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*Perceived Relevance of Questions to Daily Work*

Survey Section	Perceived Relevance									
	1 low		2 med low		3 med		4 med high		5 high	
	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*

	t	Sig. (2- tailed)	95% Confidence Interval of the Difference of Means	
			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 through 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 coordinating 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 policies 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





“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 findings 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 policies 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 than 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 implemented 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, Wajeih, 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 SPD 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; Merriam, 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](mailto:rfrazelle@sfccmo.edu) or at (660) 596-7372. You may also contact Dr. Hutchinson at [hutchinson@cmsu.edu](mailto: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!***

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**Demographic information:** Please answer the following questions.

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- 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

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**General information:** Please answer the following questions.

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

Formal, written policy in DSO

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

Informal, unwritten policy in DSO

- ADA
- FERPA
- HIPAA
- Grievance Policies
- Financial Aid Policies
- Documentation Policies
- Attendance Policies
- I don't know
- 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.

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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.

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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

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

Accessing services for distance education/ extended campus students

- college catalogue
- student handbook
- web site
- brochures
- new student orientation
- class presentations
- 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.

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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)

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

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

Success Comments

Concern Comments

Gap Comments

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**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.

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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

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**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.

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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)

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

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

Success Comments  
Concern Comments  
Gap Comments

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**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.

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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 policies related to students with psychiatric disabilities? (Select all that apply)

- Administrators
- Disability service officers or staff
- Faculty
- Students
- Board of Trustees
- Community Members
- I don't know
- 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 policies 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.

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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.

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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)

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

- Disabilities fair
- on campus workshops
- workshops on the web
- brochures
- posters/fliers special publication
- 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

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**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.

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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.

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**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.

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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](mailto: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.