007) and application of FERPA and HIPAA guidelines (USDHHS, 2007) is critical both to protecting the institution and to facilitating student success.

Individuals who interact with SPD have increased needs for support (Crouch, 2006). This is not only true in academia but in other areas of life as well (Halgin & Whitbourne, 2010). It is not unusual for families, friends, coworkers, classmates, and teachers to experience increased frustration levels when dealing with a mentally ill person. Frustrations run high because symptoms of mental illness are frequently misunderstood and because SPD may lack insight into their problems and behaviors that exacerbate their problems. Therefore, SPD may have trouble integrating into campus life and garnering the social support that comes from being involved in campus activities. Keeping the limited support networks of many SPD in mind, DSS should be involved in planning various campus activities to help promote an inclusive, disability friendly environment. SPD also experience more crises than other students and their crises occur with greater frequency. Therefore, counseling services for problem solving and how to deal with crises are important areas of support for those working with the mentally ill student (Cohen, 2007).

Although some training seems most appropriate for DSS, such as best practices on documentation procedures, it is important to note that an advocacy model stresses the idea that information is power and all people interested in mental wellness benefit from a

better understanding of most of the areas mentioned above. The more people know, the healthier they can be.

Prevention focus. One of the best ways to minimize the impact of mental illness on the college campus is to look at strategies that can help prevent problems before they happen. Potential problems can be of an individual nature such as when a SPD has trouble learning or has a personal mental health crisis. Potential problems may also manifest as true campus emergencies where the safety of multiple individuals is at stake. Best practices address individual and larger campus problems from a preventative standpoint. Crisis prevention training programs address potential large scale campus crises *before* they happen. A quality crisis prevention program is characterized by cycles of planning and reviewing interventions with the help of diverse stakeholders (Zdziarski, 2007). Preventing mental health related crises on campus entails using best practices from the field of risk management, learning from what we already know about quality disability services programs, and having adequate staff to follow through with best practice guidelines (Andrews & McLean, 1999).

In *The Standards for Practice for Health Promotion in Higher Education*, the American College Health Association (ACHA, 2004) states "Student learning is at the core of the higher education academic mission. Health promotion serves this mission by supporting students and creating healthy learning environments." (p.1). The ACHA advocates for colleges to have an explicit health and wellness mission statement to guide institutions in helping students be healthy so they are able to achieve their maximum learning potential. The ACHA takes the stand that health and wellness are not just issues at an individual level. That organization links personal wellness to college wide risk

management and prevention strategies. The ACHA also notes that the social, cultural, economic, and political climate affects the mental and physical health of students and advocate for colleges to operate from a social justice perspective, providing for the wellness of all members of the campus community. In The United Kingdom colleges use *The Guidelines for Mental Health Promotion in Higher Education* (Crouch, 2006). Those guidelines offer the following strategies to promoting mental wellbeing on college campuses: (a) create a supportive, inclusive social environment for students, (b) make structural changes to reduce stressor and increase support for students and staff, (c) provide transparency and coordination on workings of the institution that impact students and staff, (d) strengthen counseling and support services, and (e) create a pleasant work environment by attending to space in buildings. Reviewing both the ACHA guidelines and those laid out by Couch reveals that wellness on the college campus is framed by larger institutional issues than personal factors, and promoting wellness transcends what any one well trained department on campus can do alone. Even so, at the heart of prevention is education.

All campus members should be trained on issues related to wellness. Several of the topics for trainings have been already been mentioned in this paper. Providing information to the entire campus community on signs and symptoms of mental illness, at-risk groups of people, and ways to manage stressors are examples of where training for staff overlaps with training for students. All college members can benefit from learning strategies that help promote positive self-care to decrease stress and promote wellness (Kadison & DeGeronimo, 2004). Providing the information that campus members need on health issues can be accomplished in several ways. Web sites can be used for learning

information on wellness and to access interactive, self-assessments and health screenings (Kadison & DeGeronimo). Colleges can offer for-credit courses on problem solving, communication, wellness, stress, and mental health issues (Kadison & DeGeronimo). When the DSS emphasizes reaching out to the entire college community and provides education to all students on mental illness it can help normalize the experiences of SPD and the need to get help when required. It is especially important that during high stress times students feel comfortable seeking help for issues with which they struggle (Kadison & DeGeronimo). Through the process of helping members of the college community increase their understanding of mental health issues the stigma attached to mental illness and seeking help is lessened for everyone on campus.

Reducing stigma. On college campuses today there is still widespread stigma attached to having mental illness and seeking help for one's problems. In fact, many authors report stigma as the largest barrier to effectively helping SPD (AHEAD, 2009a; Andrews & McLean, 1999; Blacklock, Benson, & Johnson, 2003; Collins & Mowbray, 2005 a, 2005b; Crouch 2006; Kadison & DeGeronimo, 2004; University of Michigan, 2003). Therefore, reducing stigma is a primary goal for disability services programs. Several strategies to help reduce stigma are embedded into best practices discussed previously in this paper such as providing education to students on mental illness and providing opportunities for SPD to become involved in campus activities. Additional suggestions for reducing stigma also center on educational opportunities for the campus community such as having DSS make group presentations, holding a mental health fair, or having faculty and administrators disclose their own battles with mental health concerns and counseling experiences. During new student and family orientations

counselors can talk about mental health and typical mental health difficulties such as depression or anxiety that students may face while at college (Kadison & DeGeronimo). University executives and administrators are high profile, high power players on campus. They can lead or support a campus-wide change initiative to create a way that all campus members and external stakeholders can be involved and work together to decrease stigma (University of Michigan). The goal is to develop a college culture "that promotes safety, trust, respect, and open communication…to create environments conducive to seeking help… and to de-stigmatize mental illness and mental health treatment (USDHHS, 2007, p. 12). There is much work to be done before those goals are met.

Summary of best practices. Best practice guidelines for serving SPD include policies and practices implemented across campus departmental boundaries and run throughout the organizational hierarchy. Additionally, best practices encourage including representation from all stakeholder groups in policy formation and execution. Best practices include attending to legal issues, policy formation and interpretation, theory and evidence based practice, institutional structure and support, DSO and DSS needs, professional development across campus and in the community, quality documentation, individualized accommodations, collaborative efforts, including the training needs of the entire campus, and efforts to reduce stigma. Considering the wealth of information available about how to best serve SPD, the potential for a campus crisis when a student has a personal mental health crisis, and the community college mission that includes reaching underserved populations, one might expect that best practices for running the DSO are firmly in place and widely used. However, reality paints a different picture. In

the next section the gaps between following best practices and realities in practice are explored.

The Gap Between Practice and Reality

Even though there are best practice guidelines available on a variety of topics that can help steer disability services programs, there is a gap between the use of those best practices, program implementation realities, and lived realities of those involved. This gap is a recognized problem with policy enactment (Marshall & Gerstl-Pepin, 1995; Weatherly & Lipsky, 1997).

Legal and Policy Issues

All colleges must at least meet requirements mandated by federal legislation such as the ADA, FERPA and HIPAA. Even so, the interpretation and application of FERPA and HIPAA continues to be of concern (Baker, 2005; Belch, & Marshak, 2006; Craig, 2006; University of Michigan, 2003; USDHHS, 2007; Wei, 2007). Most colleges have policies related to at least some of the best practice guidelines for serving SPD in place. Nevertheless, there is a great deal of variation in disability support programs at colleges across the United States. The variability of programs and services lead Collins and Mowbray (2005a) to conclude that there is a need for greater homogeneity in disability services and resources. Furthermore, a stronger commitment to follow existing policies, and better communication about policies, is called for within the higher education community (Belch & Marshak).

Funding

Currently, tight funding and limited revenue streams strain college systems. High level administrators must make difficult decisions about what programs receive funding

and how to allocate resources. Inherently, the decision making process includes a judgment about what programs need the most funding and why. Considering what programs serve the most students is taken into consideration too, and, as Dickeson (1999) pointed out, community colleges cannot be all things to all people. Even if colleges adopt a social justice perspective, SPD continue to be a marginalized population in their communities and on campus. Given these considerations, disability support programs may be at more risk of funding cuts than other academic programs because students with disabilities are a relatively small population when compared with the entire campus community. Additionally, the perceived low status of the DSO and the students they serve, coupled with the stigma of having a disability, especially a psychiatric disability, places disability support programs towards the bottom of the list of funding priorities for many college administrators.

Evidence Based Practice

Funding and outcomes assessment of programs is increasingly intertwined (Alfred, Shults & Seybert, 2007; Marshall & Gerstl-Pepin, 2005). Therefore, disability service program administrators should take evidenced based practice seriously and develop effective means of assessing their programs. The need for greater accountability is raised in several areas of best practices related to working with SPD. Accountability is complicated by a lack of oversight of programs. Recommendations from a study about mental health services on campus done at the University of Michigan (2003) stated there "needs to be both an individual and coordinating group that have the responsibility and authority to ensure [program] goals are met" (p.3). Understanding how well program and student goals are met is a challenge. Effective program assessment is acknowledged as an

ongoing struggle, not only for disability service programs, but for the whole higher education community (Becker, Martin, Wajeeh, Ward, & Shern, 2002). Even though evaluation and theory based practice is embedded in academia Jenkins (2006) laments that there is "surprisingly little rigorous research on institutional effectiveness in community colleges" (p. i). Unfortunately, research is lacking on what constitutes effective policies in academia overall, and the diversity of the community college population creates particular problems for assessment initiatives and educational researchers (Jenkins). Policies, funding, assessment and research are all closely tied together when it comes to creating and maintaining effective programs. Poor quality in any of these areas has a negative trickle-down effect on the DSO and the students they serve.

Disability Services Office

There are multiple factors that can undermine the quality of disability services, all of which flow back to core policy issues, funding, or an understanding of the daily workings of the DSO. Although best practices suggest the need for adequate funding and a staff designated solely to the DSO, many disability service programs are underfunded and under staffed. In a study conducted by Andrews and McLean (1999) a disability services staff member commented that "students with psychiatric disabilities are now the largest disability group and certainly the fastest growing, yet they [disability programs] receive the least amount of funding" (p. 30). This funding problem prevents disability service offices from being adequately staffed. In addition to poorly funded programs administrators often fail to understand the full time commitment that disability staff need to provide disability services. In the already stressful environment of working with high

need students it is problematic that DSS are frequently called on to do multiple jobs. It is not unusual to find DSS advising non-disability status students and leading workshops on campus that are unrelated to disability services (Collins & Mowbray, 2005a).

Unfortunately, systemic institutional problems such as issues related to accessibility or a lack of collaboration among departments can hinder the success of SPD. Simply finding where disability service offices are located or finding disability information on a college web site can prove challenging for students. Improvements can be made to disability services nationally by institutions agreeing on more uniformity across campuses to create a "readily, identifiable disability office" (Collins & Mowbray, 2005a, p. 314). Being "readily identifiable" encompasses not only the location of the DSO, but also the creation of a standardized name for disability services. For instance, some colleges refer to services for SPD as Disability Services, others call the office the Access Office, and still others may refer to the services as being provided through the Disability Determination Office.

Institutions of higher education must reduce barriers to services for SPD (University of Michigan, 2003). These barriers manifest in a variety of ways including limited mental health resources on campus and in the community, difficulty coordinating campus and community services and problems with psychiatric symptom management (University of Michigan). Additionally, five major barriers hinder SPD in meeting their educational goals:

- negative stereotypes and stigma;
- the complex nature of psychiatric disabilities;
- limited student resources and insurance coverage;

- limited access to information and services; and
- organizational and institutional barriers (Blacklock, Benson, & Johnson, 2003, p. 3-4).

Several of the barriers identified, such as the availability of mental health services and the coordination of services, are directly related to the functions of the DSO. The other barriers are linked to educational issues on which DSS can offer training. Quality disability service programs can help mitigate the effects of barriers, but the DSS need adequate training themselves before they can facilitate educating others on these issues.

Professional Development

More professional development and education on issues faced by SPD is needed for all campus members. Campus personnel often lack an understanding of disability issues (Becker, Martin, Wajeeh, Ward, & Shern, 2002; Collins & Mowbray, 2005a). Too often various campus departments operate within their own spheres of interest and neglect to see how the work done in their departments interacts with and affects the work of other campus entities. For example, financial aid officers need training about the needs of SPD. Financial aid officers may not be aware of the stop and start nature of taking college classes that many SPD experience because of their health issues. An academic record that includes dropping too many classes can result in a student losing his or her financial aid package.

Professional development opportunities vary across colleges and departments. Experts in the field note that not only do service providers want adequate training, the students with whom they work sense this is also a need (Andrews & McLean, 1999). According to Andrews and McLean "Students also expressed concern…that [disability

support] staff are well meaning, but they don't seem to know what to do with me." (p. 30). In part those student perceptions stem from the reality that, in addition to other basic training needs, DSS also benefit from knowing and using basic counseling skills. DSS are required to use a variety of skill sets. In addition to the previously mentioned training needs, a large part of the disability service provider's job relates to collaborating with multiple stakeholders.

Collaboration

Collaborating with community stakeholders and partnering with other professionals in the community are important ideas for several reasons. First, DSS are not typically trained mental health professionals (Sharpe, Bruininks, Blacklock, Benson, & Johnson, 2004). Furthermore, as previously stated in this paper, disability service programs are frequently short staffed and underfunded. Improving access to community resources can help more students receive services and help lighten the load of the DSS (University of Michigan, 2003). Furthermore, the tragedy at VA Tech clearly showed the need for more collaboration between community agencies and those involved with campus mental health (USDHHS, 2007). Improving the collaboration between campus offices and between the DSO and the community requires time, energy, and an understanding of why sharing information is so important on college campuses.

Summary of Gaps in Practice

Within the disability services community, gaps exist between the best practice guidelines for serving SPD and the reality of how services are being provided. Difficulties arise because of unevenness in the way that federal legislation is interpreted. Some problematic issues are campus-wide problems that reach beyond the DSO.

Colleges today are expected to be more accountable through evaluation processes than in the past, but they continue to struggle with conducting meaningful assessments of programs. The success of the DSO is linked to institutional support, funding, and professional development. In the competition for scarce resources, the DSO often lacks adequate funding to follow through with best practice guidelines. The stigma attached to mental illness and the fact that SPD represent a relatively small group of students when compared with the student body as a whole further complicates the development and implementation of best practice guidelines for serving SPD.

Benefits for All Students

Many of the suggestions in best practices for serving SPD are quality practices that benefit the entire student body. Crouch (2006) focuses on policy development and espouses that focusing on the mental wellness of all students on campus, those with mental and physical health problems and those who are currently healthy, benefits the institution at large. The benefits are greatest for all students when policies and procedures that promote mental wellness are embedded in institutional structure (AHEAD, 2009c ; ACHA, 2004). Jenkins (2006) discussed several ways that good programming and quality services benefit the entire campus community. He notes that proactive counseling and advising is beneficial for all students. Additionally, setting program goals and developing strategies that help facilitate the success and retention of SPD are also helpful for a variety of students in a variety of programs. Utilizing a wide array of retention and success strategies benefits all students. For example, all students, not just those with psychiatric disabilities, benefit from opportunities to be involved in campus life and activities of interest to them. Being involved with campus life can facilitate a sense of

belonging for students that helps with retention. Furthermore, it is noteworthy that education and support in the areas mentioned as training needs for professional development benefit mentally ill students, as well as other students and campus members. For instance, when faculty members teach to a variety of learning styles or when advising is an ongoing, interactive process it benefits all students on campus. There is a saying in the disability services community that what is good for those with disabilities is good for others as well.

Summary

This literature review first focused attention on the historical and current context of mental illness on college campuses. More SPD are enrolled in college now than ever before and their enrollment numbers continue to climb. Nevertheless, misconceptions about the mentally ill continue to be a problem on campus and in society over all, partially due to the stigma attached to having a mental illness. Next, pertinent laws and college policies were considered in this review. Disability services must meet federal mandates related to access and privacy laws. In the policy arena there are interactions between federal directives and campus policies, both of which are influenced by societal and campus cultures. The bulk of this review centered on best practices for serving SPD. A variety of resources are required for DSS to put together quality programs. Finally, the gaps between best practices and what happens in reality were highlighted. Although there is much known about what constitutes a quality disability services program, the statement from the United States Department of Health and Human Services (2007) following the VA Tech tragedy still rings true; “It is critical to get people [students] with mental illness

he services they need ” (p. 14). The main goal of this research is to assess to what extent community colleges in Missouri are successful in aligning their services to best practices.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

Community college leaders need to ensure that their college policies and practices meet the challenges of serving a diverse student body (Dickeson, 1999; Jenkins, 2006). Meeting the needs of students with psychiatric disabilities (SPD) is facilitated by using best practice guidelines specific to this population. However, the effective use of best practices is complicated by several factors such as the amount of institutional support the disabilities services office is provided, the amount of training staff have in using best practices, and resources available for providing services (AHEAD, 2009c; Andrews & McLean, 1999; Shaw & Dukes, 2001). The purpose of this chapter is to delineate the methods this study used to investigate current practices related to serving SPD at community colleges in Missouri. The researcher focused on how closely practices at Missouri community colleges align with established best practice guidelines for serving SPD. In this chapter, the research questions are stated first, followed by the design section, where the rationale for the chosen research design best suited to answer the research questions is discussed. Next, the methods section of this chapter addresses who participated in the study, as well as how and why participants were selected. In the methods section, specific variables, data sources and data collection are also addressed. Following, in the procedures section, the survey instrument and reliability and validity are discussed. Finally, special concerns for this research are considered.

Problem and Purpose Overview

Open access community colleges serve a diverse student population that includes many SPD. The campus disability services office (DSO) provides support services for

SPD following college policies and practices. Although there are federal mandates governing equal access to education for SPD, policies, practices, and services vary across colleges (Collins & Mowbray, 2005a). Few studies have been conducted aligning best practice guidelines for serving SPD with actual policies and practices being used at community colleges (Belch& Marshak, 2006; Collins & Mowbray, 2005a), and no such study has been conducted for Missouri community colleges.

The overall purpose of this study was to discover what practices related to serving students with psychiatric disabilities are currently used at community colleges in Missouri. Moreover, the focus was to explore how closely practices at Missouri community colleges align with established best practice guidelines for serving students who have psychiatric disabilities.

Research Questions

The research questions explored for this study were as follows:

1. What practices related to students with psychiatric disabilities are used at Missouri community colleges?
2. How do the practices related to students with psychiatric disabilities being used at Missouri community colleges align with best practice guidelines for serving students with psychiatric disabilities?
3. What successful strategies are Missouri community college personnel using to serve students with psychiatric disabilities?
4. What concerns do Missouri community college personnel have in relationship to serving students with psychiatric disabilities?

Research Hypothesis

The null hypothesis tested for answering research question number two is as follows. Practices related to serving students with psychiatric disabilities being used at Missouri community colleges align with best practice guidelines for serving students with psychiatric disabilities.

A Mixed Method Research Design

Historically, two major research paradigms, quantitative and qualitative methodologies, help define our ways of knowing information. Although researchers agree that the selection of appropriate research methodology for a study rests upon the research questions posed, traditionally research typically aligns with one methodology or the other, either quantitative or qualitative (Creswell, 2003; Fraenkel & Wallen, 2006; Grix, 2004; Heppner & Heppner, 2004; Merriam, 1998; Mertens, 2005). However, several authors challenge research traditions by encouraging the use of mixed methods if both qualitative and quantitative methodologies can help facilitate answering the research questions more effectively than either methodology can do alone (Coghlan & Brannick, 2005; Creswell; Grix). The purpose of this section is to reflect on the choice of methods used in this study by considering the philosophical underpinnings of research and the appropriateness of using a mixed methods approach. This research included both quantitative and qualitative methods to answer the research questions posed in the study.

Theoretical Underpinnings

Several considerations drive the selection of which research paradigm to choose for a study: quantitative, qualitative, or a mixed methods design drawing from both. The philosophical orientation of the researcher is of importance (Coghlan & Brannick, 2005;

Grix, 2004; Heppner & Heppner, 2004; Marshall & Gerstl-Pepin, 2005; Merriam, 1998). Therefore, researchers are advised to be reflective practitioners (Coghlan & Brannick; Heppner & Heppne; Marshall & Gerstl-Pepin; Patton, 1997; Preskill & Torres, 1999). It is the researcher's ontological and theoretical approach that shapes the framing of questions and how the research is used to answer problems posed.

The ontological view that one reality exists leads the researcher to the epistemological perspective that knowledge discovery is best gleaned via objective, quantitative analysis (Coghlan & Brannick, 2005). Quantitative research is situated in the positivist theoretical orientation based on logical empiricism (Coghlan & Brannick; Grix, 2004, Merriam, 1998). Conversely, researchers operating from the ontological stance that multiple realities exist often take an epistemological path to discovering information through qualitative methods or by using mixed methods (Coghlan & Brannick; Grix). The qualitative and mixed method paradigms contrast with the quantitative perspective and are situated in a post modern, interpretive perspective.

Recognizing one's ontological roots is only one important consideration when designing a research study. It is also important to view the research question through a theoretical lens that illuminates the questions asked and the answers sought. The theoretical lens brings into focus methods of data collection and analysis. This study used the underpinnings of critical theory to help focus the study. Critical theory adds clarity to topics in education and to the understanding of the complexity of helping marginalized members of our society by revealing hegemonic discourse embedded in social and political structures (Coghlan & Brannick, 2005; Grix, 2004; Heppner & Heppner, 2004; Marshall & Gerstl-Pepin, 2005; Merriam, 1998). Both quantitative and qualitative

research paradigms provide unique ways of answering the research questions posed in this study. Furthermore, these paradigms representing different ways of knowing information, based on a theoretical perspective, lead to data collection methods and analyses appropriate for the chosen models.

Choosing the correct research design to understand policies and practices that serve a diverse student population required attending to several considerations in addition to theoretical underpinnings that help illuminate the study. Important factors in choosing the research design and questions for this study also included keeping the research questions manageable, while at the same time gathering data in such a way that multiple viewpoints were valued (Coghlan & Brannick, 2005; Heppner & Heppner, 2004; Merriam, 1998). Moreover, the researcher must decide what methods will provide germane information for the study, bearing in mind that the usage of quantitative and qualitative methods is not mutually exclusive. While Coghlan and Brannick asserted that "a subjectivist epistemology …but objectivist ontology" (p. 6) can coexist and complement research, they also acknowledge that quantitative research provides an avenue for discovering patterns and relationships among variables, allowing for hypothesis testing and predictions in a way that qualitative methods do not.

The Usefulness of Quantitative Methods for This Study

The problem posed in a study dictates the type of information required to answer the research questions and connects methodologies, methods, and data collection (Grix, 2004). Questions posed as scientific hypotheses are answered using objective, statistical methods, and results can be generalized to larger populations than those studied (Fraenkel

& Wallen, 2006). Quantitative inquiry uses several methods including structured surveys (Fink, 2006) and controlled interviews (Grix) to capture data while minimizing bias.

The quantitative method of using a structured survey is appropriate for answering the research questions related to what practices are currently being used at Missouri community colleges and to investigate how closely current practices align with best practice guidelines. Objective data collection allows using statistical analysis to describe the data and to identify relationships between variables. The subsequent analysis of the numerical data allows comparisons (Field, 2005) across institutions, departments, and individuals. Subsequently, data analysis resulting from quantitative methods can support conclusions that guide policymaking, especially given that stakeholders often view statistical data as highly credible (Marshall & Gerstl-Pepin, 2005), thereby carrying more weight in the policy arena than qualitative methods provide. Additionally, discovering any consistent, quantifiable patterns of responses related to psychiatric disability practices is beneficial to efficient policy development, implementation, and evaluation.

The Usefulness of Qualitative and Mixed Methods for This Study

Grix (2004) and Merriam (1998) suggested deeper understanding of phenomenon is discovered via qualitative methods that afford more freedom to explore data than statistical models provide. Questions that deal with multiple, personal variables and implications are best understood though appreciating the richness of individual perspectives. Certainly, the complexity of what happens in the day to day practices of working with SPD is difficult to capture through just quantitative data. Qualitative studies are especially suited for discovering unique interpretations of phenomenon and specific contextual elements related to research questions (Heppner & Heppner, 2004), such as

those posed in this study. Gaining an in-depth, subjective understanding of specific practices, including successes, concerns and perceived gaps between best practices and daily practices is best gathered via qualitative methods such as open ended questions with the potential to follow up with personal interviews (Fink, 2006; Seidman, 2006).

Phenomenological data unique to this study will help garner an in-depth analysis and subjective understanding of the complex, multifaceted experiences of those working with SPD. Although gathering information through quantifiable methods such as forced choice surveys provides statistical data, using open-ended questions and following leads that surface during a study provide opportunity for better understanding what practices currently used when working with SPD are most effective. Seidman (2006) contended:

> …the researcher's task is to present the experience of the people he or she interviews in compelling enough detail and in sufficient depth that those who read the study can connect to that experience, learn how it is constituted, and deepen their understanding of the issues it reflects. (p. 51)

Furthermore, Marshall and Gerstl-Pepin (2005) pointed out "Quantitative research, more accepted in policy arenas, can strategically disrupt hegemonic policy discourse, but because it focuses on numerical data, it is not always useful for uncovering hidden meanings, experiences, and lived realities." (p. 95.) Certainly, college leaders interested in developing effective policy that serve diverse, often marginalized, students need numerical data to support their positions and to convince stakeholders of the rationale for policy decisions. However, college leaders also need to understand the lived realities experienced by those who put policy into action through their daily practices. Having access to both types of data can facilitate making better informed policy decisions. Furthermore, data from a mixed method design can complement and enhance the understanding of the data as one type of data may help clarify the other (Creswell, Shope,

Clark & Green, 2006). Therefore, this study will use a mixed method design to most fully answer the research questions posed. The following section provides a detailed description of the methodologies applied to this study.

Research Methods

Population and Sample

This study focused on learning more about practices related to serving SPD. The populations of interest in this study were individuals who make policy and those who implement the policies through their daily work practices and routines. For this study, the sample was drawn from the 21colleges listed by the Missouri Department of Higher Education (2007) as Public Certificate and Associate Degree Granting Institutions. The sample for this study was comprised of individuals who work at those publicly funded Missouri community colleges and have a direct responsibility to oversee or work with the Disability Services Office. Individuals who volunteered to participate in the study included disability services staff comprised of advisors, counselors, support staff, and administrators. Trio Student Support Services personnel were also included in the sample because Trio is a program geared to help special populations of students such as those who have disabilities or are first generation college students.

Sample Criteria and Selection

Purposeful sampling was used to select participants who were most likely to know the answers to the survey questions and therefore help discover answers to the research questions (Merriam, 1998). The email addresses and/or telephone numbers of potential research participants such as the DSS, Trio staff, and administrators who work with SPD were located on college websites and calls were made to the colleges to find contact

information for those individuals. The directors of disability services were called and emailed with a brief explanation of the research to solicit a verbal agreement of participation. Then the research survey was sent via email to the directors of disability services and others who potentially had pertinent information for the study. All participants were also encouraged to forward the survey to others at their institutions who could lend insight to the study, a sampling technique known as "snowballing" (Fink, 2006). Informed consent forms were distributed and agreed to electronically prior to survey administration (see Appendix A).

Data Sources and Data Collection

All data for this research were collected through the administration of an electronic survey exploring current practices on psychiatric disabilities at Missouri community colleges. College web sites were used to find initial contact information for participants. The survey data were recorded and collected via electronic survey tools. To increase response rates to the survey, directors of disability services at each college were contacted prior to survey distribution. The survey was delivered electronically via email with the option of saving data and resuming the survey at a later time to make it convenient for survey respondents. Additionally, all research participants were offered an incentive to complete the survey by registering for a random drawing for a $50 gift card to amazon.com for completing the survey. All data were collected protecting the confidentiality of respondents. Surveys were coded by school names if respondents provided that information. Providing school names and personal contact information for follow up, and for entry into the drawing, was optional for respondents.

Procedures

Instrumentation

The survey exploring current practices on psychiatric disabilities created for this study used the AHEAD Program Standards (2009c) as basis for best practices. Additionally, information for the survey was taken from peer reviewed articles (Belch & Marshak, 2006; Collins & Mowray, 2005a; Shaw & Dukes, 2001), books written by authorities on the topic of mental health issues on college campuses (Kadison & DiGeranimo, 2004; Muckenhoupt, 2000; Zdziarski, 2007), disability organization websites (AHEAD 2009a, 2009b,2009c, 2009d; MOAHEAD, 2009), and university studies (University of Michigan, 2003; Wei, 2007). Standards of practice set by the government (Wolanin & Steele, 2004), as well as national (ACHA, 2004; AHEAD, 2009c; Jenkins, 2006; US DHHS, 2007) and international organizations (Andrews & McLean, 1999; Crouch, 2006) were included. Best practice guidelines from multiple sources were grouped according to themes and nested within the framework of the AHEAD Program Standards (2009c). The nine major themes covered in the survey were: Consultation/Collaboration/Awareness; Information Dissemination; Faculty/Staff Awareness; Academic Adjustments; Counseling and Self-Determination; Policies and Procedures; Program Administration and Evaluation; Training and Professional Development; and Sharing Ideas. Additionally, the survey included demographic questions and questions about general policy information. Questions related to best practice guidelines also included the opportunity for open ended responses on perceptions of successes, concerns, and gaps between best practices and daily practices. The survey consisted of 60 questions. Most of the survey questions were answered using a five point

scale. Some questions were answered by selecting answer choices from a list of possible alternatives. Open ended questions were also included (see Appendix B).

Research Questions 1 and 2

To determine what practices related to SPD are used at Missouri community colleges and how those practices align with best practices, answers to survey questions nested within the AHEAD Program Standards (2009c) were evaluated. Additionally, respondent comments about perceived gaps between best practice guidelines and practices at their college helped to illuminate how well aligned typical practices were with best practices. Several survey questions were developed to ascertain what polices are in place at Missouri community colleges that relate to SPD. For example, survey question 6G requested respondents to indicate what types of policies exist at their college that directly relate to SPD. Information was gathered about formal written policies and informal unwritten policies in the DSO, as well as policies that apply to the entire campus but have direct bearing on SPD. If policies were available online, the web site URL was requested to help triangulate the data through document reviews (Grix, 2004).

Research Questions 3 and 4

Respondent comments gathered throughout the survey were used to discover successful strategies that were used to help SPD. Missouri community college personnel also supplied comments about concerns that exist as they serve SPD. All comments were gathered from responses to open ended questions.

Reliability and Validity

Basing the best practices included in the survey on the wide variety of expert sources increases the content validity and trustworthiness of the instrument (Hepper &

Heppner, 2004; Merriam, 1998). Additionally, to help increase the reliability and validity of the survey, and to troubleshoot for potential problems, a pilot study and focus group (Fink, 2006; Kruger & Casey, 2000) was conducted at one rural community college in Missouri with DSS, an administrator who oversees Student Services and the DSO, and Trio staff. Feedback including member checking from the pilot group was used to improve the quality of the survey. Taking the afore mentioned steps helped improve credibility of qualitative data collection (Mertens, 2005), and the internal validity of the quantitative data collection (Fraenkel & Wallen, 2006). Coding of all surveys also established an audit trail to help track data and qualitative data was reported using thick, rich descriptions to increase the credibility of the data (Mertens).

Comments from all respondents were analyzed because personal perspectives were important to answering the research questions. Even so, it should be noted that results of a cross-sectional survey offers only a snapshot in time of the respondents' views and cannot be generalized beyond the population to whom it was delivered (Fink, 2006; Shaw & Dukes, 2001).

Special Concerns

Reliability and validity of the survey tool may be of concern for those who desire to generalize the findings of this research. There is no large scale standardization of the survey to help establish reliability or validity. Although quantitative methods are important to studying policies and practices because the results can often generalize with application across colleges and thereby further the development of sound policies to serve diverse students (Marshall & Gerstl-Pepin, 2005), in this study generalizing findings is only possible on a limited basis. One cannot say the sample surveyed is representative of

the larger population of institutions and disability service providers across the United States. Only when comparing the data collected in this study with that of other colleges of similar size and demographics can any generalizations be valid. The relatively small sample size in this research also presents problems for generalizing the data (Fink, 2006).

Furthermore, response bias and fatigue may be of concern with survey data (Fink, 2006). There is the tendency to respond to questions in such a way as to shed a positive light on the respondents or the institution they represent. Attending to confidentiality can help address this concern. Every study that investigates mental health related issues may be affected by the stigma of mental illness. Individuals unaware of the problems of the stigma of mental illness may inadvertently impose negative, stereotypical views into their responses. On the other hand, responses from individuals who are keenly aware of the stigma of mental illness may answer with the desire to decrease stigma. It is likely that some responses to the survey questions were affected by the respondent's personal biases regarding working with mentally ill students (Becker, Martin, Wajeeh, Ward, & Shern, 2002). Individual perspectives towards job responsibilities and each person's working conditions can also affect responses. Wording survey questions in non jargon laden terms and avoiding leading, loaded questions can help respondents provide as unbiased information as possible (Fink).

Additionally, respondents may suffer from survey fatigue with lengthy surveys. Informing participants of the length of the survey from the beginning and using clear, concise language in the survey directions and questions is helpful in combating fatigue. Offering an incentive can also help motivate respondents to complete a survey. Although offering an incentive may be considered coercion if the reward is large or if the

respondent is not interested in participating, the incentive offered to complete the survey in this study is not a problem (Singer & Couper, 2008) because of the relatively small, potential compensation of being entered into a drawing for a $50 gift card. Furthermore, the participants likely have an interest in the topic. The researcher took necessary steps to minimize problems with survey reliability and validity, as well as issues of response bias and fatigue.

Data Analysis

By design, the survey used for this study included closed and open-ended questions with responses producing data that required analysis by both quantitative and qualitative methods.

Quantitative data were analyzed using the *Statistical Package for the Social Sciences* (SPSS). Descriptive statistics were analyzed to answer Research Questions One and Two. Additionally, respondent comments were considered for answering Research Question One and Research Question Two was answered by analyzing data using single sample *t* tests. Qualitative data were analyzed by coding for themes. Themes were coded to answer Research Questions Three and Four. Survey data from sections on demographic and general information were compiled and explained using descriptive statistics with the exception of three questions that produced qualitative data. The following methods of data analysis were chosen to answer the research questions by using both quantitative and qualitative analysis as appropriate.

Analysis of Research Question 1

To determine what practices related to SPD are used at Missouri community colleges answers to survey questions nested within the Program Standards (2009b) were

evaluated using descriptive statistics. Frequencies and percentages were calculated from aggregate survey data. Means were calculated also and presented along with information for answering research question two. To ascertain what polices are in place at Missouri community colleges that relate to SPD, answers to survey question 6G were also evaluated using descriptive statistics. Additionally, if a web site URL was provided for policies available online, the policies were examined to help triangulate the data through document reviews. Respondents' comments were also used to highlight perspectives on current practices.

Analysis of Research Question 2

To determine if practices in use at Missouri community colleges align with best practices, answers to survey questions nested within the AHEAD Program Standards (2009c) were evaluated using single sample *t*-tests for independent means. For each group of statements under each standard a *t*-test was calculated to determine if significant differences existed between the means of scores reported on typical practices and the means of scores figured for best practices. The descriptive statistics for each statement were analyzed to help interpret the grouped scores.

The Bonferroni correction was done to correct for the problem of a potentially inflated alpha level when conducting multiple *t*-tests (Field, 2005) and to increase the rigor needed for significant findings. The .05 significance level was used to determine whether or not to reject or fail to reject the null hypothesis for this research question. Additionally, survey question 5G asked if the respondent's DSO had a written mission or vision statement because that is identified as a best practice. The resulting nominal scale data were analyzed using percentages of schools that met the criteria.

Analysis of Research Questions 3 and 4

Respondents' open ended comments gathered throughout the survey were analyzed to discover both what successful strategies were used and what concerns exist from Missouri community college personnel as they serve SPD. Furthermore, to help discover the answer to research questions, respondents' open ended comments about perceived gaps between best practice guidelines and practices at their college helped to further illuminate the topic. Qualitative data were analyzed by grouping information into categories and coding for common themes and divergent perspectives to ensure the trustworthiness and credibility of the data (Mertens, 2005).

Summary

A detailed description of the mixed methods approach to research applied to this study was presented in Chapter Three. Applying a mixed methods approach to this research was determined the most suitable approach to producing the data sought by this investigation. The researcher was reflective in choosing critical theory as the most appropriate theoretical perspective to frame the problem. Quantitative methods provided opportunity to describe the survey findings statistically and qualitative methods provided opportunity to discuss thick, rich, descriptions of the phenomenological data (Grix, 2004). The next chapter will address the findings of the data analysis.

CHAPTER FOUR

FINDINGS

The intent of this study was to explore practices being used at Missouri community colleges to serve students who have psychiatric disabilities (SPD). The primary function of a college is to facilitate the success of all students in learning skills and knowledge, and provide a safe, accessible environment (AACC Board of Directors, 2006; Zdziarski, 2007). Given the continued growth in the number of SPD and the especially difficult time these students have in meeting their educational goals (Andrews & Wilding, 2004; Baker, 2005; Belch & Marshak, 2006; Collins & Mawbray, 2005; Miller, 2004; NAMI, 2004), it is important to examine strategies and barriers that affect their success. Additionally, serving SPD poses unique challenges in the policy arena in terms of facilitating student success and campus safety. Effective policies and ensuing practices can pave the way for student success and safer college campuses (Zdziarski, 2007). Furthermore, programs, policies, and practices need reviewed regularly to ensure quality outcomes (AHEAD, 2009a; Cevero & Wilson, 1994; Marshall & Gerstl-Pepin, 2005; Weatherly & Lipsky, 1997).

The overall purpose of this study was to discover what practices related to serving students with psychiatric disabilities were currently used at community colleges in Missouri at the time research data were collected. Moreover, the purpose was to explore how closely practices used aligned with best practice guidelines for serving SPD. The researcher looked to existing educational policies at Missouri community colleges as a starting point; however, the focus of this study was discovering actual practices when

dealing with SPD. This study was also geared to discover successful strategies and concerns that related to helping SPD.

Data for this study were gathered using the survey *Exploring Practices for Serving Students with Psychiatric Disabilities* that was created by the researcher to discover current practices, successful strategies, and common concerns related to SPD on community college campuses. Survey questions were developed from an extensive literature review of recommended practices (ACHA, 2004; AHEAD, 2009; Andrews & McLean, 1999; Belch & Marshak, 2006; Collins & Mowray, 2005a; Crouch, 2006; Jenkins, 2006; Kadison & DiGeranimo, 2004; MOAHEAD, 2009; Muckenhoupt, 2000; Shaw & Dukes, 2001; US DHHS, 2007; University of Michigan, 2003; Wei, 2007; Wolanin & Steele, 2004; Zdziarski, 2007). AHEAD Program Standards (2009c) were used as the framework for best practices. The survey link and a brief explanation of the purpose of the survey were delivered to participants electronically via email. Volunteers for this study were found by purposeful sampling of staff at Missouri community colleges who had a direct responsibility to oversee, or work within, the disability services office (DSO) or Trio Student Support Services. Volunteers were also encouraged to pass the survey along to others they thought might have valuable input for the research.

This descriptive study was geared to gather data on conditions present at the time of the research at DSO at Missouri community colleges. Data were interpreted by examining the frequency and means of responses to questions and by comparing themes in response sets. Descriptive statistics were analyzed to gain an understanding of the data collected. Additionally, statistical differences between best practice guidelines and current practices being used were analyzed by single sample *t*-tests for independent

means. Open-ended questions were included in the survey *Exploring Practices for Serving Students with Psychiatric* to discover successful strategies, common concerns, and perceived gaps between current and best practices. The open-ended questions were analyzed by looking for common themes and divergent ideas expressed by respondents.

The data collected and analyzed from the survey were used to answer the following research questions:

1. What practices related to students with psychiatric disabilities are used at Missouri community colleges?
2. How do the practices related to students with psychiatric disabilities being used at Missouri community colleges align with best practice guidelines for serving students with psychiatric disabilities?
3. What successful strategies are Missouri community college personnel using to serve students with psychiatric disabilities?
4. What concerns do Missouri community college personnel have in relationship to serving students with psychiatric disabilities?

The focus of this chapter is to present the findings of the study. Included is a description of the sample population and demographic data. An explanation of how the survey was developed and delivered, including pilot study information is addressed. Additionally, research questions and the hypothesis related to Research Question Two are analyzed. A summary of findings is presented at the end of the chapter.

Data Analysis

Sample Population

The populations of interest in this study were individuals who make policy related to disability services at community colleges and those who implement the policies through their daily work practices and routines. For this study the sample was drawn from the 21colleges listed by the Missouri Department of Higher Education (2007) as Public Certificate and Associate Degree Granting Institutions. The purposeful sample for this study was drawn from individuals who work at those Missouri community colleges and have a direct responsibility to oversee or work within the Disability Services Office. Individuals who volunteered to participate in the study included disability services staff comprised of advisors, counselors, support staff, and administrators. Trio Student Support Services personnel were also included in the sample because Trio programs are designed to help special populations of students, including those who have disabilities. Participants were also encouraged to pass the survey along to others they thought might have valuable input for the research, a technique known as snowballing (Fink, 2006).

An analysis of respondents' web URL, captured by the electronic survey tool *Survey Monkey*, and IP address information, found via the geo-location IP Address Lookup (n. d.) tool were used to create an audit trail and indicated where each respondent took the survey. The URL and IP audit trails were checked. Respondents representing each college targeted for participation in this study were found.

Although 31 individuals began the survey, only 23 completed the entire survey (N=23). Partial data from eight respondents were not used because they provided no answers past the demographic section of the survey. Of the 23 who completed the survey,

three individuals skipped various questions throughout the survey. Throughout the analysis of the data, statistics for each question were calculated using the specific number of respondents that answered each question. All comments from the 23 survey completers were analyzed for themes. Table 1 highlights demographic data of survey respondents. It is interesting to note that 48% of respondents reported five years or less experience in the field. Table 2 lists demographic information of colleges provided by respondents. This self reported data matches expected demographics for the population of community colleges of interest in this study.

Table 1

Demographics of Survey Respondents

Demographic	Characteristic	Frequency	Percentage
Gender	Female	28	90%
	Male	3	10%
Position Held	Administrator over DSO	4	13%
	DSO Director	5	16%
	DSO Advisor/Counselor	8	26%
	DSO Staff	0	0%
	Trio SSS Director	3	10%
	Trio SSS Advisor/Counselor	1	3%
	Trio SSS Office Staff	2	6%
	*Other	9	29%
Experience	less than 1 year	1	3%
	1-5 years	14	45%
	6-10 years	7	23%
	11-15 years	2	6%
	over 15 years	7	23%

Note. N=31. *Other positions included counselors for the general college population, part-time counselors and a psychology instructor.

Table 2

Demographics of Colleges

Demographic	Characteristic	Frequency	Percentage
College Setting	Rural	20	65%
	Urban	11	35%
College Enrollment	under 2,000	1	3%
	2,000- 5,000	12	39%
	5,000- 10,000	10	32%
	10,000 -15,000	7	23%
	15,000 - 20,000	0	0%
	over 20,000	1	3%
*Number of SPD	10% or less	5	24%
	20-25%	3	14%
	40-50%	2	9%
	70%	1	5%
	Unknown	10	48%

Note. N=31 except * where n=21. *denotes SPD served by DSO

Survey

The survey *Exploring Practices for Serving Students with Psychiatric Disabilities* was created by the researcher (see Appendix B). The survey was comprised of 60 questions that were developed using the AHEAD Program Standards (2009) as basis for best practices. Additionally, information for the survey was taken from peer reviewed articles (Belch & Marshak, 2006; Collins & Mowray, 2005a; Shaw & Dukes, 2001), books written by authorities on mental health issues on college campuses (Kadison & DiGeranimo, 2004; Muckenhoupt, 2000; Zdziarski, 2007), disability organization websites (AHEAD, 2009; MOAHEAD, 2009), and university studies (University of Michigan, 2003; Wei, 2007). Standards of practice set by the government (Wolanin & Steele, 2004), as well as national (ACHA, 2004; AHEAD, 2009; Jenkins, 2006; US DHHS, 2007) and international organizations (Andrews & McLean, 1999; Crouch, 2006) were included. Best practice guidelines from multiple sources were grouped according to

themes and nested within the framework of the AHEAD Program Standards (2009). The nine major themes covered in the survey were:

- Consultation/Collaboration/Awareness
- Information Dissemination
- Faculty/Staff Awareness
- Academic Adjustments
- Counseling and Self-Determination
- Policies and Procedures
- Program Administration and Evaluation
- Training and Professional Development
- Sharing Ideas

Additionally, the survey included demographic questions (see Tables 1 and 2). Responses to open-ended questions were analyzed for themes based on respondents' perceptions of successes, concerns, and gaps between best practices and daily practices. Most survey questions were answered using a five-point Likert type scale. Some questions were answered by selecting multiple answer choices from a list of possible alternatives.

A pilot study and focus groups were conducted at one rural community college in Missouri with DSS, an administrator who oversees Student Services and the DSO, and Trio staff. Feedback from interested parties in the pilot study who could not attend focus groups was gathered via a semi-structured interview format. Feedback from the pilot group was used to improve the quality of the survey through the addition of definitions of key terms used in the survey and clarifying language on a few questions. Interestingly,

informal conversations with pilot study members revealed that several of them did not understand the relevance of the questions to their daily work and many voiced a degree of frustration at feeling as if they did not know the answers to several questions. This resulted in the researcher adding relevance and frustration level questions to the survey. Through the pilot process the credibility of qualitative data collection was improved (Fink, 2006; Kruger & Casey, 2000; Mertens, 2005), as was the internal validity of the quantitative data collection (Fraenkel & Wallen, 2006).

Analysis of Data to Answer Research Questions

Raw data from the survey *Exploring Practices for Serving Students with Psychiatric Disabilities* was gathered initially through the web based survey tool *Survey Monkey, Professional Plan.* An audit trail was established from the *Survey Monkey* reports to track both quantitative and qualitative data. Quantitative data were coded, transformed and tracked using a code book made from the survey results and the audit trail. Then numerical data were entered into Excel spreadsheets. Qualitative data were analyzed by tracking and coding for themes and diversions in responses. Research Question One, related to discovering practices currently used in DSO, was answered by analyzing descriptive statistics and respondent comments.

Research Question Two, comparing current practices to best practices, was answered using statistical analysis. The data were evaluated by using SPSS 11.0 to analyze independent *t*-tests, means, and confidence intervals. Because of the small sample size in the study, special precautions were taken to increase the rigor of the statistical analysis. Bonferroni's correction was used to guard against an inflated alpha, thereby increasing the significance level needing to be met for each survey question. The

skew and kurtosis of frequency distributions for questions were evaluated to check for normal distribution patterns (Field, 2005). Responses to all survey questions met the criteria for a normal distribution with the exception of four instances found in survey questions 1.1a, 4.1a, 5.1b, and 8.2b. However, questions 5.1b and 8.2b were not analyzed using a *t* test because they required multiple answers from respondents and differed from the other questions that were statistically analyzed (see Appendix B).

To answer Research Questions Three and Four, responses from open ended questions were recorded verbatim and grouped by question sections from *Survey Monkey* reports. Then data were combed and color coded by the researcher according to themes and unique cases. Qualitative data were reported using many of the respondent's own words to increase the credibility of the data (Mertens, 2005). The resulting themes and comments compliment the quantitative analysis of Research Questions One and Two and provided data needed to answer Research Questions Three and Four related to successful strategies and current concerns expressed by respondents. Dovetailing the statistical findings from questions with the thematic perceptions of respondents provides a useful picture of current practices at Missouri community colleges.

Research Question 1: What practices related to students with psychiatric disabilities are used at Missouri community colleges?

This question was answered by analyzing descriptive statistics gathered from the survey data. Respondent comments were largely associated with successes or concerns with current practices at their institutions, or related to perceived gaps between best practices and current practices. Therefore, even though respondents' comments do address current practices being used, most comments were evaluated to answer Research

Questions Three and Four dealing with successful strategies, and concerns and are therefore discussed in the context of those research questions.

Basic DSO information. The most common name given to the DSO was *Access Office* by 17 respondents out of 23 (74%). A slight variation in responses was noted in 2 of those 17: One DSO was called *Accessibility Services* and another was named the *Student Access Office*. Four DSO (17%) were called offices for *Disability Support* or *Disability Services*. One DSO was identified as *Student Services*, Additionally, one respondent indicated "We do not have an office, we have a person." The majority of DSO (70%) have a written mission or vision statement. Nine percent of DSO do not have a written mission or vision statement and 22% of respondents indicated they did not know if their DSO had written mission statements.

Consultation, collaboration, and awareness. The general category of questions in section one of the survey were designed to gather information about consultation, collaboration, and awareness of support and advocacy services for SPD on campus. Table 3 provides the frequencies and percentages of responses to questions from section one of the surveys.

Information gathered from the survey addressing the level of advocacy that comes from DSO staff to provide equal access to the college and classroom revealed that the majority of respondents (70%) indicated that the DSO staff advocates for SPD at a moderately high (35%) or high (also 35%) level. Responses indicated that the level of advocacy by high-level college administrators for SPD dropped in comparison to DSO staff with 26% of responses at the moderately high level and 4% at the high level. Additionally, 22% of respondents did not know to what extent administrators were

involved with advocating for SPD. When considering the overall level of institutional support provided to SPD in terms of resource allocation for staff and materials; the location of DSO; and support from the administration, faculty and staff, 30% of respondents indicated a moderately high level of support. Additionally, 22% indicated a moderate level of support, and 30% indicated a moderately low level of institutional support. DSO staff members are frequently serving on campus committees. Forty-eight percent of respondents indicated that DSO is represented on committees at a moderately high level.

Table 3

Consultation / Collaboration / Awareness

	Response											
	1 low		2 med low		3 med		4 med hi		5 high		I don't know	
Survey Question	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
DSO advocacy	0	0 %	1	4%	4	17%	8	35%	8	35%	2	9%
administrator advocacy	2	9%	3	13%	6	26%	6	26%	1	4%	5	22%
institutional support	1	4%	7	30%	5	22%	7	30%	3	13%	0	0%
representation on committee	0	0%	6	26%	4	17%	11	48%	1	4%	1	4%

Note. n=23.

Information dissemination. Questions in the second section of the survey were formulated to discover what type of information is shared with students and the public about disability services for SPD and how that information is disseminated. As shown in Tables 4.1 and 4.2, a variety of information is disseminated by a variety of methods: via the college catalogue, the student handbook, the college website, brochures, new student orientation, and class presentations. Data related to services on the main and extended campuses and on the need for student self-disclosure is provided in Table 4.1. Data on

information related to documentation needs, grievance policies, and referral information are given in Table 4.2. Respondents were asked how information concerning main and extended campus DSO services was delivered, the requirement for students to self-disclose disability information, required documentation of a disability, and grievance and referral processes. Overall, the highest percentages of information given about DSO services were found on the main campus of colleges (See Table 4.1). Information about extended campus services were most likely to be delivered over the web (70%). The college website and new student orientations were the most likely ways that a variety of information was disseminated, followed by information provided in the college catalogue and student handbook. The most common way to provide grievance policy information was in the student handbook (55%) or on the college website (55%). One respondent replied that the student handbook resided on the website. Even so, when examining college websites, disability services and policy information was either difficult to find or only general information was typically found.

Three respondents to open-ended questions commented that DSO information was included in all faculty syllabi. Additionally, one respondent indicated that information was also given to students individually on a case-by-case basis, and another respondent said information was sent through "Direct e-mail communication about DSO issues/processes with faculty and staff. This is done on an ongoing basis." Two respondents also indicated information was provided to pre-college students and parents through presentations at high schools in relation to college disability services and/or high school student Individualized Education Plans (IEP) .

Table 4.1

Topics and Methods of Disseminating Service Information

	Topic of Information					
	Main Campus Services n=20		Extended Campus Services n=20		Need for Student Self-disclosure n=19	
Delivery Method	Freq	%	Freq	%	Freq	%
catalogue	16	80%	11	55%	9	47%
handbook	15	75%	10	50%	10	53%
web	18	90%	14	70%	12	63%
brochure	15	75%	10	50%	10	53%
orientation	18	90%	12	60%	12	63%
class	9	45%	3	15%	5	26%
I Don't Know	1	5%	4	20%	5	26%

Table 4.2

Topics and Methods of Disseminating Service Information

	Topic of Information					
	Documentation of Disability n=18		Grievances n=20		Referrals n=18	
Delivery Method	Freq	%	Freq	%	Freq	%
catalogue	6	33%	9	45%	8	44%
handbook	7	39%	11	55%	6	33%
web	11	61%	11	55%	9	50%
brochure	7	39%	5	25%	8	44%
orientation	6	33%	6	30%	9	50%
class	4	22%	2	10%	6	33%
I Don't Know	6	33%	6	30%	6	33%

Other questions in this section were aimed to discover the extent to which the DSO promoted access to the community and provided referral information about campus and community resources (see Table 5). Only 40% of total respondents suggested that their DSO was facilitating or promoting access for SPD to the wider campus community in areas such as social networking, encouraging universal design in instruction or communication at a moderately high (30%) or high (10%) level, while 20% claimed that they did not know about this topic. Referrals to resources both on and off campus were relatively high. Eighty percent of total respondents indicated their DSO provides referrals for campus resources such as tutoring, counseling, advising, or financial aid at aa moderately high (40%) or high (40%) level. Seventy percent of respondents indicated their DSO provided referrals for community resources such as mental and physical health services at a moderately high (45%) or high (25%) level.

Table 5

Access and Referral Information

	Response											
	1 low		2 med low		3 med		4 med high		5 high		I don't know	
Survey Question	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
DOS promotes campus access	0	0%	3	15%	5	25%	6	30%	2	10%	4	20%
DSO refers for campus resources	0	0%	0	0%	1	5%	8	40%	8	40%	3	15%
DSO refers for community resources	0	0%	1	5%	1	5%	9	45%	5	25%	4	20%

Note. n=20.

Faculty and staff awareness. Questions in this section of the survey were intended to discover information about how DSO personnel help college faculty and administrators understand services and needs of SPD through consultation and training. Data related to consulting with faculty and administrators revealed consulting less often with administrators than with faculty. Nevertheless, most respondents indicated consulting with faculty and administrators at a moderately high or high level (see Table 6). However, 25% of respondents said that they did not know if DSO staff consults with faculty and 20% said they did not know if consultations with administrators took place.

Table 6

Consultation with Faculty and Administrators

	Response											
	1 low		2 med low		3 med		4 med high		5 high		I don't know	
Survey Question	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
DSO consults w/ faculty	0	0%	1	5%	2	10%	7	35%	5	25%	5	25%
DSO consults w/ administrators	0	0%	4	20%	1	5%	7	35%	4	20%	4	20%

Note. n=20

Information was also gathered on topics offered for training (see Table 7) and training delivery methods (see Table 8) for faculty and staff. Respondents were encouraged to mark all options that applied and to add other topics/methods not listed on the survey. Training on confidentiality received the largest percentage of responses (65%), followed by training on the students' responsibilities (55%), community resources (55%), and disability awareness training (55%). No one reported training on HIPAA or diagnostic information. Only one person indicated training offered on psychiatric medications or discipline policies for SPD. There was also a low response rate for

training offered on suicide intervention (*f* = 2, n = 20), suicide prevention (*f* = 3, n = 20), best practices for working with SPD (*f* = 3, n = 20), and the stigma of mental illness (*f* = 3, n = 20). As shown in Table 8, the most frequently used methods to train faculty and staff were via workshops on campus (40%), on an individual basis (40%), and through email (35%).

Academic adjustments. The purpose of questions in this section of the survey was to gather information on the confidentiality of records, and to discover the level of involvement SPD and faculty have in determining effective academic adjustments or accommodations (see Table 9). Respondents indicated that DSO maintains the confidentiality of records at high (65%) and moderately high (20%) levels. Faculty are also involved in the accommodation process at high (40%) and moderately high (25%) levels, as are students involved at high (40%) and moderately high (30%) levels. It is notable that no responses were given for maintaining confidentiality of records or for student involvement with accommodation process at the moderate or lower levels. Those two areas are typically seen as the core responsibilities for the DSO and reported as frequent topics of training by survey respondents (see Table 7).

Counseling and self-determination. The goal of this section of questions was to ascertain information about interactions the DSO had with SPD related to encouraging student self-determination. An important part of being an advocate for one's self is being well informed. Therefore questions about training offered to students on pertinent topics were included in this section of the survey.

Table 7

Training Topics for Faculty and Staff Outside the DSO

	frequency	percentage
FERPA guidelines for SPD	7	35%
HIPAA guidelines for SPD	0	0%
mental health crisis intervention	7	35%
responsibilities of SPD	11	55%
confidentiality	13	65%
best practices for working with SPD	3	15%
promoting mental wellness	6	30%
accommodations for SPD	6	30%
documentation of disability	7	35%
suicide prevention	3	15%
suicide intervention	2	10%
community resources	4	20%
campus resources	11	55%
stigma of mental illness	3	15%
discipline policies for SPD	1	5%
diagnostic information	0	0%
psychiatric medications	1	5%
services available for SPD	6	30%
disability awareness training	11	55%
I don't know	3	15%
other (please list)	0	0%

Note. n=20

Table 8

Training Methods for Faculty and Staff Outside the DSO

	frequency	percentage
disabilities fair	3	15%
on campus workshops	8	40%
workshops on the web	3	15%
brochures	6	30%
posters/flies/special publication	3	15%
for credit class	1	5%
email to faculty and staff	7	35%
articles on campus website	1	5%
individually	8	40%
I don't know	7	35%
*other (please specify)	1	5%

Note. n=20 *Respondent commented "none".

Responses indicated that 70% of total respondents indicated that DSO staff encourages SPD to be self advocates at moderately high (40%) or high (30%) levels (see Table 9). Information was also gathered on topics offered for training students (see Table 10) and methods of delivering the training (see Table 11). Suggested training methods and topics were the same throughout the survey for students, DSO staff, other college staff and faculty. Respondents were encouraged to mark all options that applied and to add other topics/methods not listed on the survey. Training on confidentiality and campus resources both received the largest percentages of responses (65% each), followed by training offered on appropriate documentation of disability (55%). Information on student responsibilities and community resources received the next highest response rate (50% each). The lowest response rates were similar to those reported for faculty and staff

training. No one reported training offered on psychiatric medications. There was also a low response rate for training offered on suicide intervention (*f* = 2, n = 20), suicide prevention (*f* = 3, n = 20), best practices for working with SPD (*f* = 1, n = 20), and the stigma of mental illness (*f* = 2, n = 20). Additionally, few respondents indicated training for students on HIPAA guidelines (*f* = 3, n = 20), diagnostic information (*f* = 3, n = 20), or discipline policies for SPD (*f* = 1, n = 20).

One individual commented, **"**In general, I think students are expected to take care of their PD with resources outside of campus resources. In other words, they are expected to have it under control as a function of attending the college. Our DSO is one person on a 5000 student campus and cannot do this training for others."

Table 9

Accommodation Processes, Confidentiality of Record, and Self Advocacy

	Response											
	1 low		2 med low		3 med		4 med high		5 high		I don't know	
Survey Question	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
DSO maintains confidentiality of records	0	0%	0	0%	0	0%	4	20%	13	65%	3	15%
DSO involves faculty w/accommodation process	1	5%	0	0%	2	10%	5	25%	8	40%	4	20%
SPD involved w/ accommodation process	0	0%	0	0%	0	0%	6	30%	8	40%	6	30%
DSO encourage self advocacy in SPD	0	0%	0	0%	1	5%	8	40%	6	30%	5	25%

Note. n=20.

Table 10

Training Topics for Students

	frequency	percentage
FERPA guidelines for SPD	7	35%
HIPAA guidelines for SPD	3	15%
mental health crisis intervention	4	20%
responsibilities of SPD	10	50%
confidentiality	13	65%
best practices for working with SPD	1	5%
promoting mental wellness	6	30%
accommodations for SPD	7	35%
documentation of disability	11	55%
suicide prevention	3	15%
suicide intervention	2	10%
community resources	10	50%
campus resources	13	65%
stigma of mental illness	2	10%
discipline policies for SPD	1	5%
diagnostic information	3	15%
psychiatric medications	0	0%
services available for SPD	5	25%
disability awareness training	4	20%
I don't know	2	10%
other (please list)	1	5%

Note. n= 20

As shown in Table 11, the most frequently used methods to train students were on an individual basis (60%), and via written literature given to students in the form of brochures (40%) or special publications such as fliers or posters (30%).

Table 11

Methods of Training Students

	frequency	percentage
disabilities fair	5	25%
on campus workshops	4	20%
workshops on the web	0	0%
brochures	8	40%
posters/flies special publication	6	30%
for credit class	1	5%
email to faculty and staff	3	15%
articles on campus website	3	15%
individually	12	60%
I don't know	5	25%
other (please specify)	0	0

Note. n=20

Policies and procedures. All colleges have formal, written policies that address services and guidelines for all students. Different departments on campus, such as the DSO, may also have policies that govern their offices. Furthermore, in daily practice there are often informal policies and practices, or varied interpretations of policies that affect daily work and decisions (Marshall & Gerstl-Pepin, 2005; Weatherly & Lipsky, 1997). Data gathered on policy information indicated that there are a variety of policies and policy types in place that affect SPD (see Table 12). The largest percentages of responses were given to the category of formal, written, college-wide policies. Data indicated that most DSO also had formal, written policies that align with college-wide policies, especially in the area of documentation of a disability (56%) and ADA policies (50%). Seventy-one percent of respondents indicated that they did not know about informal, unwritten policies in the DSO. This is not surprising given that it is difficult to

track unwritten policy interactions. Nevertheless, respondents indicated informal, unwritten policies are sometimes followed for each category of policy topics listed in the survey.

A comment box was also provided for this question set. Four comments were made. Stating the obvious, one respondent said, "SPD are included in all college wide policies and in polices from the DSO." Another respondent commented that they had "no polices specific to SPD." Policy decisions related to SPD were addressed by one respondent as follows, "The Behavioral Management Team has more specific policies related directly to students with psychiatric problems." Additionally, one respondent said, "…we here in DSO try to operate within the 'spirit' of all laws, ADA, FERPA, HIPPA, and not so much by the 'letter' of the law. As well, we tend to work on a student-by student basis…" It is likely that working with students on an individual basis and attempting to work within the "spirit of the law" is where informal policy action comes into play.

The majority of respondents indicated that disability policy information was accessible to the campus community at moderately high (35%) or moderate (30%) levels (see Table 13). As discussed in the section on information dissemination, (see Table 4), the most likely method of disseminating information about disability policies and services was via websites. Early in the survey respondents were asked to provide the URL for college web pages if policies were accessible on the web. Of 23 respondents, 13 (57%) indicated they did not know if policies were accessible on the college website, eight people (35%) provided links to websites, and two individuals (9%) provided vague responses that were not useful. Overall, it was difficult to find disability policy

information on college websites and readily available information generally dealt with how to access services, not specific policy information.

Table 12

Policies Directly Related to SPD

	*Types of Policies					
	Formal, Written College-wide n=21		Formal, Written in DSO n=18		Informal, Unwritten in DSO n=14	
Policy Topic	Freq	%	Freq	%	Freq	%
ADA	13	62%	9	50%	5	36%
FERPA	16	76%	5	28%	5	36%
HIPAA	5	24%	2	11%	2	14%
Grievance	12	57%	7	39%	5	36%
Financial Aid	7	33%	2	11%	2	14%
Disability Documentation	10	48%	10	56%	4	29%
Attendance	7	33%	6	33%	2	14%
I don't know	5	24%	8	44%	10	71%

Note. N=23. * Respondents selected all choices that applied.

Several questions were asked about specific policy information (see Table 13). The "I don't know" response was the most frequently given answer in several categories including how often policies are reviewed or revised (55%), the presence of clear guidelines for disability policy revision/ implementation (40%), the DSO involvement in policy making (35%), flexibility of financial aid policies (40%) and the overall flexibility of policies, allowing for individualized interpretations (40%). Even though 40% responded "I don't know" to the degree of policy flexibility, 35% of respondents ranked policy flexibility for individualized cases at the moderately high level.

At times SPD may need accommodations for extended absences due to hospitalizations, medication adjustments, or increased symptoms. The highest percentage

of respondents (30%) that indicated attendance policy exceptions were allowed was found at the moderately high level. Flexibility in financial policies and attendance polices received the lowest marks collectively (see Table 13). This may be partially due to interpretation of federal financial aid guidelines by financial aid officers.

The majority of respondents indicated that confidentiality policies meet their needs with 45% marking the highest level. However, the next highest response rate (30%) to that question was in the "I don't know" category. Formal complaint processes appear to be established with 60% of total respondents (40% high and 20% moderately high) indicating that many DSO have written guidelines for handling grievances. Information was also gathered about which stakeholders were involved in creating and revising policies related to SPD. Staff in the DSO and college administrators were most likely to be involved with policy making for the DSO (see Table 14).

Program administration and evaluation. The purpose of this section of the survey was to ascertain how DSO programs were administered and evaluated. Quality programs are based on sound theory and research (Coghlan & Brannick, 2005; Grix; Heppner & Heppner, 2004; Marshall & Gerstl-Pepin, 2005; Merriam, 1998). As open enrollment institutions seeking to serve their communities, the mission of community colleges is guided by the underpinnings of critical theory (Grix, 2004; Marshall & Gerstl-Pepin, 2005; Merriam, 1998; O'Banion, 1997). The majority of respondents indicated that their DSO provides services that align with the overall mission of their college to at least the moderately high level (see Table 15). However, the majority of respondents (45%) were unable to identify to what level their DSO operated from any implied or explicit

theoretical basis. Additionally, 45% of respondents said they do not know the degree to which their DSO practices align with best practices for serving SPD.

Table 13

Policy & Procedures

	1 low		2 med low		3 med		4 med high		5 high		I don't know	
Survey Question	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Regular policy review/revision	1	5%	0	0%	4	20%	1	5%	3	15%	11	55%
guidelines for policy revision/ implementation	2	10%	0	0%	3	15%	4	20%	2	10%	9	45%
DSO involvement	1	5%	1	5%	1	5%	6	30%	4	20%	7	35%
accessibility of policies	1	5%	0	0%	6	30%	7	35%	4	20%	2	10%
flexibility of policies	0	0%	2	10%	1	5%	7	35%	2	10%	8	40%
extended absence accommodated	3	15%	2	10%	4	20%	6	30%	1	5%	4	20%
flexible financial aid policies	3	15%	0	0%	5	25%	1	5%	3	15%	8	40%
critical incident polices	0	0%	2	10%	7	35%	2	10%	3	15%	6	30%
confidentiality policies meet needs	0	0%	1	5%	1	5%	3	15%	9	45%	6	30%
formal complaint processes	0	0%	1	5%	2	10%	4	20%	8	40%	5	25%

Note. n=20

Table 14

Stakeholders Involved with Policy

Stakeholders	Frequency	Percentages
Administrators	13	65%
DSO	15	75%
Faculty	6	30%
Students	2	10%
Board of Trustees	3	15%
Community Members	0	0%
I don't know	6	30%

Note. n=20.Directions read to mark all that apply.

Adequate staffing is important to having a quality DSO. According to data compiled in Table 15, the majority of respondents did not think that their DSO was adequately staffed. Furthermore, the majority of respondents said that their DSO was not coordinated through a full time professional designated solely to work within the DSO.

Data gathered on program evaluation revealed that little feedback is gathered from SPD on satisfaction with services they receive (Table 15). The usefulness of any evaluative information gathered on DSO services is questionable given that 40% of respondents did not know if program evaluations were useful for improving services. In fact, only one person marked DSO evaluations as highly useful for improving services. Thirty-five percent of respondents said they do not know if clear guidelines exist for evaluating their DSO programs and 25% marked having clear program evaluation guidelines at the lowest levels. The extent to which data are collected to monitor the use of disability services by SPD was spread out across answer choices (see Table 15). In light of the findings about current program evaluation it is not surprising that few

responders (10%) indicated that their DSO collected data to monitor the use of services by SPD at the highest level.

One purpose of collecting data for program evaluation is to use results to improve services. Additionally, program assessment results are often tied to budget allocations (O'Banion, 1997). Forty percent of responders did not know if program evaluations were shared with college administrators. Thirty percent of responders indicated that their DSO has long term plans and goals for improving services for SPD, but only two people marked plans to improve services for SPD at the moderately high level or better (see Table 16). Fiscal management and budgetary concerns are an issue for community colleges as departments compete for financial resources (O'Banion, 1997). When asked to what degree the DSO provides fiscal management of their allocated budget resources, 30% of respondents indicated "I don't know" and 20% indicated the lowest level (see Table 15).

Training and professional development. The focus of questions in this section of the survey was related to training and professional development for the DSO staff. The first survey question in this section asked respondents to consider to what extent the DSO staff had ongoing opportunities for professional development through activities such as conferences, formal course work, or membership in professional organizations. Thirty percent of respondents marked the moderately high level and 15% marked the highest level. When queried about training specific to working with adults who have psychiatric disabilities, no one marked the highest level and only 15% of respondents marked the moderately high level (see Table 16).

Table 15

Program Administration and Evaluation

	1 low		2 med low		3 med		4 med high		5 high		I don't know	
Survey Question	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Alignment with college mission	0	0%	1	5%	2	10%	6	30%	6	30%	5	25%
Theoretical basis	1	5%	0	0%	2	10%	6	30%	2	10%	9	45%
Alignment with best practices	0	0%	1	5%	3	15%	4	20%	3	15%	9	45%
Full time professional assigned only to DSO	5	25%	5	25%	0	0%	2	10%	6	30%	2	10%
DSO adequately staffed	6	30%	5	25%	6	30%	2	10%	0	0%	1	5%
Student satisfaction feedback	3	15%	6	30%	4	20%	0	0%	0	0%	7	35%
Usefulness of DSO evaluations	4	20%	2	10%	3	15%	2	10%	1	5%	8	40%
Clear guidelines for policy evaluation	4	20%	1	5%	3	15%	4	20%	1	5%	7	35%
DSO data collection	4	20%	1	5%	5	25%	4	20%	2	10%	4	20%
Report DSO program evaluations to administrators	1	5%	4	20%	5	25%	1	5%	1	5%	8	40%
Plans to improve	4	20%	3	15%	6	30%	1	5%	1	5%	5	25%
DO manages own budget	4	20%	3	15%	2	10%	3	15%	2	10%	6	30%

Note: n=20

Table 16

Training and Professional Development for DSO Staff

	1 low		2 med low		3 med		4 med high		5 high		I don't know	
Survey Question	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
DSO Staff Professional Development	1	5%	2	10%	5	25%	6	30%	3	15%	3	1%
Training provided by expert in SPD	2	10%	5	25%	5	25%	3	15%	0	0%	5	25%
Adhere to AHEAD Code of Ethics	0	0%	0	0%	0	5%	7	35%	7	35%	5	25%

Note: n=20

Results indicated a higher degree of training on the AHEAD Code of Ethics with 70% of total respondents marking that their DSO adheres to either the highest level (35%) or a moderately high level (35%) of standards in the AHEAD Code of Ethics.

Information was also gathered on topics offered for training DSO staff (see Table 17) and methods of delivering the training (see Table 18). As stated previously, the suggested training methods and topics were the same throughout the survey for students, DSO staff, other college staff and faculty. Respondents were encouraged to mark all options that applied and to add other topics/methods not listed on the survey. According to information found in Table 17, training was offered most often on mental health crisis intervention (45%) and confidentiality (45%). The second most likely topic of training for DSO staff was on helping students understand their personal responsibility in receiving services (40%). Data indicate that little training was offered on psychiatric medications ($f = 2$, n = 20), HIPAA ($f = 4$, n = 20) suicide intervention ($f = 4$, n = 20) the stigma of mental illness ($f = 4$, n = 20) and diagnostic information on mental illness ($f = 4$, n = 20).

Table 17

Training Topics for DSO Staff

	frequency	percentage
FERPA guidelines for SPD	7	35%
HIPAA guidelines for SPD	4	20%
mental health crisis intervention	9	45%
responsibilities of SPD	8	40%
confidentiality	9	45%
best practices for working with SPD	7	35%
promoting mental wellness	5	25%
accommodations for SPD	6	30%
documentation of disability	7	35%
suicide prevention	5	25%
suicide intervention	4	20%
community resources	5	25%
campus resources	6	30%
stigma of mental illness	4	20%
discipline policies for SPD	3	15%
diagnostic information	4	20%
psychiatric medications	2	10%
services available for SPD	5	25%
disability awareness training	6	30%
I don't know	9	45%
other (please list)	2	10%

Note: n=20

One respondent commented, "I don't know of any Professional Development provided to ACCESS Office staff" and another commented that "Nothing has been provided directly relating to psychiatric disabilities. Seminars on suicide, depression, etc.

are given periodically to the student/staff with very brief presentations--nothing in-depth."

According to information found in Table 18, DSO staff training was offered most often via workshops on the web (45%) or on campus (40%). Several respondents commented on additional methods of training they have received, including national or statewide workshops and conferences attended in person or as Webinar training; podcasts; non-credit coursework, and off campus professional development in the community.

Table 18

Methods of Training DSO Staff

	frequency	percentage
Disabilities fair	3	15%
on campus workshops	8	40%
workshops on the web	9	45%
brochures	5	25%
posters/flies special publication	5	25%
for credit class	1	5%
email to faculty and staff	3	15%
articles on campus website	2	10%
individually	6	30%
I don't know	7	35%
Other (please specify)	5	25%

Note: n=20

Personal perspectives. In the survey used for this study several questions addressed respondents' perceptions of themselves and of the survey. Data revealed a variety of levels of personal knowledge about SPD with only 9% reporting a high level of knowledge on the subject (see Table 19). In response to the question about how well

equipped individuals felt to meet the demands of their jobs in relation to serving SPD, 64% of respondents reported feeling as if they are at or below the moderate level of preparedness (see Table 19).

Table 19

Personal Perceptions

	1		2		3		4		5	
	low		med low		med		med high		high	
Survey Question	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Personal Knowledge (N=23)	2	9%	4	17%	7	30%	8	35%	2	9%
Personally Equipped (N=23)	1	4%	7	30%	6	26%	6	26%	3	13%
Frustration w/ Survey (n=19)	1	5%	5	26%	7	37%	4	21%	2	11%

Participants in the pilot study voiced some frustration with survey questions and several wondered about the relevance of questions in the study. This resulted in asking all survey participants about their level of frustration while taking the survey and their perceptions about the question sets. More than half of the survey respondents voiced at least a moderate level of frustration (see Table 19) and five commented on why. A faculty member reported having little information on policy and procedures in the DSO and another individual commented on not enough time at work to complete the survey. These comments were also heard via informal feedback about the survey.

More poignant were comments that voiced frustration with systems in place for working with SPD. For example, one individual stated:

> …frustration is not with the survey questions so much as it is the fact that information found will be mostly negative and the need will be obvious, but the likelihood of change, additional staff and/or monies is basically not going to happen.

The comments on the frustration with the survey also fall into general concerns for working with SPD. One respondent said:

> I have utmost confidence in the person who primarily deals with SPD on our campus, but it seems like there are more and more students with a psychiatric diagnosis and more and more of them are ending up on the Behavioral Intervention watch list. I do not feel confident in working with these students and am unclear what the institution's expectation [is] of general counselors when it comes to working with these students.

Another person's comments were directed at misunderstandings of disability services. She acknowledged that "All of the questions were about this office" but voiced "…the disability support office deals more with academic accommodations" and said:

> …it is very important for colleges to realize that students need more than academic accommodations… Comprehensive mental health services are needed… [and]should work in conjunction with disability support offices. Many students who have mental health concerns do not utilize the disabilities support office. They see this office as providing services for students who have learning or physical disabilities.

Table 20

Perceived Relevance of Questions to Daily Work

	Perceived Relevance									
	1 low		2 med low		3 med		4 med high		5 high	
Survey Section	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
*General Information	0	0%	3	13%	9	39%	8	35%	3	13%
*Consultation/ Collaboration/Awareness	0	0%	3	13%	5	22%	10	43%	5	22%
Information Dissemination	0	0%	1	5%	3	15%	12	60%	4	20%
Faculty/ Staff Awareness	0	0%	1	5%	2	10%	12	60%	5	25%
Academic Adjustments	0	0%	2	10%	3	15%	8	40%	7	35%
Counseling & Self-determination	0	0%	3	15%	3	15%	12	60%	2	10%
Policies & Procedures	0	0%	4	20%	4	20%	6	30%	6	30%
Program Administration & Evaluation	2	10%	4	20%	3	15%	9	45%	2	10%
Training/Professional Development	2	10%	2	10%	3	15%	8	40%	5	25%

Note. All n = 20 except *N = 23.

Information in Table 20 shows results of the perceived relevance of each question set in the survey to the respondents' daily work. Sections viewed as most relevant included Information Dissemination, Faculty/Staff Awareness, and direct work with students in Counseling and Self-Determination. Sections viewed as least relevant dealt with Policies and Procedures, and Program Administration & Evaluation.

Collectively, responses to the survey questions provide a picture of the current practices being used in serving SPD at community colleges in Missouri. Regardless of the perceived relevancy of the questions sets, all sections of the survey were based on

best practices. Research Question 2 was developed to see how closely current practices match up with best practice guidelines.

Research Question 2: How do the practices related to students with psychiatric disabilities being used at Missouri community colleges align with best practice guidelines for serving students with psychiatric disabilities?

This question was answered by analyzing data using a single sample *t* test for independent means and confidence intervals to discover if response data aligned with responses expected if best practices were in use. Additionally, the Bonferroni correction was used as a post hoc procedure to guard against a potentially inflated alpha due to the number of *t* tests done on the data and the small sample size. Considering that the data were analyzed by doing 45 *t* tests and using the .05 significance level, with the Bonferroni correction each *t* test would be considered significant only if the significance value found was lower than the corrected alpha of .001. Therefore, using the corrected alpha, the findings were more robust due to the increased significance level needing to be met for each survey question.

In Table 21 the mean and standard deviation for survey questions that were tested are provided (see Appendix B to view questions). Additionally, results of *t* tests, significance levels, and confidence intervals for survey questions tested are given in Table 22. Data were tested against a value of 5 considering that answer choices with a value of 5 represented the highest level of adhering to best practices.

The null hypothesis tested for Research Question Two was, *Practices related to serving students with psychiatric disabilities currently used at Missouri community colleges align with best practices guidelines for serving students with psychiatric*

disabilities. Based on the analysis of data, the null hypothesis was rejected at the .05 significance level. Significant differences were found between expectations for best practices and the current practices used at Missouri community colleges related to serving students with psychiatric disabilities. The results of *t* tests for all questions tested were significant at the .05 level (see Table 22). When considering the .001 adjusted significance level, the following survey questions would not have been significantly different than expected: Q2.3a and Q2.3b dealing with referrals to campus and community resources; Q4.1a maintaining confidentiality of records; Q4.2a and Q4.3a involving students and faculty with the accommodation process; Q5.1a assisting SPD with self-advocacy; Q6.4a and Q6.5a formal policies regarding confidentiality and grievances; and Q8.3a adhering to the AHEAD Code of Ethics. The null hypothesis was rejected in all other cases.

Table 21

Sample Statistics for Questions in Survey

Survey Question	N	Mean	Std. Deviation
Q1.1a	23	3.74	1.453
Q1.1b	23	2.39	1.616
Q1.1c	23	3.17	1.154
Q1.2a	23	3.17	1.154
Q1.3a	23	3.74	.964
Q2.2a	20	2.75	1.650
Q2.3a	20	3.75	1.713
Q2.3b	20	3.30	1.838
Q2.4a	20	3.95	.759
Q3.1a	20	3.05	1.959

Q3.2a	20	2.95	1.820
Q3.4	20	4.05	.759
Q4.1a	20	4.05	1.791
Q4.2a	20	3.20	2.191
Q4.3a	20	3.35	1.981
Q4.4a	20	4.00	.973
Q5.1a	20	3.25	1.997
Q5.2a	20	3.65	.875
Q6.1a	20	1.60	2.010
Q6.1b	20	1.90	1.944
Q6.2a	20	2.50	2.115
Q6.2b	20	3.35	1.496
Q6.3a	20	2.25	2.023
Q6.3b	20	2.40	1.667
Q6.3c	20	1.85	1.927
Q6.3d	20	2.40	1.818
Q6.4a	20	3.10	2.222
Q6.5a	20	3.20	2.067
Q6.6a	20	3.70	1.129
Q7.1a	20	3.10	1.997
Q7.1b	20	2.05	2.064
Q7.1c	20	2.10	2.075
Q7.2a	20	2.65	1.872
Q7.2b	20	2.10	1.119
Q7.3a	20	1.35	1.182
Q7.3b	20	1.50	1.638
Q7.3c	20	1.80	1.765
Q7.4a	20	2.35	1.725

Q7.5a	20	1.65	1.599
Q7.5b	20	1.85	1.496
Q7.5c	20	1.90	1.774
Q7.6a	20	3.25	1.209
Q8.1a	20	2.95	1.638
Q8.2a	20	1.95	1.432
Q8.3a	20	3.30	2.029
Q8.4a	20	3.60	1.273

Note. All questions met the criteria for a normal distribution with the exception of Q. 1.1a and Q 4.1a.

Table 22

Results of t Tests for Questions in Survey

			95% Confidence Interval of the Difference of Means	
	t	Sig. (2-tailed)	Lower	Upper
Q1.1a	-4.162	.000	-1.89	-.63
Q1.1b	-7.740	.000	-3.31	-1.91
Q1.1c	-7.588	.000	-2.33	-1.33
Q1.2a	-7.588	.000	-2.33	-1.33
Q1.3a	-6.274	.000	-1.68	-.84
Q2.2a	-6.097	.000	-3.02	-1.48
Q2.3a	-3.263	.004	-2.05	-.45
Q2.3b	-4.136	.001	-2.56	-.84
Q2.4a	-6.185	.000	-1.41	-.69
Q3.1a	-4.451	.000	-2.87	-1.03
Q3.2a	-5.037	.000	-2.90	-1.20
Q3.4	-5.596	.000	-1.31	-.59
Q4.1a	-2.372	.028	-1.79	-.11
Q4.2a	-3.674	.002	-2.83	-.77

Q4.3a	-3.725	.001	-2.58	-.72
Q4.4a	-4.595	.000	-1.46	-.54
Q5.1a	-3.920	.001	-2.68	-.82
Q5.2a	-6.899	.000	-1.76	-.94
Q6.1a	-7.563	.000	-4.34	-2.46
Q6.1b	-7.132	.000	-4.01	-2.19
Q6.2a	-5.286	.000	-3.49	-1.51
Q6.2b	-4.931	.000	-2.35	-.95
Q6.3a	-6.080	.000	-3.70	-1.80
Q6.3b	-6.975	.000	-3.38	-1.82
Q6.3c	-7.311	.000	-4.05	-2.25
Q6.3d	-6.396	.000	-3.45	-1.75
Q6.4a	-3.824	.001	-2.94	-.86
Q6.5a	-3.894	.001	-2.77	-.83
Q6.6a	-5.151	.000	-1.83	-.77
Q7.1a	-4.254	.000	-2.83	-.97
Q7.1b	-6.392	.000	-3.92	-1.98
Q7.1c	-6.250	.000	-3.87	-1.93
Q7.2a	-5.615	.000	-3.23	-1.47
Q7.2b	-11.588	.000	-3.42	-2.38
Q7.3a	-13.809	.000	-4.20	-3.10
Q7.3b	-9.554	.000	-4.27	-2.73
Q7.3c	-8.107	.000	-4.03	-2.37
Q7.4a	-6.869	.000	-3.46	-1.84
Q7.5a	-9.372	.000	-4.10	-2.60
Q7.5b	-9.414	.000	-3.85	-2.45
Q7.5c	-7.815	.000	-3.93	-2.27
Q7.6a	-6.476	.000	-2.32	-1.18

Q8.1a	-5.599	.000	-2.82	-1.28
Q8.2a	-9.527	.000	-3.72	-2.38
Q8.3a	-3.747	.001	-2.65	-.75
Q8.4a	-4.918	.000	-2.00	-.80

Note. All questions met the criteria for a normal distribution with the exception of Q. 1.1a and Q 4.1a.

Research Question 3: What successful strategies are Missouri community college personnel using to serve students with psychiatric disabilities?

This question was answered by analyzing qualitative data gathered from open ended questions in the survey. Evaluation of comments revealed both common themes and unique strategies being used successfully in daily practice in responses related to each section of the survey. Additionally, in the final section of the survey, respondents were asked to share any strategies for working with SPD that they had found particularly useful or successful, whether or not they directly related to any particular section of the survey.

Consultation, collaboration, and awareness. Analysis of comments from eight individuals in this section of the survey revealed the successful strategies cited fall into the following four areas: improved communication, increased consultation, collaboration and advocacy, and knowledge specific to special populations gained through training events.

The themes of improved communication and collaborative efforts were intertwined. This was evidenced by one respondent who said, "Our campus is working toward better communication between Disability Support and Behavioral Concerns Team." According to that individual, collaboration at that campus was also useful because "The Behavioral Concerns Team is responsible for tracking and follow-up of

students who have behavioral or other issues." Another respondent said, "We also collaboratively work with the SSO Access Office to better serve students in the TRiO program with disabilities including psychiatric." Additionally, one individual remarked:

> We have to include, empower, and solicit input from our instructors and administrators. We MUST include them in the decision making. Yes, contrived it might seem, yet, instructors need to know we are there as much for them as we are our mutual students. So, in e-mails or interactions with instructors or administrators, I narrow the solutions/options but allow them to make the final call/answer. However, if I have done my job correctly, I have "set the table" so to speak, in advocacy for student and instructor.

Although individual communication with faculty was seen as successful by several respondents, other comments also revealed links to advocacy that relate to collaborative communication. Especially notable was the following comment related to collaborative efforts with students:

> The Access Office also has a Student Advisory Committee meeting throughout the semester. Here the Access Office wants to hear from students who are being served by the Access Office how we can better serve them or make changes to make the campus more assessable. We want the student to feel comfortable in the educational setting without letting their disability interfere with their education.

Consulting with counselors both on and off campus to learn more about mental health issues and best practices was also mentioned. Helping members of the campus community gain knowledge about issues related to the DSO was cited as another

successful venture accomplished via efforts that were ongoing throughout the school year, an annual disabilities awareness event, workshops, and on an individual basis.

Information dissemination. Successful strategies for sharing information dovetailed with comments on improving communication. The major theme that emerged here was providing information in multiple ways in an ongoing basis. Suggestions included beginning to share information about services with pre-college students and their families through IEP meetings and high school counselors, with new students through orientations, and with current students though email, the web, printed materials, and campus presentations. Access Office presentations were also suggested as useful for training faculty on DSO services and ways to help students learn, such as by using universal design strategies. One respondent demonstrated a willingness to address known concerns in the following comment:

> The Access Office is taking a new direction this year with the hiring of a new lead counselor. Instead of having a big one time event we are scheduling speakers through the year and classroom presentations throughout the year. New members have been added to the Access Office Advisory Committee that is made up of representatives throughout the area from mental health, rehabilitation, social services, social workers, rehabilitation supply and support agencies to name a few.

One respondent also said that maintaining "good relationships with referral sources and local community mental health agencies" was important when circulating information about services offered for students.

Faculty and staff awareness. Comments in this section were similar to those already mentioned. The most common thought was to mentor faculty and staff individually. One respondent said "One-to-one consultation with staff as situations arise is by far the best means" and another commented "through word of mouth or coincidence". Diverging from the individual approach, one person said "The Access Office sponsors various activities during the month of March to raise awareness of disabilities including psychiatric disabilities. Some of the activities include representatives from various mental health agencies, essay contests, articles in the….school newsletter, and classroom presentations." Other strategies offered targeted small groups via workshops, email, and "an intersession course on Mental Health First Aid".

Academic adjustments. Found again in the comments from this section of the survey were ideas voiced previously for sharing information. Proactively sharing information about accommodations was viewed as critical to successfully implementing accommodations. As stated by one individual, "Sending e-mails, or memos in advance of the start of a semester works well. Minimizing surprises and coordianting joint effort between student, faculty and DSO from the outset is a must." A unique offering was also made by a respondent, who said:

> The Access Office has reviewed "best practices" to determine accommodations for all students with disabilities. Accommodations are made on an individual bases and focus on accommodating the functional disabilities and what is needed to level the educational field for all students with disabilities.

This is one of the few instances where referring to known best practices was included in comments made by respondents related to successes. One other reference to best practices being followed was found in comments from a different section of the survey. That positive comment was, "I think we do have best case practices occurring daily versus merely 'practices' …". The focus was on individuals taking personal responsibility for job performance. In relationship to accommodations, the following comment was also made:

> The Access Office tries to be as creative as possible in thinking of ways to provide accommodation with as little impact to the financial budget as possible. Having said that, the college administration has never balked when we state we need a special piece of equipment or special software to accommodate a student with a disability. Examples include: Dragons NaturallySpeaking, License for JAWS and updated versions, magnifiers (voice and visual), Zoom Tech machine, text book converted to audio, and text book converted to Braille to name a few.

Other respondents also voiced awareness of budget constraints in several other comments found throughout the survey that related to disabilities services in general.

Counseling and self-determination. Several comments collected from the survey revealed individual counseling services are expected as part of the job for DSS. Successes were again identified in meeting with students individually. When asked to think about empowering students, one respondent commented on the importance of "informing students with PSD of their rights under the varying laws. Many of them DO NOT know the laws and how they can apply them to their individual circumstances." Broader approaches to educating and empowering students such as campus wide workshops, an

annual Disability Awareness Event, and distribution of printed materials were also identified as useful strategies.

Policies and procedures. To help students understand polices that affected them, meeting on an individual basis was seen as critical. As one respondent put it, "One-to-one discussion allowing students to ask questions [is most successful]. I cannot simply hand the grievance and student rights forms to them and let them walk away.....Verbal exchange is a must..." Respondents remained largely silent on policy issues; only two individuals commented on successful strategies in the policy section of the survey.

Program administration and evaluation. The only comment in this section was from a respondent that related a margin of success to attempted program evaluation. However, the comment ending sounded more like a concern:

> … this year we sent out a confidential survey via the college website to all students being served by the Access Office. The response was about 13% so the big question is how do we reach more students with disabilities so that we can more accurately assess our services.

Given that program evaluation received low marks overall, it was not surprising that only one person commented on successes in this section of the survey.

Training and professional development. The major success oriented theme that emerged from comments here related to pertinent training being available. One individual commented "I can get whatever training I would deem essential to performing my job." Other respondents said training was seen as available via national conferences and through taking personal responsibility for learning information. As one respondent said,

"I have visited the AHEAD website several times and felt the information was very helpful".

Personal perspectives. The final section of the survey was titled *Sharing Ideas*. Respondents were encouraged to share any specific strategy for working with SPD that they found particularly helpful. The idea of the professional assuming responsibility for his or her learning surfaced again through the successful strategy of having used the web to "look up the generalities, tendencies, symptoms and treatments if I can before meeting with students."

Words like advocacy, support, and relationship were used repeatedly in comments in this section. Successes were found in having used formal counseling techniques such as "Unconditional positive regard in conjunction with choice theory" or "active listening techniques." A respect for working with SPD was found in several comments. One individual wrote, "[I do a] Person-by-person assessment and determination of service provision. No stereotypes or inferential decisions drawn, or based, from a 'categorical' perspective of 'those individuals with PSD…' Another commented "I find allowing the student to define their disability to me and working from that point is more useful for me. Rather than assuming all disabilities are the same or assuming all disabilities should be treated the same."

Proactive advising strategies were also suggested, such as "assisted students with creating a course schedule and work load that they feel is manageable and less stressful". Additionally, referrals to campus counselors and community resources were listed as valuable strategies. Referrals were tied to collaboration in a few instances and

collaborative efforts between DSO staff, faculty, and TRIO personnel were listed as particularly successful ventures at one college.

A unique offering was found in a comment related to new positions at one college, "… the addition of a position that works specifically toward all student's success has improved the retention rate of students with disabilities. In addition the new Access Counselor is available full-time to address student concerns and problems in a timely manner."

Overall, the comments provided by respondents throughout the survey helped answer Research Question Three that was intended to discover successful strategies currently used in helping SPD. Major themes that emerged from comments revealed that collaboration, advocacy, counseling, and sharing information individually and in large groups were seen as successful in multiple areas. Even so, successes were frequently coupled with concerns. Research Question Four was geared to look deeper into concerns with daily practice.

Research Question 4: What concerns do Missouri community college personnel have in relationship to serving students with psychiatric disabilities?

This question was also answered by analyzing qualitative, thematic data gathered from open-ended questions in the survey. Respondents were asked to comment on concerns they had in relation to questions asked in each section of the survey. Additionally, comments were requested related to any perceived gaps between best practice guidelines and current practices at their colleges. Finally, in the last section of the survey, respondents were asked to give an example of a concern or difficulty that they had experienced in working with SPD. Evaluation of all those comments revealed some

common concerns and/or perceived gaps in responses related to each section of the survey.

Consultation, collaboration, and awareness. Analysis of comments by 14 individuals in this section of the survey revealed concerns that fall into the following three areas: a need for improved communication to facilitate collaborative efforts to meet student needs, a desire for increased collaboration in a number of areas, and more training and professional development on working with SPD for faculty and all staff. Ideas related to collaboration, training and communication were frequently woven together and addressed other best practice topics such as policy making and training. For example, concerns were voiced about a lack of collaborative effort with policy making decisions in the statement of fact in that, "Accessibility services is seldom contacted about policies."

The issue of adequate training for DSS was seen as a persistent need related to awareness of requirements to work with SPD. One respondent commented, "My current position requires me to work with students with psychiatric disabilities on a daily basis and I have not received any type of training in this area." Another individual stated honestly, "I am unfamiliar with the best practice guidelines related to students with psychiatric disabilities so I cannot comment on the gap with the practices at the college." The issue of inadequate training was also addressed in the comment, "There is not a lot of professional development offered to Counselors [at the college] in general on mental health…" Finding adequate training with help from community resources was also seen as difficult because "…different mental health organizations don't seem to be available for professionals to participate in workshops and or updates." Another respondent voiced that, "…a licensed counselor associated with DSO and [increasing] faculty understanding

of mental health issues" was a real need. That comment helped illustrate that the need for increased awareness about best practices for working with SPD was a common need not only for DSS but for faculty and administrators too. That idea was further evidenced by the comment:

> Many faculty still do not understand the issues or challenges....they see giving extra time or a quiet testing area as giving the student a leg up and being unfair. Administrators do not fully understand the challenges either and thus are often placating faculty rather than holding the line [with DSS].

The concern that DSS, faculty, and administrators do not always work together with common purpose to meet best practices was also pointed out in the comment:

> Often times guidelines or best practices are not considered at our college as faculty and some administrators want to handle it the way they want to handle it. If one has a limited perspective then they will apply guidelines or the handling of a given situation in a short sighted manner.

Cohesiveness between stakeholders involved with serving SPD was seen as both a systemic issue and an individual one. Departmental and individual responsiveness was captured in the comment, "It helps if DSO staff, counselors, aides, and support personnel have a shared vision. Gaps can be readily seen from one counselor to another in their willingness to be of support to staff, faculty and student alike."

A similar area of concern dealt with a lack of collaboration in tracking or reporting mechanisms related to student issues. The need for collaboration was voiced again in this comment:

> A recent incident occurred involving a student with a disability and in an effort to support the student it seemed the other factions involved didn't want to share information about the incident that occurred. My thought was, how can I help if I don't thoroughly know what the problem is? The whole incident was very frustrating.

Adding to that, another respondent stated "Right now there are students who still fall through the cracks… We are attempting to put a reporting system in place where faculty and staff can report student concerns." Comments made in the first section of the survey dovetailed with those in the next section as the major themes calling for better communication and training were carried throughout many of the comments made in the survey.

Information dissemination. In addition to difficulties in reporting information, sharing information with faculty was seen as problematic. One respondent identified special problems in disseminating information to adjunct faculty and commented:

> Although I feel the Access Office staff has a good relationship with the instructional staff, the college has employed large numbers of part-time instructional staff to cover the increase in enrollment. These part-time teachers may or may not have any prior teaching experience. And these part-time instructors present unique concerns and coordination problems with implementation of accommodations. Just finding a correct email address for part-time staff is challenging. Because these instructors may only be on campus to teach one or two classes, maybe only night classes or they may only be teaching

web classes all communication must be via email. Explaining Access Office services and ADA compliance via email is challenging.

Concerns about accessing community resources for sharing information were also voiced. One respondent noted, "We cannot be everywhere we need to be.....We are frequently invited to community events. However, there are numerous ones we do not know about or are not invited to...." Comments about concerns from this section of the survey followed a theme found throughout survey comments that related to communication, collaboration, and training issues.

Faculty and staff awareness. One problem that surfaced in multiple comments was that attendance at trainings offered by the DSO for administrators, faculty, and staff was usually voluntary and often not well attended. One respondent added that along with poor attendance at trainings, some DSS were frustrated and felt that "Many faculty 'bury their head in the sand' until there is an issue and then it is 'dropped' on this office in an attempt to hold this office totally responsible." Another person commented, "Raising awareness of disabilities, particularly mental disabilities, is an on-going activity. With instructional staff turnover it's an issue that needs more focus and effort to keep staff aware of the issue." Staffing issues were seen as exacerbating the problem of providing campus wide training. One individual voiced concern with "Not enough time, not enough DSO staff to get the word out." Nevertheless, that same person did voice hope for improvement when she also stated, "However, we are not far from our goals as inter- and intra-departmental communication, campus-wide, is good." Hope for improvement was also found in the comment that although there are "Lots of gaps at this time… we are in the beginning stages of addressing these issues." Additionally, taking a collaborative

stance, one individual remarked that the DSO goal was "Trying to make sure that faculty/staff see DSO as a resource--for them as situations arise."

Academic adjustments. Traditionally, the most well known function of the DSO has been as a resource that provided or taught about reasonable accommodations for students with disabilities. However, when accommodations were discussed, the idea of reacting in crisis intervention mode rather than being proactive was found in the comment, "Wish we could be proactive in all things.....However, many situations arise and we deal with them at the spur of the moment.....Sadly." Also echoing previous comments made in the survey one respondent noted, "Again, not enough time or resources to get it all done." Additionally, one individual remarked on the need for creativity in providing accommodations and staying within budgetary constraints.

Counseling and self-determination. Following the theme of too little time to get everything done, one respondent commented, "I'm sure there is more we could be doing to get the word out but time and staffing constrains make this difficult." This idea was restated by a respondent who said:

> …we have a part time mental health counselor [who] will play the role of educating others on mental health issues more so than our Disability Support Office. The fact that the counselor is part time limits how much time can be spent in the area of education.

Respecting a student's right to self determination caused one individual to comment, "… even if we refer a student to a resource for support, they may not always follow through...." Student choice in using services was also commented on by an individual who commented:

> …from the point of intake into DSO, we inform students of their rights to try to make sure their college experience and use of DSO and reasonable accommodation is to the maximum--or, to the degree to which they chose to use DSO assistance or accommodations.

Helping students understand services and overcoming the stigma of accessing reasonable accommodations due to having a disability was acknowledged as an ongoing concern.

Policies and procedures. The two major concerns that emerged from responses in this section of the survey dealt with the unevenness of policy application and helping students understand policy information. As one respondent put it, "…[my] concern is for that student who is handed the [grievance and student rights] sheets and it is presumed by DSO staff that they understood what was given to them." Another person indicated "The degree to which a DSO staff will discuss these items with the student at the outset of their entrance to DSO service provision" was limited.

Although policy written for at least one school provided accommodations for attendance and course substitution if needed, one respondent commented:

> In the five years that I have worked in the Access Office I am aware of only one student that we were able to take a "request for course substitution" to successful completion. The current campus attendance policy is to put the responsibility on the instructor to determine whether a student will be 'excused'. Basically any student that misses over three day has the potential of being administrative dropped by the instructor. The Access Office does not request a student to be excused, but we will inform an instructor if a student is hospitalized and it is up to

> the instructor whether they will be excused and allowed to remain in the class, or if they will be dropped because they have missed too many days.

Another respondent also voiced concern with attendance policies. That individual commented:

> Our institution has gone to a campus-wide, mandatory attendance policy. This will prove particularly difficult to negotiate in instances where someone who has PSD claims their rights were violated. It will only be a matter of time until this new attendance policy is challenged by a situation arising from a student with a PSD. "Essential function" of being a student, where classroom attendance is concerned, will be put to the legal test at some point.

Offering a more personal opinion and referring to a legal challenge to the policy that individual also commented, "Which, I might add, may not be a bad thing." Certainly those involved with policy and program administration, covered in the next section, have a vested interest in protecting their institutions in the legal arena. Nevertheless, the previous comment was the only comment collected from the survey that mentioned anything about concerns of a legal nature.

Program administration and evaluation. Comments on program evaluation were few. Responses centered on difficulties with accurate data collection and low return rates of responses to attempted program assessment. As mentioned before in the successful strategies for program evaluation, one institution that collected data only received a 13% response rate to an online survey about their services. Another person said, "Cards are provided to students to evaluate services [with] very poor return." Simply stated, one

person said, “We are a long way from where we need to be on this one--although it remains very important to us in DSO.”

One insightful respondent linked program administration and shared vision together in the comment, “ …. the success of your DSO department is tied-to, and reliant upon, the vision of those who are your superiors. We are not seen as a ‘compliance’ office. We are seen as a resource for instructors and administrators alike.” That person also linked program administration to budget concerns saying, “I am alwasy mindful that our DSO office ‘costs’ this institution money… [DSO] serves about 7-8% of the overall population of this institution.”

Concerns with program administration and continuous improvement were also linked to expansion by one respondent who commented:

> …we're working on improving our practices with all students with disabilities. The expansion to two additional facilities…has stretched [and] challenged our staff to keep all the bases covered. Support staff at the two sites off the main campus is less reliable and problems occur with students attending night classes because the Access Office is not staffed during evening classes and we have to rely on instructional staff to implement accommodations.

Continuity of services for extended campus sites was also an issue linked to training and professional development for college personnel.

Training and professional development. The largest barrier identified to college personnel seeking professional development centered on the issue of limited resources again. One person succinctly stated the problem was in “Taking the time away from doing my daily duties to get the training.” The thought was echoed by another who said,

"It goes back to staffing and being able to adequately do all things necessary to be able to perform this job." Respondents also voiced concern over students' lack of resources as reviewed in the next section.

Personal perspectives. In this section of the survey more comments about concerns were offered than comments about successes, as was true throughout the survey. When asked to provide personal examples of concerns, several respondents commented on the increased need for services and the personal struggles faced by SPD. For example, one person commented:

> We need more mental health services on campus. Students who do not have health insurance often cannot get the help they need. One part-time mental health counselor is not enough…. We are finding that more and more students are in need of mental health services. This is a huge concern.

Another respondent noted a set of problems common to people who have psychiatric disorders with the comment, "Many do not have enough money for medicines, doctors, and food, shelter, and lack family support." Concern and frustration was also heard in the comment by another, "Where do you go when you find they can't pay for medicine... where do you go when they don't have the funds for testing a disability. . . what do you do with the student that is not functioning. . .". Another comment that related to personal student characteristics was voiced in the idea that some SPD may "… [see their] disability as an excuse---relating to what they cannot do as opposed to what they can do." Those comments validated the concern over the need for more training on successful strategies for working with SPD for both students and college personnel. Although one respondent who self identified as a professional counselor stated "I enjoy working with

this population" that individual also acknowledged, "…not many faculty probably have the same level of comfort." The need for more training also surfaced in the comment "I don't feel like I have been properly trained to work with students with psychiatric disabilities in using the best methods that will benefit them and help them be successful." Once again, communication issues were mentioned in the comment "I feel the Access Office continues to have a communication problem with all parties involved…" Nevertheless, the respondent ended on the hopeful note "… but we are working on that issue and hopefully in the future this issue will be eliminated." The sentiment that effectively working with SPD was an ongoing effort was mentioned by several respondents in several sections of the survey. Additionally, comments discussed earlier in this paper that were included in the section on Personal Perspectives to answer Research Question One were largely framed as concerns and so fit here as well. Those comments reflected an overall concern in meeting the needs of SPD and, prophetically, a feeling that concerns would outweigh success in the final analysis of data for this project.

Summary

In this chapter data analysis from information gathered via the survey *Exploring Practices for Serving Students with Psychiatric Disabilities* was presented. Both qualitative and quantitative analysis helped to identify current practices being used to serve SPD at community colleges in Missouri. Additionally, quantitative analysis revealed that current practices do not typically align with expected best practice guidelines. Analysis of comments made by participants in the study revealed several themes in the data. Themes associated with successful strategies being used were related to collaboration, advocacy, counseling, and sharing information on both an individual

basis and in group settings. Themes linked to common concerns of respondents centered on working collaboratively to meet student needs, time and resource constraints, and training needs for all stakeholders who work with SPD. In the next chapter,findings will be further discussed, as will limitations of the study. Finally, implications for future practice and research will be discussed.

CHAPTER FIVE

FINDINGS AND RECOMMENDATIONS

The results of this research reveal current practices used to serve students with psychiatric disabilities (SPD) at community colleges in Missouri. Best practice guidelines were reviewed and what is actually being done in daily practice was compared to those guidelines. Analysis revealed significant gaps between current and best practices. Additionally, comments were gathered from research participants to discover their concerns about current service provision and strategies they found successful in working with SPD. Presented in this chapter is an overview of the first four chapters of this study, a discussion of the findings and limitations, implications for practice and suggestions for future research.

Purpose of Study

The overall purpose of this study was to discover what practices related to serving SPD were currently used at community colleges in Missouri. Moreover, the purpose was to explore how closely practices at Missouri community colleges align with established best practice guidelines for serving SPD. The researcher also hoped that this study could help increase awareness about best practice guidelines for serving SPD and elucidate concerns and successes college personnel experienced while working with that special population. The rationale for the study stemmed from a thorough review of literature on best practices (ACHA, 2004; AHEAD, 2009; Andrews & McLean, 1999; Belch & Marshak, 2006; Collins & Mowray, 2005a; Crouch, 2006; Jenkins, 2006; Kadison & DiGeranimo, 2004; MOAHEAD, 2009; Muckenhoupt, 2000; Shaw & Dukes, 2001; US

DHHS, 2007; University of Michigan, 2003; Wei, 2007; Wolanin & Steele, 2004; Zdziarski, 2007) and the understanding that community colleges are tasked to serve diverse populations of students with varied needs, some of which provide unique challenges for effective service provision (Dickeson, 1999; Drumm, 2000; Jenkins, 2006; O'Banion, 1997; Passaro, Lapovsky, Feroe, & Metzger, 2003). The research questions explored for this study were as follows:

1. What practices related to students with psychiatric disabilities are used at Missouri community colleges?
2. How do the practices related to students with psychiatric disabilities being used at Missouri community colleges align with best practice guidelines for serving students with psychiatric disabilities?
3. What successful strategies are Missouri community college personnel using to serve students with psychiatric disabilities?
4. What concerns do Missouri community college personnel have in relationship to serving students with psychiatric disabilities?

Design & Procedures

This study used a mixed method research design to collect data for answering the research questions. Using both qualitative and quantitative methodologies helped facilitate answering the research questions more effectively than either methodology alone could have provided (Coghlan & Brannick, 2005; Creswell,2003; Grix,2004). The survey used in the study was created by the researcher to discover current practices, successful strategies, and common concerns related to SPD on community college campuses. Survey questions were developed from an extensive review of literature

concerning recommended practices (ACHA, 2004; AHEAD, 2009; Andrews & McLean, 1999; Belch & Marshak, 2006; Collins & Mowray, 2005a; Crouch, 2006; Jenkins, 2006; Kadison & DiGeranimo, 2004; MOAHEAD, 2009; Muckenhoupt, 2000; Shaw & Dukes, 2001; US DHHS, 2007; University of Michigan, 2003; Wei, 2007; Wolanin & Steele, 2004; Zdziarski, 2007) and presented in both five-point Likert type scale and open-ended formats. A pilot study was conducted and feedback was used to improve the survey. Purposeful sampling was used to select participants for the study and they were encouraged to pass the survey on to others they thought might provide information on the topic. The survey was sent to participants via email and resulting data collected electronically.

Descriptive statistics were used to analyze data for answering Research Question One. A comparison of findings with expected results if best practices were used was conducted using *t* tests for independent means to answer Research Question Two. Measures taken by the researcher to ensure findings were accurate included analysis of skew and kurtosis for data analyzed by *t* tests. Additionally, the Bonferroni correction was used as a post hoc measure to decrease the alpha level needed for significance. Furthermore, to answer Research Questions Three and Four, comments to open ended questions were coded for themes and unique cases.

Findings of the Study

The survey used in the study was completed by 23 individuals. Demographic information indicated that the sample surveyed likely matched the demographics expected from a representative sample of individuals involved in serving SPD at

community colleges in Missouri. Notably, findings revealed almost half (48%) of the respondents had five or less years of experience in the field.

To answer Research Question One, current practices used by participants in working with SPD were ascertained through analysis of the percentages and frequencies of responses to survey questions. Results were mixed, indicating that a variety of different practices are used to varying degrees at the colleges represented in the study. Findings from the nine major sections of the survey can be thought of as encompassing three broad areas of practice. Those areas included practices related to service provision, policy issues, and program evaluation (See Tables 3-19).

Analysis of data used to answer Research Question Two revealed a statistically significant gap between most best practices addressed in the survey and what is actually being done to provide services for SPD at Missouri community colleges. The null hypothesis tested was: *Practices related to serving students with psychiatric disabilities currently used at Missouri community colleges align with best practices guidelines for serving students with psychiatric disabilities.* The results of *t* tests for all 46 questions tested were significant at the .05 level (see Table 22). When considering an adjusted significance level of .001 to analyze 46 survey questions, only nine questions would not have been significantly different than from the best practice standard. The null hypothesis was rejected in all other cases at the .001 significance level. The nine questions that were not significant at the .001 alpha level dealt with referrals to campus and community resources, maintaining confidentiality of records, involving students and faculty with the accommodation process, assisting SPD with self-advocacy, formal policies regarding confidentiality and grievances, and adhering to the AHEAD Code of Ethics.

Qualitative analysis of information used to answer Research Questions Three and Four revealed that major themes found in the data circled around communication, collaboration, and informational needs for stakeholders who work with SPD. Those thematic areas were identified not only in the comments about both successes and concerns, but in the quantifiable answers provided as well. This overlap in findings analyzed by quantitative and qualitative methods helped to triangulate the data (Coghlan & Brannick, 2005; Mertens, 2005). Interestingly, in several instances, ideas first voiced as successes were also identified as concerns. For example, improvements to communication and collaboration were seen as successful strategies being used, but concerns also centered on poor communication processes and the need for more collaboration with all stakeholders.

Discussion of the Findings

For the sake of this discussion, findings will be grouped into practices related to service provision, policy issues, and program administration and evaluation.

Service provision

Given that nearly half (48%) of the respondents have five or less years of experience in the field, it is possible that a lack of experience may have contributed to the high frequency of "I don't know" responses throughout the survey. An important related idea surfaced in that many of the college professionals surveyed indicated that they felt ill-equipped to work with SPD and other students who have mental health concerns. Certainly that leads to a need for training for DSS and other college personnel on issues associated with working with SPD. Nevertheless, comprehensive training on mental health issues offered to DSS, faculty and other college personnel was reported at low

levels (see Table 17). Even so, several comments were noted related to colleges beginning to offer more training on a variety of topics pertinent to SPD and hopeful comments were made related to increased efforts at collaborative communication between the DSO and faculty.

Unfortunately, a lack of training was found in the critical areas of suicide prevention and intervention, as well as crisis management. A number of comments indicated progress being made through collaboration with special Behavioral Intervention Teams (BIT) on campuses to help with problematic student issues. Nevertheless, concerns were voiced that student issues may be "dumped" on DSS or BIT members instead of there being a campuswide prevention focus and collaborative efforts to help solve student issues, especially when SPD were involved. Several individuals voiced that having mental health professionals on college campuses would be beneficial due to the inadequate training they have on working with students who have mental health issues, the time constraints of their jobs, and the increased numbers of mentally ill students attending their colleges.

Overall, areas most closely aligned with best practices were those dealing with documentation procedures and maintaining student confidentiality. In the field of disability services, the topics of appropriate documentation and confidentiality are well established topics for training. Survey results indicated those areas of training consistently received the highest marks from survey participants. This is a hopeful finding because it shows that focused training on specific topics does impact the use of that information in daily practice.

Respondents indicated high levels of encouraging students to be self advocates; however, the evidence did not consistently support that feeling. Findings indicated that training was not provided often enough or consistently enough on a variety of topics that could facilitate self-advocacy (see Tables 10 and 11). For example, training offered to students on basic information related to mental health issues was reported at low levels. Additionally, social networking opportunities which facilitate student involvement and self-advocacy through networking were reported as minimal for SPD. However, strengths were seen in respondents' respect for students and in working with students on an individual basis, both of which empower students.

Strengths were also found in the personal integrity and work ethic of respondents. Several DSS said they take personal responsibility for learning information related to their jobs, but having enough time to learn what they need to know was voiced as a concern. A need for DSS to find balance in their workload was revealed through findings that indicated DSS have multiple job responsibilities outside of the DSO and most colleges do not have a designated staff member who works solely within the DSO, which is not in alignment with best practices. Those finding are especially relevant given that respondents reported inadequate staffing in the DSO (see table 15). Conversely, results also indicated that DSS were frequently serving on campus committees, a task that aligns with best practices by providing a voice for people with disabilities.

Survey results also revealed the need to increase institutional support for the DSO and increase support from higher level administrators. Operating from a business model perspective, it is unwise for administrators to micromanage programs (Nonaka & Takeuchi, 1995) such as those in their DSO. Nevertheless, findings indicate

administrators should be better informed about policies, practices, and processes that affect the DSO and SPD. Disseminating information for all stakeholders was consistently found to be a challenge, although survey results indicated information on services is provided in a number of ways.

Even though respondents indicated most of their colleges use their school websites to provide information on services and policies, information was difficult to access at the college websites. When reviewing college websites, the researcher found it necessary to call each DSO to find pertinent links or to get accurate contact information for DSS at the colleges included in the study. Furthermore, information on the school websites was typically broad and provided only limited information such as how to access services and explanations of rights afforded to individuals under the ADA. There was discrepancy between reported use of websites to disseminate information and the reality of finding this information for people outside the college community. It is noted that some colleges may have more detailed information on services and policies embedded within password protected areas of websites, but that is not helpful when individuals are initially seeking services. Ease of finding information within password protected areas, especially for SPD, is also questionable.

Findings related to providing services were generally mixed and revealed some areas that aligned well with best practices and many comments from respondents offered suggestions about successful strategies that were used to serve SPD. Nevertheless, findings also highlighted areas of service provision that need enhancement. Additionally, findings illuminated more areas for improvement when policy issues were evaluated.

Policy issues

Significant gaps were found between best practices and current practices focused on issues of policy. Several questions in the survey were designed to discover the various types of policies, formal and informal, used to help serve SPD (see Tables 12 and 13). The highest level of policies that govern colleges and disability service offices are federal laws. Surprisingly, not all respondents indicated that their DSO follows written policies for ADA, FERPA, and HIPAA. While it is possible that the respondents misunderstood the question by compartmentalizing the DSO separately from the larger institution and its policies, all respondents should have identified those federal policies as applicable to their service units.

Respondents most often noted policies specific to the DSO related to documentation of disability, confidentiality, and grievance processes being in place and adhered to most closely. However, looking at issues related to policy creation, implementation, and revision revealed some of the lowest marks on the survey, second only to program evaluation. Notably, the majority of respondents did not view policy issues as highly relevant to their daily jobs and, overall, questions related to policy issues received a high response rate of "I don't know" answers. Perhaps that finding was influenced by respondents' view that much policy development is top-down driven by administrators (see Table 14). It is important to consider this in light of other findings that indicated administrators need to be more in touch with the daily functions of the DSO and needs of SPD.

In addition to formal policies, informal polices and flexible decision making play roles in serving SPD. It important to consider that staff members who directly interact

with students often enforce policies in unique ways to meet individual needs (Weatherly & Lipsky, 1997). The comment from one individual who said her DSO "tried to operate within the spirit of law" was a positive indicator and aligns with a relatively undefined area of best practices that calls for exactly that, to operate within the spirit of the law going beyond formal edicts. That requires a degree of flexibility tailored to individual needs and is likely where informal policy decisions are applied. Empowering staff to operate from the spirit of the law perspective requires that staff be well-trained and equipped to make wise, informed decisions to facilitate both student success and protect the institution from litigation.

The original goal of ADA legislation was to mitigate the challenges encountered by people with disabilities and foster their successes in numerous ventures. Knowing how successful students are and where they struggle demands evaluative processes and the results used to bolster program strengths and address weaknesses. Program evaluation was another area survey respondents identified as requiring improvement.

Program administration and evaluation

Gaps were also found between best practices and current practices for program administration and evaluation. Quality DSO program administration begins with an understanding of how the program fits within the frame of the larger organization. Just as policies help guide decision making in organizations (Craig, 2006; Marshall & Gerstl-Pepin, 2005), so do mission statements. Although the majority of respondents indicated that their DSO had mission and vision statements, several respondents said their DSO did not. Unfortunately, nearly a quarter (22%) of respondents did not know if a mission statement existed at their institution. This is problematic given that mission and vision

statements provide cohesiveness and guidance for organizations (Yukl, 2006). There should be links between program administration, policies, organizational mission, and a theoretical basis from which those components are developed (Marshall & Gerstl-Pepin). In response to the survey question that asked participants to rank their familiarity with any explicit or implicit theoretical basis from which their DSO program flowed, half of the participants in the study responded "I don't know" or marked their understanding at the lowest level. Although not everyone may embrace theoretical knowledge and the value of mission statements, it is worthwhile for service providers and college administrators to have at least a basic understanding of these ideas because they shape and guide programs.

Another area dealing with running a high quality program is adhering to best practices in the field. In response to the survey question asking the extent to which practices in their DSO align with best practices, again half of the participants in the study responded "I don't know" or marked responses at the lowest levels (see Table 15). This finding dovetails with less that 10% of respondents indicating they had high levels of understanding of best practices for working with SPD. Obviously one cannot follow or comment on practices of which one is unaware. However, 65% of those surveyed indicated they had at least a moderate or moderately high level of understanding of best practices (see Table 19). Together those findings lead to the idea that there are areas of known best practices that are not being followed closely. Program evaluation could help illuminate where best practices are being followed and where they are not.

Ongoing, effective program evaluation is a topic of concern for community colleges at large (Alfred, Shults, & Seybert, 2007; Cervero & Wilson, 1994; Crouch,

2006; Jenkins, 2006) not just within the DSO. Collectively, survey respondents revealed several areas of concern related to program and policy evaluation (see Table 15). Concerns included a lack of clear guidelines for policy evaluation and revision, limited data collection on the use of services by SPD, and poor results in efforts to collect student satisfaction feedback. Additionally, few respondents indicated long range strategic plans for improving services, and poor or unknown communication with administrators regarding program evaluation data. Given those findings it makes sense that only 15% of respondents indicated usefulness of evaluative data collected by the DSO. One survey respondent even voiced concern at how the collective data from this research might lead to repercussions and wrote "…given the culture of bureaucratic entities, I would like to spare my supervisor the grief that could be associated with any of my answers to this survey--should they become public…" Perhaps that comment provides some insight into why a lack of enthusiasm for program review was expressed and why fewer people than expected volunteered to participate in the study. Fear of repercussions can stymie participating in research. Nevertheless, a few hopeful comments related to new efforts at program evaluation surfaced in the survey data.

Finally, it is noteworthy that several individuals voiced discouragement and frustration with the systems within which they work and with a lack of human and fiscal resources. Those individuals are in danger of burnout and the potential for job turnover and/or poor service provision is high. From an administrative and fiscal point of view it is shortsighted to ignore the needs of human resources and their potential to help or harm programs (Bolman & Deal, 2005; Kruger & Casey, 2000).

The culture in academia today continues to shift progressively toward evidence-based practice with results being tied to program funding (Alfred, Shults, & Seybert, 2007; O'Banion, 1997) and colleges are mandated to provide educational opportunities and services for a diverse student body (US Department of Education, 2009; US Department of Justice, 2009). Additionally, colleges operate within an increasingly litigious society requiring administrators to be proactive in making policy decisions that protect their students and institutions (AHEAD, 2009a; Belch & Marshak, 2006; USHHS, 2007, 2009; University of Michigan, 2003; Wei, 2007). Evidence gathered from this study directs college administrators to be more proactive in several areas of DSO practices related to service provision, policy issues, and program administration and evaluation.

Links to Conceptual Underpinning of the Study

It is useful to consider the contributions offered by critical theory when evaluating disability service programs and policies. Critical theory helps focus attention on changing and improving the lives of marginalized individuals and society as a whole (Grix, 2004; Grogan, 2003; Merriam, 1998). Furthermore, critical theory supports the idea that education is an avenue for realizing social justice (Grix, 2004; Marshall & Gerstl-Pepin, 2005). These ideas align with philosophies espoused by the American Association of Community Colleges (2006) and the American College Health Association (2004) that colleges have an important role in promoting and supporting a diverse student body. Even so, students and others who experience symptoms of mental illness or have psychiatric disabilities continue to be marginalized in our society and colleges today partially due to stigma and a lack of understanding about the needs of the mentally ill. It

is likely that those issues are contributing factors to the reality that students who have psychiatric disabilities (SPD) continue to struggle in meeting their academic goals (ACHA, 2004). Moreover, the findings of this study are linked to the conceptual underpinnings of critical theory because policy issues are inherently politically based (Cevero & Wilson, 2006; Marshall & Gerstl-Pepin). As various stakeholders reach for their share of valuable resources in a highly political environment (O'Banion, 1997) it is imperative that the interests of students with psychiatric disabilities be represented and taken into consideration so that the best possible programs can be implement and student success rates can increase.

Limitations and Design Controls

As with all research, it is important to acknowledge the limitations of this study related to personal variables of both the researcher and targeted participants, and of the research design.

The first potential limitation of this study relates to the reality of the stigma toward mental illness in society and the personal biases of the researcher and other individuals who work with SPD. The informed opinion of the researcher is that stigma-related issues underlie all studies related to mental illness. Therefore, steps were taken by the researcher to minimize stigma-producing language in every endeavor related to this project. Throughout the study the researcher engaged in careful self reflection and considered how her own biases as a professional counselor and educator might influence the study. This type of systematic self reflection aided in minimizing researcher bias in the development of survey questions and in the analysis of the data (Coghlan & Brannick, 2005; Merriam, 1998).

To minimize the influence of survey participants' personal biases that may have been either positive or negative towards SPD, survey questions were worded without jargon, and leading questions were avoided. Carefully worded survey directions and questions helped minimize response bias from participants and reduce survey fatigue (Fink, 2006). Quantifiable responses were required and opportunities to make personal comments were provided throughout the survey. In that way participants could feel as if their perspectives were included and could provide data for both qualitative and quantitative analysis.

Clearly defining and focusing on the larger population of interest in the study was another problem considered by the researcher. The study was focused on services provided for students attending Missouri community colleges identified as meeting psychiatric disability criteria. However, definitions of mental illness, psychological disorders, and even psychiatric disabilities are socially constructed and ill defined (Becker, Martin, Wajeeh, Ward, & Shern, 2002; Granello, & Granello, 2000; Williams & Arrigo, 2002; Willis, 2007). To address this issue, the researcher used the definition of a psychiatric disability from EEOC guidelines (1997) and the definition of a psychological disorder from the DSM-IV-TR (American Psychiatric Association, 2000) to help focus the research and survey participants on the students and services of interest in the study. According to pilot study participants and a few comments from survey participants, it was hard for respondents to answer all survey questions focused solely on SPD. Many of the best practices and the services reviewed applied to all students with a variety of mental, physical, and learning disabilities. However, that could mean the findings of the

study may apply to services provided to all students who access disability services, especially the findings related to policy and program analysis.

No standardized instrument was discovered that could answer the research questions in this study. Therefore, the survey used in the study was developed by the researcher and another limitation that needed addressed was survey validity and reliability, and the ability to generalize findings. A major assumption of the study was that the survey questions were based on best practice guidelines, even though one comprehensive set of such guidelines was not found. To address this problem with survey development the researcher looked extensively at current literature in the field of disability studies and services. Using over 40 sources the researcher took measures to create a set of survey questions based on comprehensive guidelines that enhanced and furthered widely accepted AHEAD Program Standards (2009c). Additionally, survey questions were tested on a pilot group. Feedback on how to improve the initial survey was used in the final iteration of the survey used in the study.

The sample of college personnel surveyed was smaller than the researcher had desired and limited to publically funded community colleges in Missouri. Therefore, generalizing beyond the population surveyed in this study is not possible. The researcher did track confidentially coded data to ascertain that respondents represented a representative sample of personnel involved with providing services and oversight to disability services at Missouri community colleges. Ensuring participants' confidentiality was important to the participant recruitment process. Even so, as evidenced by data included in this report, a willingness to participate in the study may have been impacted

by fear of repercussions personally or for the institution of employment, by a perceived lack of knowledge on the topic, or by time constraints of people's jobs.

Finally, data analysis was limited in some ways by the small sample size and difficulties in procuring information. For example, considering the small sample, it did not make sense to group data by individual colleges or to give more weight to responses from DSO administrators for cross-referencing their responses with responses from their staff for accuracy. Instead, to answer the research questions, responses to the survey were analyzed as a whole. To provide the most accurate picture of the findings, aggregate data and tables with data frequency and percentage information were given. In the statistical analysis of data, special measures were taken such as evaluating the skew and kurtosis of data, and the Bonferroni correction was used to increase the rigor of analysis.

Originally the researcher had planned on triangulating data from the study with policy information from each school. However, policy data were more difficult to find than expected and the study was narrowed to focus more specifically on best practices and practices being used at the colleges. Nonetheless, the mixed methods research design did help capture responses that could be both statistically analyzed and coded for analysis using qualitative research methods. Also, due to FERPA and HIPAA rules it was difficult to include the student perspective in the study, so only college personnel were surveyed. However, including the student perspective would have added another dimension to the understanding of the research questions. The findings of the study lead to several implications for practice that are discussed next.

Implications for Practice

The findings of the study suggest improvements can be made in the three broad areas of service provision, policy issues, and program administration and evaluation to improve services for SPD at Missouri community colleges. The following implications for future practice are based on best practices for disability services and the findings of the research.

Service provision

Many of the implications for practice center on training issues. Improvements cannot move forward without basic knowledge of best practices for serving SPD. Professional development opportunities should be offered in multiple ways to all stakeholders on best practices. The highest levels of college administrators must be involved in the awareness of these issues because they are administratively involved in resource allocation and policy making decisions that affect services. All students, staff, faculty, and community members should also be educated on these issues to facilitate increased understanding, collaboration and communication, and to help decrease stigma. Colleges can broaden and increase training on mental health issues to the entire campus community including training on the stigma of mental illness and its impact on seeking services, mental health diagnoses, symptoms, and treatments. Developing multiple avenues to help SDP gain a better understanding of their diagnoses and ways to cope with symptoms and college processes can empower them to be better self advocates and increase their success in college. Actively encouraging SPD to take advantage of social networking opportunities on campus and to use other campus resources may also help improve their retention and success rates (Andrews & McLean, 1999; Crouch, 2006).

Proactive, ongoing attention should be given to suicide and crisis prevention and intervention. These areas are potentially critical to the safety and wellbeing of the entire campus and the communities they serve (Kadison & DiGeronimo, 2004). Progress is being made on several campuses with the use of Behavioral Intervention Teams. Care needs to be taken that those teams do not end up acting in isolation.

Throughout the survey, respondents frequently reported working with students and faculty on an individual basis on numerous issues. Working with students and faculty on an individual basis is necessary and aligns with best practice recommendations. Nevertheless, striking a balance between working with individuals and providing large group and web-based training might be useful given the fiscal and human resource constraints that were reported. College administrators are wise to consider the benefits of having a full-time staff member or director designated solely to the DSO who does not have multiple responsibilities at the college, as well as having a full-time mental health professional on campus. Staffing recommendations from best practices can help prevent staff burnout and turnover, improve student success rates, enhance crisis management efforts, and may facilitate better connections with mental health providers in the local community. Another reason adequate staffing is important is because it facilitates better lines of communication and information dissemination (Andrews & McLean, 1999; University of Michigan, 2003; Zdziarski, 2007). Information dissemination was seen as an ongoing area for improvement. Disseminating service and training information is part of the core responsibilities of many DSO. Websites were referenced as the main way that much DSO information was provided, yet information on websites at colleges across that state was difficult to access. Websites should be reviewed for ease of finding information

and a plan should be developed for how to help students and others find the information DSS want others to know.

Institutional support for disability services needs to improve. Administrators should note the voiced frustrations of college personnel and take steps to improve programmatic concerns. It is also helpful to understand that DSS are affected by stigma and they often receive less respect for doing their jobs than their colleagues. People will work more efficiently when they feel understood and their concerns are taken seriously (Bolman & Deal, 2005). Recognizing where college staff are doing a good job serving SPD is a relatively easy, low cost step that can show support from the institution and administration. Again, this requires administrators knowing about best practices and being proactive to recognize quality service provision (Wolanin & Steele, 2004). The entire community college system can benefit from sharing successful strategies and by voicing common concerns that can be worked on collectively. Increasing support from the institution and administration also means providing adequate staffing and financial resources to run the program. Providing high quality services is also facilitated by effective policies that help guide programs.

Policy issues

By virtue of their education and experiences, college administrators have a great deal of knowledge about best practices related to policy development, implementation, and revision. Administrators are integral to the policy arena and are responsible for setting and following policy implementation and revision guidelines, especially policies that deal with diversity on campus (Andrews & McLean, 1999). Nevertheless, administrators do not act in isolation, and broadening representation of stakeholders'

involvement with policy development is called for to better align with best practices (AHEAD, 2009c; Belch & Marshak, 2006; Cervero & Wilson, 1994; Crouch, 2006). Administrators are challenged to move their implicit knowledge on policy and practice information to explicit knowledge that is shared with the stakeholders (Nonaka & Takeuchi, 1995). Additionally, given concerns that surfaced related to uneven policy application, there is need to improve the understanding and accessibility of policies. Directors and administrators should be aware that if a lack of understanding of policy related issues continues, it is a potential problem in case of litigation related to SPD (AHEAD, 2009a). Furthermore, analysis of survey data revealed that the relatively new and already taxed work force within the DSO needs help to better connect ideas of policy with their daily practices. Other stakeholders also need help connecting ideas of policy and practice.

Many policy decisions hinge on adequate training. Training is needed on the basics of FERPA, HIPAA, ADA and other policies that affect SPD and the ways that policies interact (Crouch, 2006). Ongoing training is needed on legal issues as well as how and when to be flexible, especially when safety issues are involved (Andrews & McLean, 1999; Belch & Marshak, 2006; USHHS, 2007; Wei, 2007). Working with financial aid officers to understand the need for flexible financial aid policies for SPD due to special needs of the population (Wolanin & Steele, 2004) and considering adding the cost of health care needs into financial aid packages (University of Michigan, 2003) are other areas to explore. Wellness issues should be considered a core part of college policies. The American College Health Association (2004) and others (AHEAD, 2009a;

Crouch, 2006) advocate for the development of mental and physical wellness policies that positively affect the entire student body.

Even though every community college in Missouri has mission and vision statements, many survey respondents had trouble connecting to their college's mission statements. Connecting people to the institutional mission and vision statements provides opportunity to explore the implied and explicit theoretical basis from which community colleges operate. Educating stakeholders on the theoretical underpinnings of the community college mission is useful because, even though it may be obvious that colleges exist to educate members of a diverse society, in daily practice it may be easy to lose focus on what that means, especially when dealing with troubled students or workers who feel stressed. In addition to recognizing the larger college mission, it is recommended that each DSO develop or review mission and vision statements specific to the DSO. This activity alone can help to focus and guide efforts to provide high quality services (Sharpe, Bruininks, Blacklock, Benson, & Johnson, 2004). Knowing where quality services are being provided and where they are not requires that policies for program evaluation be in place.

Program administration and evaluation

Efforts at program evaluation needs to be improved. Given the current culture in academia of funding for results and data driven decision making (Alfred, Shults, & Seybert, 2007), program evaluation is often tied to funding and resources. In the competition for scarce resources, if the DSO is to receive the appropriate level of funding and staffing, program evaluation is crucial (O'Banion, 1997). Useful data must be collected, analyzed and used to evaluate and improve programs and policies.

Furthermore, DSS must be shown the value of the effort required of them to do program evaluations by administrators using the data to revise and improve programs. Barriers to data collection need to be discussed and problem solving methods implemented to help in the effort of evaluating policies and services for SPD (USDHHS, 2007).

Program evaluation is an ongoing process that helps steer immediate and long range planning (Alfred, Shults, & Seybert, 2007). Program evaluation and administration should be intertwined. Another implication for practice stemming from this study is that concrete DSO program goals and student success strategies need to be implemented or reviewed to better align with best practices (Jenkins, 2006). Administrators and DSS at Missouri community colleges can take a more proactive stance in furthering program evaluation and use of findings. If this is done routinely, it will be easier to identify areas for improvement and build on current progress being made in serving students with a variety of disabilities.

Recommendations for Future Research

At the core, research is about inquiry and discovery and it is often an evaluative process. This study looked at only one slice of disability services. Much research is still needed on a variety of issues related to SPD. Most directly related to this study, there is need for a comprehensive, accessible set of best practice guidelines that cover multiple areas of importance ranging from daily service provision to long range strategic initiatives involving disability services. It would be interesting to research the percentage of college personnel time required to meet best practice expectations and how much time is spent handling problems that may have been avoided if adequate staffing and resources

were followed according to best practices. Could an initial investment in disability services actually save money and resources over time?

The survey developed for this study could be given to larger numbers of service providers and others who work with SPD and tested to increase reliability and validity of the instrument. Research into specific areas of best practices for people with psychiatric disabilities and other mental health issues could also be useful. Research on effective program evaluation methods is needed across programs in academia, including areas that provide services for SPD. The complexity of the interaction of federal policies and how that flows into daily practice related to SPD needs exploration and evaluation as well.

The voices of SPD need to be heard and better understood to discover more ways to help improve their college success rates. The many students with both significant and minor mental health problems that attend colleges but do not meet psychiatric disability status should also be considered. That population is difficult to identify but other research indicates that group likely has a large impact on college communities and research is called for in that area.

Summary

Community colleges represent a microcosm of society with representation from nearly all strata of society, including individuals from the affluent and erudite to the poorer, less educated population, and people who fall between those areas. Community colleges also serve students in good health and students with mental and physical health challenges. A large part of the community college mission is to educate a wide range of diverse individuals (ACHA, 2004; Marshall & Gerstl-Pepin, 2005; Merrriam, 1998; O'Banion, 1997). In this research, a case was made that critical theory is a sound base

from which to operate when researching issues related to community colleges and services for people with disabilities.

Best practices were reviewed and compiled and a survey was created from that literature review. Individuals who work with SPD from Missouri community colleges volunteered their time to participate in the research. Data were analyzed, reported, and discussed focused on current and best practices for serving SPD. The resulting implications for practice apply to improving services for SPD. However, it was also noted that programs that align with best practices for SPD benefit all students on campus because barriers to student success affecting the whole student body are reduced (ACHA, 2004; Blacklock, Benson, & Johnson, 2003; Crouch, 2006).

Unfortunately, the most salient examples of SPD are ones that have tragic endings. It is valuable to remember the recommendation in the report from the U.S. Department of Health and Human Services (2007) to the President on the Virginia Tech shootings which stated, "Where we know what to do, we need to do it." (p.17). The investigator of this study and the results echo that we know a lot about what to do, but we still have a lot of work to be done to do it.

Appendix A

INFORMED CONSENT FORM TO PARTICIPATE IN RESEARCH

Dear Participant,

As part of my dissertation research for a doctoral degree in Educational Leadership and Policy Analysis from the University of Missouri-Columbia, I would like to extend an invitation to you to participate in a research study entitled, *Serving Students with Psychiatric Disabilities at Community Colleges in Missouri: A Study of Current Practices.*

Identification of Researchers: This research is being done by Rhonda Frazelle, a graduate student, and supervised by Dr. Sandy Hutchinson, a professor. We are with the Educational Leadership and Policy Analysis EdD program, a cooperative doctorate program through University of Central Missouri and University of Missouri-Columbia.
Purpose of the Study: The purpose of this study is to find out what current policies and practices in higher education are being used to meet the needs of college students who have psychiatric disabilities. The data will be collected for analysis and may be published.
Request for Participation: We are inviting you to participate in a study on analyzing the current policies and practices in place to serve college students who have psychiatric disabilities. It is up to you whether you would like to participate. If you decide not to participate, you will not be penalized in any way. You can also decide to stop at any time without penalty. If you wish to stop participating at any point during the survey, please do not turn in your materials.
Exclusions: You must be at least 18 years of age to participate in this study.
Description of Research Method: This study involves completing a survey. The survey will ask you about your age, your relationship to the college, and gender. Additionally the survey asks you about policies and your perceptions related to the current practices for serving students with psychiatric disabilities..This study will take about 30 minutes to finish. You will also have opportunity to add comments .Please note that your individual responses are kept confidential.
Privacy: Your confidentiality will be maintained in that a participant's name and college affiliation will not appear on the survey or in the published study itself. A code number may be assigned so that responses may be grouped for statistical analysis. The data will only be reported in aggregate form. We will not record your name, or any information that could be used to identify you.
Explanation of Risks: The risks associated with participating in this study are similar to the risks of everyday life.
Explanation of Benefits: Your participation in this research project will enrich the information base. A clearer understanding of the daily and best practices used in serving college students who have psychiatric disabilities can benefit the students and those who work with them.
Questions: If you have any questions about this study, please contact me at rfrazelle@sfccmo.edu or at (660) 596-7372. You may also contact Dr. Hutchinson at hutchinson@cmsu.edu or at (660) 543-4720. If you have any questions about your rights

as a research participant, please contact the Institutional Review Board at University of Missouri-Columbia.

Signature Not Needed: Completion and submission of the following survey signifies your informed consent to participate in this research.

Appendix B

Survey Exploring Current Practices for Serving Students with Psychiatric Disabilities
At Missouri community colleges

This survey is being conducted for research regarding the community college response to serving an increasing number of students attending college who have severe enough mental health problems to be considered psychiatric disabilities. The goal of this survey is to explore the types of practices that community colleges are using that address serving students with psychiatric disabilities. Some questions relate to formal practices that apply to all students with disabilities. Other questions relate to practices used at your institution specific to students with psychiatric disabilities. Additionally, the survey affords you opportunity to comment on questions with the goal of gathering ideas about what colleges are doing that works, what concerns exist, and perceived gaps between best practice guidelines and what is actually being done. In the comments section for each question please provide any examples you think relevant.

Please focus your responses on students with psychiatric disabilities rather than all students served by your office. Most questions should be answered focusing on your current academic year. College personnel involved with disability services are being asked to complete this survey. Offices that serve students with disabilities have various names such as The Access Office or the Disability Services Office (DSO). In this survey that office is called DSO.

This 60 question survey should take 20-40 minutes to complete, depending on how many comments you make. Adding your comments is encouraged.

There are three optional questions at the end of the survey. You may opt to be entered in a drawing for a $50 amazon.com gift card by providing contact information in one of those questions.

All surveys will be assigned a number and identifying information removed to maintain confidentiality of respondents. No institution specific or personal information will be revealed in the study. Please answer all questions.

Thank you for taking the time and effort to complete this survey. Your participation is appreciated!

Demographic information: Please answer the following questions.

1D. Your gender

Female Male

2D. Which best describes your current position at the college?

a. Administrator responsible for overseeing DSO
b. DSO Director
c. DSO Services Office Advisor or Counselor
d. DSO Staff
e. Trio Student Support Services (SSS) Director
f. Trio SSS Advisor or Counselor
g. Trio SSS Office Staff
h. Other (please specify) _____

3D. Which category best describes how long you have worked in the community college setting?

a. less than 1 year
b. 1-5 years
c. 6-10 years
d. 11-15 years
e. over 15 years

4D. Is your school part of an urban community college system?

a. yes
b. no

4E. Which fall semester student enrollment range best fits your college?

a. under 2,000
b. between 2,00 and 5,000
c. between 5,000 and 10,000

d. between 10,000 and 15,000

e. between 15,000 and 20,000

f. over 20,000

g. I don't know

General information: Please answer the following questions.

1G. What is the official name of your office of disability services?

2G. What percentage of your students with disabilities falls under the category of having a psychiatric disability? (If you do not have data on this please indicate that you are using an approximation or that you do not know.)

3G. On a scale of 1 to 5, with 1 being the lowest level and 5 being the highest, rank your knowledge related to best practices for serving students who have psychiatric disabilities

1 2 3 4 5

4G. On a scale of 1 to 5, with 1 being the lowest level and 5 being the highest, how well equipped do you personally feel to meet the demands of your job in relation to serving students who have psychiatric disabilities? (Consider your current position, job responsibilities, training, resources, time, and institutional support.)

1 2 3 4 5

5G. Does your DSO have a written mission or vision statement in addition to the college's mission and vision statements?

Yes No I don't know

6G. What types of policies exist at your college that directly relate to students with psychiatric disabilities (SPD)? (Select all that apply)

College-Wide Policy that applies to SPD

- o ADA
- o FERPA
- o HIPAA
- o Grievance Policies
- o Financial Aid Policies
- o Documentation Policies
- o Attendance Policies
- o I don't know
- o Other (please list) and/or comments

Formal, written policy in DSO

- o ADA
- o FERPA
- o HIPAA
- o Grievance Policies
- o Financial Aid Policies
- o Documentation Policies
- o Attendance Policies
- o I don't know
- o Other (please list) and/or comments

Informal, unwritten policy in DSO

- o ADA
- o FERPA
- o HIPAA
- o Grievance Policies
- o Financial Aid Policies
- o Documentation Policies
- o Attendance Policies
- o I don't know
- o Other (please list) and/or comments

7G. If policies can be accessed via your college web pages please provide the URL links.

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1. Consultation / Collaboration / Awareness: In addition to selecting answer choices, please comment on any of the following: 1) particularly successful strategies you are using related to each topic 2) concerns you have and 3) gaps you perceive between best practice guidelines and practices at your college. Rank answers on a scale of 1 (lowest) to 5 (highest). Consider how well and how consistently your college meets the practice in the question.

1.1a To what extent does your DSO serve as an advocate for students with psychiatric disabilities to ensure equal access to the college and in the classroom?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

1.1b To what extent do the president of your college and other high level administrators at you college act as advocates for students with psychiatric disabilities?

1 2 3 4 5 I don't know

Success Comments
Concern Comments

Gap Comments

1.1c Overall, how do you rank the institutional support disability services for psychiatric students receive at your college? (Consider resource allocation for staff and materials; location of DSO; support from the administration, faculty, and staff)

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

1.2a To what extent does the DSO provide disability representation on relevant campus committees (e.g., academic standards, policy development, and college governance)?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

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2. Information Dissemination: In addition to selecting answer choices, please comment on any of the following: 1) particularly successful strategies you are using related to each topic 2) concerns you have and 3) gaps you perceive between best practice guidelines and practices at your college. Rank answers on a scale of 1 (lowest) to 5 (highest). Consider how well and how consistently your college meets the practice in the question.

2.1a How does the DSO disseminate information regarding services for students with psychiatric disabilities? (Select all that apply)

Accessing services on the main campus

- o college catalogue
- o student handbook
- o web site
- o brochures
- o new student orientation
- o class presentations
- o Other (please specify)

Accessing services for distance education/ extended campus students

- o college catalogue
- o student handbook
- o web site
- o brochures
- o new student orientation
- o class presentations
- o Other (please specify)

Need for student self-disclosure of disability
- college catalogue
- student handbook
- web site
- brochures
- new student orientation
- class presentations
- Other (please specify)

Documentation needed to receive DSO services
- college catalogue
- student handbook
- web site
- brochures
- new student orientation
- class presentations
- Other (please specify)

Grievance processes
- college catalogue
- student handbook
- web site
- brochures
- new student orientation
- class presentations
- Other (please specify)

Referrals for services
- college catalogue
- student handbook
- web site
- brochures
- new student orientation
- class presentations
- Other (please specify)

Success Comments
Concern Comments
Gap Comments

2.2a To what extent does the DSO facilitate or provide services that promote access to the campus community for students with psychiatric disabilities (e.g., opportunities for social networking, encouraging universal design in instruction and communication)?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

2.3a To what extent does the DSO provide referral information to students with psychiatric disabilities regarding available *campus* resources (e.g., assessment, tutoring, financial aid, advising, counseling)?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

2.3b To what extent does the DSO provide referral information to students with psychiatric disabilities regarding available *community* resources (e.g., psychological assessment, physical and mental health services)?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

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3. Faculty / Staff Awareness: In addition to selecting answer choices, please comment on any of the following: 1) particularly successful strategies you are using related to each topic 2) concerns you have and 3) gaps you perceive between best practice guidelines and practices at your college. Rank answers on a scale of 1 (lowest) to 5 (highest). Consider how well and how consistently your college meets the practice in the question.

3.1a To what extent does DSO provide consultation with *faculty* regarding academic accommodations, compliance with legal responsibilities, and instructional and curriculum modifications appropriate for students with psychiatric disabilities?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

3.2a To what extent does DSO provide consultation with *administrators* regarding academic accommodations, compliance with legal responsibilities, and instructional, programmatic, and curriculum modifications appropriate for students with psychiatric disabilities?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

3.3a On which of the following topics has your office or college offered training to *faculty and staff outside of the DSO* as related to students with psychiatric disabilities? (Select all that apply)

- o FERPA guidelines applied to psychiatric disabilities
- o HIPAA guidelines applied to psychiatric disabilities
- o mental health crisis intervention
- o responsibilities of the student with a disability
- o confidentiality of student records and issues
- o best practices for working with mentally ill students
- o promoting mental wellness
- o accommodations for psychiatric disabilities
- o documentation of disability
- o suicide prevention
- o suicide intervention
- o resources in the community
- o resources on campus
- o stigma of mental illness
- o discipline policies for mentally ill students
- o diagnostic information on psychiatric disabilities
- o psychiatric medications
- o services available for students with psychiatric disabilities
- o disability awareness training
- o Other (please list)

Success Comments
Concern Comments
Gap Comments

3.3b How has training on psychiatric disabilities been delivered to *faculty and staff*? (Select all that apply)

- o Disabilities fair
- o on campus workshops
- o workshops on the web
- o brochures
- o posters/flies special publication
- o for credit class
- o email to faculty and staff
- o articles on campus website
- o individually
- o Other (please specify)

Success Comments
Concern Comments
Gap Comments

4. Academic Adjustments: In addition to selecting answer choices, please comment on any of the following: 1) particularly successful strategies you are using related to each topic 2) concerns you have and 3) gaps you perceive between best practice guidelines and practices at your college. Rank answers on a scale of 1 (lowest) to 5 (highest). Consider how well and how consistently your college meets the practice in the question.

4.1a To what extent does the DSO maintain confidential records that document the plan for selected accommodations for students with a psychiatric disability? (e.g., paper files, electronic data)

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

4.2a To what extent are students who have psychiatric disabilities involved with deciding what accommodations are appropriate for them, based on their documentation and through interactions with DSO counselors?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

4.3a To what extent does DSO work with faculty for determining effective academic accommodations which do not fundamentally alter the program of study for students with psychiatric disabilities?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

5. Counseling and Self-Determination: In addition to selecting answer choices, please comment on any of the following: 1) particularly successful strategies you are using related to each topic 2) concerns you have and 3) gaps you perceive between best practice guidelines and practices at your college. Rank answers on a scale of 1 (lowest) to 5 (highest). Consider how well and how consistently your college meets the practice in the question.

5.1a To what extent does the DSO assist students with disabilities to assume the role of self-advocate?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

5.1 b On which of the following topics has the DSO offered training to *students* as related to students with disabilities? (Select all that apply)

- o FERPA guidelines applied to psychiatric disabilities
- o HIPAA guidelines applied to psychiatric disabilities
- o mental health crisis intervention
- o responsibilities of the student with a disability
- o confidentiality of student records and issues
- o best practices for working with mentally ill students
- o promoting mental wellness
- o accommodations for psychiatric disabilities
- o documentation of disability
- o suicide prevention
- o suicide intervention
- o resources in the community
- o resources on campus
- o stigma of mental illness
- o discipline policies for mentally ill students
- o diagnostic information on psychiatric disabilities
- o psychiatric medications
- o services available for students with psychiatric disabilities
- o disability awareness training
- o Other (please list)

Success Comments
Concern Comments
Gap Comments

5.1c How has training on psychiatric disabilities been delivered to *students*? (Select all that apply)

- o Disabilities fair
- o on campus workshops
- o workshops on the web
- o brochures
- o posters/flies special publication
- o for credit class
- o email to faculty and staff
- o articles on campus website
- o individually
- o Other (please specify)

Success Comments
Concern Comments
Gap Comments

6. Policies and Procedures: In addition to selecting answer choices, please comment on any of the following: 1) particularly successful strategies you are using related to each topic 2) concerns you have and 3) gaps you perceive between best practice guidelines and practices at your college. Rank answers on a scale of 1 (lowest) to 5 (highest). Consider how well and how consistently your college meets the practice in the question.

6.1a To what extent are the DSO policies for working with students with psychiatric disabilities reviewed regularly and revised as needed?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

6.1b To what extent are there clear guidelines for disability policy implementation and revision at your college?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

6.1c What stakeholders were (are) involved in creating and revising existing polices related to students with psychiatric disabilities? (Select all that apply)

- o Administrators
- o Disability service officers or staff
- o Faculty
- o Students
- o Board of Trustees
- o Community Members
- o I don't know
- o Others (please specify)

Success Comments
Concern Comments
Gap Comments

6.2a To what extent does your DSO assist with establishing guidelines for institutional and student rights and responsibilities with respect to disability service provision (e.g., requiring documentation of a disability, allowing course substitution/waiver, etc.)?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

6.2b To what extent are the disability policies distributed or easily accessible by the campus community?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

6.3a To what extent do existing polices related to students with psychiatric disabilities at your college allow for flexibility and individualized interpretations?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comment

6.3b To what extent do disability policies at your college allow for extended breaks for students with psychiatric disabilities if needed due to a time of increased symptoms or hospitalizations and facilitate return to college when symptoms abate?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

6.3c To what extent does the financial aid office allow for reduced course loads to be considered full time and for other financial aid policies to be flexible in meeting the needs of students with psychiatric disabilities?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

6.3d To what extent do your policies have plans for addressing critical incidences related to students with psychiatric disabilities?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

6.4a To what extent do written policies and guidelines regarding confidentiality of disability information meet the needs of those involved with students with psychiatric disabilities (e.g., paper and electronic records, sharing information with faculty, family members)?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

6.5a To what extent does your DSO have written policies and guidelines for settling a formal complaint over issues that might arise for students with psychiatric disabilities?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

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7. Program Administration and Evaluation: In addition to selecting answer choices, please comment on any of the following: 1) particularly successful strategies you are using related to each topic 2) concerns you have and 3) gaps you perceive between best practice guidelines and practices at your college. Rank answers on a scale of 1 (lowest) to 5 (highest). Consider how well and how consistently meet the practice in the question.

7.1a To what extent does the DSO provide services to students with psychiatric disabilities that are based on the college's mission or service philosophy?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

7.1b To what extent are you familiar with any explicit or implied theoretical basis from which your DSO operates?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

7.1c To what degree do you think the practices from which your DSO operates align with research on best practices for serving student with psychiatric disabilities?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

7.2a To what extent does the DSO coordinate services for students with disabilities through a full-time professional who does not have other responsibilities on campus?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

7.2b To what extent do you think the DSO is adequately staffed?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

7.3a To what extent does the DSO collect feedback from students with psychiatric disabilities to measure satisfaction with disability services?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

7.3b How useful are the findings of disabilities service office evaluations for improving services for students with psychiatric disabilities?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

7.3c To what extent are there clear guidelines for disability policy evaluation at your college?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

7.4a To what extent does the DSO collect data to monitor use of disability services by students with psychiatric disabilities?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

7.5a To what extent does the DSO report program evaluation data related to students with psychiatric disabilities to administrators?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

7.5b To what extent does your college have long term plans and goals for improving services to students with psychiatric disabilities?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

7.5c To what degree does the DSO provide fiscal management of allocated budget resources?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

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8. Training and Professional Development: In addition to selecting answer choices, please comment on any of the following: 1) particularly successful strategies you are using related to each topic 2) concerns you have and 3) gaps you perceive between best practice guidelines and practices at your college. Rank answers on a scale of 1 (lowest) to 5 (highest). Consider how well and how consistently your college meets the practice in the question.

8.1a To what extent does the DSO staff have on-going opportunities for professional development (e.g., conferences, credit courses, membership in professional organizations)?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

8.2a To what extent does the college or DSO provide professional development opportunities by professionals with training and experience working with adults with psychiatric disabilities to DSO staff?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

8.2b On which of the following topics *has the DSO staff* been offered training as related to students with disabilities? (Select all that apply)

- o FERPA guidelines applied to psychiatric disabilities
- o HIPAA guidelines applied to psychiatric disabilities
- o mental health crisis intervention
- o responsibilities of the student with a disability
- o confidentiality of student records and issues
- o best practices for working with mentally ill students
- o promoting mental wellness
- o accommodations for psychiatric disabilities
- o documentation of disability
- o suicide prevention
- o suicide intervention
- o resources in the community
- o resources on campus
- o stigma of mental illness
- o discipline policies for mentally ill students
- o diagnostic information on psychiatric disabilities
- o psychiatric medications
- o services available for students with psychiatric disabilities
- o disability awareness training
- o Other (please list)

Success Comments
Concern Comments
Gap Comments

8.2c How has training on psychiatric disabilities been delivered to DSO staff? (Select all that apply)

- o Disabilities fair
- o on campus workshops
- o workshops on the web
- o brochures
- o posters/flies special publication
- o for credit class

- email to faculty and staff
- articles on campus website
- individually
- Other (please specify)

Success Comments
Concern Comments
Gap Comments

8.3a To what extent does the DSO staff adhere to the Association of Higher Education and Disability (*AHEAD*) Code of Ethics?

1 2 3 4 5 I don't know

Success Comments
Concern Comments
Gap Comments

9. Sharing Ideas: Please briefly answer the following open ended questions if you did not include any success comments in this survey or in addition to your previous comments. You may give more than 1 example.

Give an example of a strategy or practice that you have used in working with students with psychiatric disabilities that you found particularly useful or successful.

Give an example of a concern or difficulty that you have found in working with students with psychiatric disabilities.

10. Sharing Your Personal Information: Please provide your personal contact information only if you choose to do so. Maintaining your confidentiality is a valued ethic of the researcher.

1P. May I contact you via telephone for clarification on survey information if needed? If so, please enter your name and telephone number if you are willing to be contacted. All responses will remain confidential and be reported maintaining confidentiality.

2P. Do you want to be entered in the drawing for a $50 amazon.com gift card as a token of appreciation for completing this survey? If so, please enter your name and telephone number so that you can be contacted. All responses will remain confidential and you will only be contacted if you win the gift card.

3P. Please provide the name of your college if you feel comfortable doing so. No individual school names will be used in the research. All responses will remain confidential and only privately coded school identifiers will be used in the reporting of

the data. Providing this information may help the researcher evaluate the data in different ways, thereby increasing the rigor of the survey instrument and the research.

Thank you for completing this survey. *If you are interested in knowing the results of this survey please request the information by email to rfrazelle@sfccmo.edu*

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VITA

Rhonda J. Frazelle was born May 30, 1957 in Keokuk, Iowa, the daughter of Karen J. (Mohr) Walker and Robert E. Walker. She graduated from Mt. Vernon High School in Alexandria, Virginia in 1975. She took her first college classes at Northern Virginia Community College in 1981 but delayed pursuing her educational and career goals until the youngest of her three children entered kindergarten. Rhonda then returned to college to pursue a degree in psychology. She graduated from State Fair Community College (SFCC) in Sedalia, Missouri with an AA degree in 1994 and a BS in Psychology from University of Central Missouri (UCM) in Warrensburg, Missouri in 1996. Rhonda continued at UCM and completed a MS in Psychology with a dual emphasis in Clinical and Counseling Psychology in 1998 and earned highest academic honors throughout her educational endeavors. Rhonda worked with adults, children, and families touched by severe and persistent mental illness issues in the field of community mental health from 1998-2002, becoming a Licensed Professional Counselor in 2000. She taught at SFCC as an adjunct faculty member from 1997-2004. In 2002, Rhonda returned to SFCC full time as a Trio Student Support Services Counselor and moved to being full time faculty there in 2004. She is currently the lead instructor for psychology at SFCC. In 2005, Rhonda began the process of working on her Ed.D. in the Educational Leadership and Policy Analysis program at the University of Missouri. This dissertation is the result of her research, the topic of which was chosen because of her interest and experience in the field of mental health and the community college setting.