

5-2016

Helping Students Achieve Their Goals : The Experience of Working with Students with Mental Health Concerns in a Residence Hall

Kevin P. Schafer
Montclair State University

Follow this and additional works at: <https://digitalcommons.montclair.edu/etd>



Part of the [Counseling Commons](#), and the [Educational Leadership Commons](#)

Recommended Citation

Schafer, Kevin P, "Helping Students Achieve Their Goals : The Experience of Working with Students with Mental Health Concerns in a Residence Hall" (2016). *Theses, Dissertations and Culminating Projects*. 91.
<https://digitalcommons.montclair.edu/etd/91>

This Dissertation is brought to you for free and open access by Montclair State University Digital Commons. It has been accepted for inclusion in Theses, Dissertations and Culminating Projects by an authorized administrator of Montclair State University Digital Commons. For more information, please contact digitalcommons@montclair.edu.

HELPING STUDENTS ACHIEVE THEIR GOALS: THE EXPERIENCE OF
WORKING WITH STUDENTS WITH MENTAL HEALTH CONCERNS IN A
RESIDENCE HALL

A DISSERTATION

Submitted to the Faculty of
Montclair State University in partial fulfillment
of the requirements
for the degree of Doctor of Philosophy

by

KEVIN P. SCHAFER

Montclair State University

Upper Montclair, NJ

2016

Dissertation Chair: Dr. Leslie Kooyman

Copyright © 2016 by *Kevin P. Schafer*. All rights reserved.

MONTCLAIR STATE UNIVERSITY
THE GRADUATE SCHOOL
DISSERTATION APPROVAL

We hereby approve the Dissertation
HELPING STUDENTS ACHIEVE THEIR GOALS: THE EXPERIENCE OF
WORKING WITH STUDENTS WITH MENTAL HEALTH CONCERNS IN A
RESIDENCE HALL

of

Kevin P. Schafer

Candidate for the Degree:

Doctor of Philosophy

Dissertation Committee:

Department of Counseling and
Educational Leadership

Certified by:


Dr. Joan C. Ficke
Dean of The Graduate School

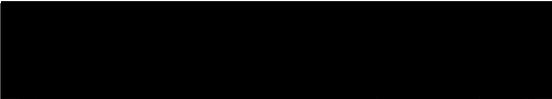
Date

5/10/16


Dr. Leslie Kooyman
Dissertation Chair


Dr. Kim D. Halloran


Dr. Katrina Bulkley


Dr. Karen L. Pennington

ABSTRACT

HELPING STUDENTS ACHIEVE THEIR GOALS: THE EXPERIENCE OF WORKING WITH STUDENTS WITH MENTAL HEALTH CONCERNS IN A RESIDENCE HALL

by Kevin Philip Schafer

Individuals living with a mental health issue and attending college may experience significant opportunities for growth and also personal challenges in their development into young adulthood. Residence hall directors may be instrumental in assisting this population during their college years. The purpose of this qualitative study was to examine the experience of residence hall directors working specifically with students with mental health concerns. Grounded in Relational-Cultural-Theory and Chickering's Student Developmental Theory this study was a two phase study conducted at universities and colleges in the northeast United States. Utilizing a basic qualitative approach deductive coding was used to examine the data. The findings are discussed and implications for practice and further research are included.

ACKNOWLEDGMENTS

The old African proverb says “it takes a whole village to raise a child.” I believe, it takes a whole village to raise a doctoral student. To start this would not have been possible without the wonderful professors at Montclair. To my chair Dr. Les Kooyman, your countless hours of reading, comments, and feedback helped me to shape this dissertation into a work that I can truly be proud of, I could not have done this without you. You have been with me since my interview for this program and your unwavering support over the years has been invaluable to me. I will miss our daily text message conversations and working on this dissertation across different states and time zones. I have gained a wonderful mentor and friend through this process. To Dr. Katy Bulkley, thank you for all of your encouragement, guidance, and patience as I took my first steps as a researcher. You always had time to reflect with me on my findings and challenged me to think deeper to truly bring these findings to life. You challenged me to step out of my comfort zone with research, learn more and you have helped me to believe in myself as a researcher. To Dr. Kim O’Halloran we have known each other since I was a master’s student in your ethics class. You were instrumental in helping me realize that I should apply to this program and I could do the work of a doctoral student. Thank you for all of the encouragement and pep talks to get me moving through the program and through this dissertation. You were always there as a sounding board and I will always be thankful that whenever I called you answered the phone and talked me down off the ledge. To Dr. Karen Pennington all of this would not be possible if you didn’t take a chance on me 14 years ago as a grad student working in your office. You saw the potential I had for

working in student affairs even before I knew. You have been the one to give me a reality check when I needed it most, talked me down and gave me encouragement throughout this whole process. You have mentored me for 14 years and helped shape my career to be the best student affairs professional possible. Your mentorship and friendship have truly been a blessing for me in my life. I also would be remised if I did not acknowledge two very important professors that were instrumental to my career as a doctoral student, Dr. Larry Burlew, and Dr. Catherine Roland. You both took the time to encourage me to apply for the doctoral program and mentored me through my coursework. You both are an inspiration to all of us and the work we do as counselor educators. Dr. Burlew, you deserve nothing but the best retirement and fun in the sun. Dr. Roland you continue your work to better the profession and continue to inspire other counselors in the field.

This journey also included the support of my village at Montclair. Jeanine, you have been one of the best supervisors a person can ask for during this journey. You were flexible with all of my different and crazy requests and always checked in with me to see how I was doing along the process. Stacy, you are the best assistant one could ask for, you made sure I was always where I needed to be especially when my brain was on overload. You made sure to schedule meetings later in the am as you knew I would be working late the night before on some type of paper or homework and I needed time to let the coffee kick in. Malini, Kyle, Terri, Claire, Nick and John you amazing co-workers and have been instrumental in keeping things going especially towards the end as I had dissertation deadlines looming. I would also like to acknowledge Montclair State University and their support of my doctoral work through tuition remission this journey

would not have been possible without that support. To my two biggest cheerleaders at work Marsha and Margaree your love and support through this process will not be forgotten. To Dean Margaree Coleman-Carter you are a trusted friend, amazing mentor, and someone I would be lost without. You were my inspiration to further my academic career and pursue my dream of getting a doctorate. You have inspired a countless number of student affairs professionals and you truly embody what it means to be a professional. I am blessed to have you in my life.

The next group that made up my village are my close friends in my cohort, this experience would never have been the same without you. My second cohort friends Kim, Jill, AJ, Frank, Lisa, Liz and Julia you are an amazing group of people and I could not imagine going through this process without you, you have all made it so memorable. To my CFFs Megan and Jill, we have been there for each other through thick and thin, from Nashville to getting me back on track with this dissertation. You have always reminded me laughter is an important part of the journey. I am grateful to have all of you as colleagues for life.

The most important group in my village are the ones that I hold most near and dear to my heart, my family. You are my support, my inspiration, my rock, and my reason for who I am today. You have been there for me through all of my schooling and helped me when I needed it most whether it was to ensure I was eating while trying to write a paper, or helping me to pack twice as I moved to an apartment and to my home. I have been blessed with a family and extended family that have rallied around me throughout this process. To my Aunt Claire, Uncle Butch, Uncle David, Uncle Bobby

and Uncle John thank you all for there for me when I needed you and always being a support for me. To my mother-in-law and father-in-law Lucille and Richard and brother-in-law Jon, thank you for your words of encouragement during this time and all of the help you gave us while I work on this degree.

To my amazing parents Bill and Anna Marie, you were my first teachers and raised me with love, respect for others and passion for life. Dad when I asked what I should do for a career you always told me to do what made me happy and you would be happy for me, I have never forgotten that and have lived by those words. Mom your love of education inspired me to work with students and to make a difference in their life. Now, mom, you can finally tell everyone the line you have been waiting to use “My son the doctor.” To my brother Bill you have always been there for me as my older brother to give me advice even when I didn’t want it or ask for it. You have grown into my best friend and have always supported me in my decisions. To my sister-in-law Kim thank you for all of your help through this process you always were there to make me laugh and remember to enjoy things along the way. To my nephew Tyler and niece Alyssa you reminded me many times to enjoy the simple things in life during this process. Always reach for your dreams. I will always be there when you need me.

To my wife Jen, you are my rock and my biggest cheerleader. I am thankful that our paths crossed and we started our life together. You have been there with me from the beginning and have stayed by my side through everything. I would not have wanted to go through this journey with anyone else by my side. I look forward to what life has in store for us. I know we will have an amazing time. To my son and my “co-writer”

Joshua while you may not be old enough to understand or remember any of this my hope for you is you follow your dreams and become anything that you want to be. Watching you grow during this process gave me a renewed sense of energy and pushed me to complete this degree. You light up my life everyday with your smile never lose your inquisitiveness and sense of adventure. Mommy and Daddy will be there whenever you need us.

TABLE OF CONTENTS

ABSTRACT.....	iv
Chapter One	1
Introduction	1
Statement of the Problem	3
Research Question	5
Theoretical Framework	5
Background Research	9
The Role of Student Affairs Professionals	11
Professional Competency Areas	14
Student Mental Health Today	16
The Millennial Generation	18
Legal Changes	19
Violence on Campus	20
Chapter Summary	21
Definition of Terms	22
Mental Health Issues/Concerns:	22
Student Affairs:	22
Student Affairs Professional:	22
Relational-Cultural-Theory:	23
Residence Hall Director:	23
Millennial Generation/Student:	23
Chickering and Reisser’s Theory of Student Development:	23
Student Development:	24
Chapter Two	25
Relational-Cultural-Theory (RCT)	26
Student Development Theory	27
Developing Competence	28
Managing Emotions	29
Developing Autonomy	29
Developing Mature Interpersonal Relationships	30
Establishing Identity	30

Developing Purpose	31
Establishing Integrity	31
The Integration of Theories and the Importance of this Study	32
Current Status of Mental Health on the College Campus.....	35
Challenges for Students Experiencing Mental Health Issues on Campus	38
The Role of Student Affairs	39
Counseling Skills in Student Affairs	42
Professional Competency Areas	43
Factors Influencing the Student Affairs Professional and Student Relationship.....	47
Millennial Generation.....	47
Mental Health Stigma.....	49
Recent Changes Impacting Higher Education	53
Violence on Campus	53
Recent Litigation and Regulation.....	54
Changes to the Americans with Disabilities Act	56
Chapter Summary	58
Chapter Three.....	60
Research Design	60
Phase One	61
Sampling Procedures.....	63
Data Collection.....	63
Data Analysis.....	65
Phase Two.....	66
Sampling Procedures.....	66
Data Collection.....	67
Data Analysis.....	69
Trustworthiness (Validity).....	71
Role of the Researcher.....	73
Limitations.....	75
Chapter Summary	76
Chapter Four	77
Findings.....	77

Phase One Findings.....	78
Phase Two Findings.....	81
Individualized Attention and Student Development.....	83
Understanding of the Whole Student.....	85
The Need for a Basic Understanding of Mental Health Disorders.....	87
Conflicting Roles of Residence Hall Directors	90
Developing a Trusting Relationships with Students	94
Conclusion	96
Chapter Five.....	99
Discussion	100
Perception and Understanding Mental Health Disorders.....	101
Understanding the “Whole” Student	104
Creating a Trusting Relationship.....	106
Conflicting Roles of Residence Directors.....	108
Student Development.....	111
Relational-Cultural Theory (RCT)	114
Implications for Practice	116
Student Affairs	116
Counselor Education and Graduate Training.....	119
Limitations.....	120
Future Research.....	122
Conclusion	123
References.....	125
Appendix A: Survey Questions for Phase One.....	138
Appendix B: Interview Guide for Phase Two	139

Helping Students Achieve Their Goals: The Experience of Working
with Students with Mental Health Concerns in a Residence Hall

Chapter One

Introduction

In 2005, a Massachusetts superior court judge ruled that the parents of a college-aged student who had committed suicide could move forward with a multimillion-dollar lawsuit against the school's administrators and staff for not preventing the death of their child (Shin vs MIT, 2005). In this case, a dean of students and a residence hall director were named in the lawsuit and held accountable along with mental health providers for not preventing the student from taking her own life (Harper & Wilson, 2010).

Traditionally, student mental health has been evaluated within the context of the adjustment and developmental challenges college students face. Today, college mental health problems have not only grown in complexity, but also in magnitude and severity, according to Byrd and McKinney (2012). The Massachusetts case is just one example of how the role of student affairs and residence hall staff, is changing in relation to students with mental health issues on college campuses.

While student affairs professionals, in various incarnations, have been addressing mental health issues since Harvard College was founded in 1636, college campuses have more recently witnessed a significant increase in the number of students presenting with mental illness (Byrd & McKinney, 2012). In a revealing 2007 study, Gallagher found that 91.5% of counseling center directors had reported an increased number of students with severe psychological problems on their campuses and that nearly half of their student

clients attending sessions at the school's counseling center had serious psychological problems. The American College Health Association (ACHA, 2009) recent national study indicated that 50% of students reported feeling hopeless at least once during the previous year and that 33% had felt so depressed that it was difficult to function. An alarming 90% of college students had reported feeling overwhelmed by the college experience and the amount of work they had to accomplish (ACHA, 2009). According to a 2008 national survey of college students, 12% had been diagnosed with a mental health issue (Byrd & McKinney, 2012). This same study found that 9% of students surveyed had contemplated suicide and 16% had a friend who talked about ending his or her own life (Byrd & McKinney, 2012). Clearly, mental illness and mental health issues are increasing on college campuses.

Societal changes have led to a rise in mental health issues for college students, and the effects of these issues have become more visible on college campuses (Debard, 2004). Societal changes that have shifted recently, according to Debard, include students having to deal with more intrusive parents than before and this current cohort of students have been raised with more day-to-day structure in their lives than previous generations. There has also been a significant rise in the number of students coming to college campuses today (Snyder & Dillow, 2011). This increase in students along with changes to federal laws and advancements in treatment of mental health issues has resulted in more students with mental health concerns living on campuses in pursuit of a college education. This increase means that student affairs professionals will have more interactions with this cohort of students. One of the challenges for both student affairs

professionals and faculty members is how to address the emerging mental health needs of students entrusted to their care given these shifts in demographics and societal norms.

The role of the student affairs professional has evolved to include working with students with mental health disorders as this increase in mental health issues continues to become more prevalent (Harper & Wilson, 2010).

In this study, I examined residence hall directors' understanding of mental health issues and their preparedness to work with and assist traditional aged, residential students with mental health concerns. This study was a qualitative two-phase study of inquiry. In the first phase of the study, I surveyed psychologists, clinic-based counselors, and disability resource staff on college campuses to better understand the issues residence hall directors may need to be familiar with when working with students with mental health issues. The information gleaned from this phase of the study served to formulate the questions and content (e.g., themes, coding) during the second phase of the study. The second part of this study consisted of interviewing ten residence hall directors. I looked at their experience working with and assisting students with mental health issues. This study also identified areas in which the profession can benefit from additional training and development for graduate student preparation programs and professional staff in addressing mental health issues on college campuses.

Statement of the Problem

College student mental health issues are not a new phenomenon. In 1918, the dean of students at Harvard University reported that student mental health problems were the most important health challenge to college and university administrators (Benton &

Benton, 2006). With the increased incidence or evidence of mental illness on college campuses today, and the increase in violent acts coupled with recent changes to the laws and regulations on college campuses, there is a need to better understand the shifting role of student affairs professionals (Harper & Wilson, 2010). Recent court decisions such as *Shin vs MIT* (2005) for example have resulted in greater responsibility for a student's mental health by university staff (Harper & Wilson 2010).

At one time, the majority of student affairs professional preparation programs focused on counseling and educational psychology (Reynolds, 2011). However, over the past 25 years, more programs have focused on the development of an administrative degree, and college staff members often have another master's degree in a related field. In my experience of working in higher education, I have found the non-counseling degrees can include areas such as general psychology, English, social work, and administration. This shift in the profession has resulted in the absence of mandatory counseling classes from these programs. However, there are professional standards through independent accrediting bodies and professional organizations regarding the competencies of people working within student affairs, and there are a number of competencies that require basic counseling skills and recommend staff to be able to identify students who may require additional assistance such as support and counseling services (Reynolds, 2011).

While previous studies have examined the perceived need for counseling skills in the student affairs field (Amy, 2011, Becker, Martin, Wajeeh, Ward & Shern, 2002, Benton & Benton, 2006, & Dickerson, Hoffman, Anan, Brown, Vong, Bresciani, Oyler,

2011), little research has focused on a professional's ability to identify a mental health issue or a professional's ability and comfort level to address this concern while ensuring students are referred to appropriate resources. The role of a student affairs professional and their duty to care for students has evolved as a result of recent litigation and regulations, increased prevalence of mental health issues, and increased violence on college campuses (ACHA, 2009; ADA 2008; Harper & Wilson, 2010; & Shin vs MIT, 2005). This shifting of student affairs professional roles warrants an examination of professional self-efficacy and preparedness in working with students with mental health issues and the ability to address these concerns appropriately.

Research Question

“What are residence hall directors' perceptions of students with mental health concerns and what is their experience working and supporting these students?”

Theoretical Framework

For this study, I primarily utilized the Relational-Cultural Theory (RCT) based on the need for students to be engaged in relationships within their university. According Jordan, Kaplan, Miller, Stiver, and Surrey (1991) the consistent, primary focus of RCT is the primacy of relationships. That is, relationships are both the indicators for, and the healing mechanism in psychotherapy toward, mental health and wellness (Jordan et al., 1991). One of the core tenets of RCT is the Central Relational Paradox (CRP). The CRP assumes that we all have a natural drive toward relationships and in these relationships we long for acceptance (Jordan et al., 1991). However, we come to believe that there are things about us that are unacceptable or unlovable. Thus, we choose to hide these things;

we keep them out of our relationships (Jordan et al., 1991). In the end, the connections we make with others are not as fulfilling and validating as they otherwise might have been (Jordan et al., 1991).

A primary goal of RCT is to create and maintain Mutually-Growth-Fostering Relationships, relationships in which both parties feel that they matter (Jordan et al., 1991). In these healthy relationships, all of the involved parties experience what is known as the Five Good Things. These include: 1) a desire to move into more relationships, because of how a good relational experience feels; 2) a sense of zest, or energy; 3) increased knowledge of oneself and the other person in the relationship; 4) a desire to take action both in the growth-fostering relationship and outside of it; 5) an overall increased sense of worth (Jordan et al., 1991 p. 15).

Liang, Tracy, Kauh, Taylor, and Williams (2006) found that the presence of relational qualities in the mentoring relationship strongly influences success in the lives of mentees. Spencer (2007) found that young adults place a high value on respect, mutuality, and authenticity in their relationships with adults. Spencer (2007) also found that when utilizing RCT with young college-aged men, the approach enabled males to share their emotions and experience greater vulnerability in discussing their lives. Student affairs professionals build relationships with students to assist with their development, and RCT provides a theoretical framework to understand how this relationship can be beneficial to the student's development during his or her college years.

Interwoven within this theoretical framework is the need to look at students from a developmental perspective. For this study, I also utilized the student development

theory of Chickering and Reisser. Chickering and Reisser (1993) proposed a theory of identity development in which individuals move through a series of tasks or stages, dealing with thought processes, beliefs, feelings, and relations to others. They developed seven vectors of development through which students may move as they progress in their college career and adult life (Chickering & Reisser, 1993). While examining how Chickering's model can be integrated into work with college students, it is important to review how students move through these vectors and how they may struggle in a vector as they face challenges and opportunities of campus life. The seven vectors identified by Chickering are, 1) developing competence, 2) managing emotions, 3) moving through autonomy toward interdependence, 4) developing mature interpersonal relationships 5) establishing identity, 6) developing purpose and 7) developing integrity.

Interpersonal connections developed between students and college personnel often go unrecognized for their central role in a student's emotional wellbeing (Ethan & Seidel, 2013). A basic tenet of Relational-Cultural Theory is to develop and maintain a positive sense of wellbeing and to develop close relationships with others (Jordan, 2010). In Relational-Cultural Theory, chronic disconnection from others is a primary source of emotional distress (Walker & Rosen, 2004). As is evident in many of the competencies suggested for student affairs professionals by the National Association of Student Personnel and the American College Personnel Association (NASPA & ACAPA 2010), a theme of developing relationships with students seems to be a focus of student affairs work. According to Schreiner, Noel, and Cantwell (2011), one of the ways that students feel staff have a positive impact on their lives is through building positive relationships.

Staff have a desire to connect with students and want to be intentional in making that connection. Residence staff also wants to make a difference in students' lives and to be genuine and authentic in their interactions.

Relational-Cultural Theory is foundational to this study in understanding how a student matures and thrives while in college. It is critical for a student to feel cared for in relationship to others; thus enabling students to perform to the best of their ability and as a result, assists in the prevention of attrition rates (O'Keeffe, 2013). A trusting and caring relationship enables students to feel engaged with the college experience. The presence of mental health concerns may have a negative impact on academic performance and a student's continuation at the student's current school (Kitzrow, 2009). Creating caring relationships can serve to buffer the potential negative impact of mental health issues.

It is also important to consider why student development is a crucial component of this study. Rodgers (1990) states that student development reflects how students grow, progress, or enhance their developmental capabilities as a result of enrollment in an institution of higher education. In this study, it is important to examine student development as it relates to issues that may be addressed by residence hall directors and how mental health issues may impact how a student grows through his or her college career. Knowledge of student developmental theory enables student affairs professionals to identify and address student needs proactively, design programs, develop policies, and create healthy college environments that encourage positive student growth (Evans, Forney, & Guido-DiBrito, 1998).

Background Research

In reviewing mental health of college students and the role of student affairs professionals, it is important to understand certain influences on this area of inquiry. There has been a significant increase in the prevalence and incidence of mental health illness among college students (Snyder & Dillow, 2011). Factors influencing this phenomenon include an increase in students attending college, the easing of federal laws that enable students with disabilities to access college, and an increase in mental health issues in the general population (Bishop, Gallagher & Cohen, 2002).

According to the National Center for Educational Statistics (Snyder & Dillow, 2011), there was an 11% rise in students attending college between 1991 and 2001. There was also a 32% increase in students attending college between 2001 and 2011 (Snyder & Dillow, 2011). With such an increase of students, there has been a further increase in students with mental health issues.

Another factor influencing the increase in mental health issues is the easing of access to admittance into college. For a student with a mental health disorder, college has become more attainable due to early diagnosis, more effective treatments, and changes to federal laws (Harper & Wilson, 2010). Before these changes, students with developmental challenges that could interfere with learning did not attempt to complete a college degree because they felt they were unable to meet the expectations of college work. Fortunately, students with disabilities are now afforded the opportunity for easier access to college. Student affairs professionals now work with students who live with

mental health concerns and conditions rarely encountered or acknowledged in higher education venues twenty-five years ago (Harper & Wilson, 2010).

Salzer (2012) reported an overall increase in mental health disorders in the general population in the United States, with approximately 26% of Americans aged eighteen or older (or about one in four adults) experiencing symptoms associated with a diagnosable mental disorder in any given year. According to the Centers for Disease Control (CDC) in 2014, 25% of adults in the United States reported having a mental illness in the previous year. According to the CDC (2014), of the adult population in the United States, 14% indicated having an anxiety disorder. In the 18 to 39 age group, about 6.8% of the population has some form of depression.

Another influence may be the new generation of students on campus today, the millennial generation, with their unique needs and characteristics. This generation's needs have influenced the need for assistance with mental health concerns. The millennial generation is characterized as being too sheltered by their families, thus protecting them from having to deal with problems and issues (Coomes & Debard, 2004). This cohort of millennial students tends to be team oriented, highly involved, highly scheduled and shaped, developmentally, by a great deal of structure and parental involvement (Coomes & Debard, 2004).

In reviewing mental health on a college campus, one must also take into account the growing evidence of stigmatization of people with mental health issues, which are more stigmatizing than physical illnesses (Al-Naggar, 2013). This stigma may result in students not seeking treatment and therefore not receiving care to address mental health

concerns while on campus. The negative stigma associated with mental health issues may have an impact on how student affairs professionals work with such students. If the disorder is identified and discussed openly, professionals can better assist students in times of need.

There have also been a number of violent occurrences on campuses around the United States: campus shootings, murders, and suicides. Ferraro and Mchugh (2010) review a number of these violent incidents and their impact on college campuses. In 2008, at Louisiana Technical College, an undergraduate student, Latina Williams, killed two fellow students and then committed suicide (Ferraro & Mchugh, 2010). In 2002, Robert Flores, a student of Arizona State University, shot three professors whom he blamed for his academic difficulties (Ferraro & Mchugh, 2010), and most recently, in 2007, Seung-Hui Cho shot and killed 32 people at Virginia Tech (Ferraro & Mchugh, 2010). These are just a few examples of the current tragic violence experienced on college campuses today. When looking at these different situations, it is important to review the role of student affairs professionals and their preparedness in working with students with mental health issues.

The Role of Student Affairs Professionals

The National Association of Student Personnel Administrators (NASPA) and the American College Personal Association (ACPA; 2010) has stated that student affairs is a critical aspect of the higher education experience, and work done by student affairs professionals helps students begin a lifetime journey of growth and self-exploration. Student affairs professionals are responsible for providing a wide variety of professional

services and activities ranging from preadmission to the university to post-graduation (Kuh, Kinzie, Schuh & Whitt, 2011). The purpose of these services and activities is to: 1) assist students in making successful progress toward their degree objectives; 2) provide learning experiences to supplement classroom experiences, and; 3) assist and encourage students to utilize effectively the knowledge, skills, and abilities acquired during their university careers (Kuh, Kinzie, Schuh & Whitt, 2011). Such services and activities of student affairs professionals may include the following: 1) providing information and guidance to students; 2) helping students think through problems and select suitable solutions and courses of action; 3) evaluating student needs and authorizing services; 4) coordinating and administering programs, events, and projects; 5) facilitating student involvement in campus life; 6) advocating for the needs of individual students and groups of students to university administrators, faculty, and staff; and 7) providing support and assistance to students facing a variety of personal as well as institutional problems, questions, and challenges (Kuh, Kinzie, Schuh & Whitt, 2011).

For most student affairs practitioners, the daily challenges of solving problems and supporting students take precedence over philosophical issues surrounding the profession of student affairs (Doyle, 2004). The field of student affairs has been around since the dawn of the first American college in 1636 (Doyle, 2004). According to Doyle (2004), the role of the student affairs professional was initially the responsibility of professors, tutors, and what we would now call “academic affairs.” There has always been the view that members of the college are responsible not only for the intellectual development of the student but also the whole development of the student (Doyle, 2004).

Through the years, there has also been a shift in the roles of student affairs professionals. The shift has been from the role of faculty assisting in the personal and academic development of students to faculty and staff collaborating to assist in the personal and academic development of students (Doyle, 2004).

One of the common preconceived notions of student affairs practitioners being “in loco parentis” has resulted in the shift of such professionals working with these young adults to assist in their development (Doyle, 2004). Student affairs professionals are entrusted with many different areas of work: academic advising, residential life, student conduct, athletics, financial aid, admissions, and student health, to name a few.

Each student affairs professional may possess a different educational background. There are four different areas in which student affairs training and work can be grouped: a) counseling, b) leadership development and education, c) administration, and d) academic affairs (Reynolds, 2011).

When determining how to assist students, student affair professionals must look at those who are charged with assisting students in regards to housing, academic advising, and violations of the student code of conduct, to name a few. One must look to the people who will need to address these varied students’ needs and determine whether the staff can identify students in need and whether staff believes they can acquire the necessary assistance to meet students’ needs. It is important to review what student affairs professionals know about mental health issues and what they should be able to do with respect to students with mental health issues or concerns. This ability to identify means

being able to assess the level of student need and refer students to the appropriate resources.

Professional Competency Areas

In 2010, two of the largest comprehensive professional student affairs associations, the National Association of Student Personnel Administrators (NASPA) and the American College Personal Association (ACPA), came together to create one set of competency areas that both associations would endorse. According to the NASPA and ACPA (2010), the professional competency areas were intended to define the broad professional knowledge, skills, and, in some cases, attitudes expected of student affairs professionals regardless of their areas of specialization or positional roles within the field. The associations further decided that all professionals need to be able to meet the basic list of outcomes under each competency area regardless of how they entered the field (NASPA & ACPA 2010). This list of competencies can also be used in the development of curriculum and training opportunities for student affairs professionals.

For the purpose of this study, the competency areas of *Advising and Helping* will be the focus. These competency areas are from *Professional Competency Areas for Student Affairs Practitioners*, jointly published by NASPA and ACPA in 2010. These areas reflect the focus of this study, which is an exploration of how student affairs professionals help college students through their transitions. According to NASPA and ACPA (2010), the *Advising and Helping* competency areas highlight the knowledge, skills, and attitudes related to providing counseling and advising support, direction, feedback, critique, referral, and guidance to individuals and groups. Sample competencies

from the *Advising and Helping* area include a) the ability to exhibit active listening skills; b) knowledge of referral sources and the ability to exhibit referral skills in seeking expert assistance, and; c) the ability to identify when and with whom to implement appropriate crisis management and intervention responses (NASPA & ACPA, 2010).

These competencies parallel the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards for students in counseling programs. Similar CACREP standards include awareness, knowledge, and skills pertaining to active listening skills, rapport building, crisis management, group dynamics, and the identification of mental health issues (CACREP, 2009). A number of researchers reported that counseling skills training was essential in the entry-level tasks of student affairs professionals (Dickerson et al., 2011; Salzer, 2012). In order to address these related CACREP standards, more research is needed to examine the experience of student affairs professionals in being able to recognize and assist students who may require more than an administrative role from student affairs staff.

The CACREP (2009) standards also require counseling professionals to be aware of their responsibilities as part of an interdisciplinary emergency response. Counseling professionals should be able to conceptualize effects of crises and disasters on their population of interest and understand crisis intervention and suicide prevention models (Morris & Minton, 2012).

There is also one other association to consider when reviewing standards for higher education. The Council for the Advancement of Standards in Higher Education (CAS) recently updated their standards for higher education administrators. CAS stated

the reason for the update to the standards was that “as institutions of higher learning face new challenges, faculty and staff members often find it necessary to implement their responsibilities in new and different ways. The standards need to be adjusted as programs, and students evolve and change” (2012, p. 1). The CAS recognizes new challenges for institutes of higher education, including the increased evidence of students with mental health issues on college campuses. This challenge has resulted in the need for student affairs professionals to know how to work with such students. The CAS (2010) also pointed out the issues students present are changing, and is evident by the changes noted in this generation of students and their needs.

Student Mental Health Today

For the purpose of this study I will utilize the phrase mental health concerns or issues to describe a broader definition of mental health conditions. By definition, mental illness is defined as “clinically significant behavioral or psychological syndromes or patterns that occur in an individual and that are associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability, or a crucial loss of freedom (APA, 2013, p.20)”. Such a syndrome or pattern, must be considered a manifestation of a behavioral, psychological or biological dysfunction in the individual (APA, 2013). Due to the negative stigmatization with mental illness, I chose a phrase that was not so negatively viewed by others. By using this phrase, “mental health concern or issue” I was also able to encompass mental health issues that are not by medical definition illnesses. For example, I was able to include disorders such as Autism and Asperger’s syndrome in this study. Autism is usually diagnosed by a

neurologist. According to Harper and Wilson (2010) there has been a significant rise in the number of students arriving on campus with an Autism spectrum disorder. Therefore, I felt it was important to include in the study.

Recent studies have indicated an increase in mental health disorders and concerns on college campuses. The Center for Collegial Mental Health (2012) reported that 91% of counseling centers have experienced an increase in students seeking mental health services within the past ten years. Additionally, psychological and emotional issues are appearing more frequently than in previous years (Center for Collegiate Mental Health [CSCM], 2009). In 2012, the Association on Mental Health Awareness published a report on mental health and college students called *Students Speak*. The results indicated 24% of surveyed students reported a diagnosis of depression and 5% of those surveyed reported to have post-traumatic stress disorder (PTSD). In addition, 12% of students surveyed reported that they been diagnosed as “Other” with regard to mental health, which includes bipolar disorder, schizophrenia, attention deficit disorder (ADD), and personality disorders not otherwise specified (CSCM, 2009). The *College Student Speak* (Gruttadaro & Crudo, 2012) survey reported a total of 43% of students completing the survey claimed to have dropped out of school for mental health reasons.

The Center for Collegial Mental Health released a subsequent report in 2013 about its findings regarding mental health on campuses across the nation. Data was collected from students who completed a questionnaire while engaged in counseling services on a college campus (CSCM, 2013). The study found that male respondents had an elevated risk for depression and a higher risk for eating disorders. Female respondents

also had an elevated risk for depression and high-risk drinking behaviors (CSCM, 2013). Based on these findings, it is important to consider whether there are unique personal characteristics of the current college generation that may contribute to an increase in mental health issues and whether there are differences based on sex.

The Millennial Generation

Through the years, each generation has had an impact on higher education. The millennial generation has a unique character and has fostered a “rethinking” of how to best assist and approach students in meeting their needs. Due to this generation being sheltered and highly scheduled, they may not be able to cope with the responsibilities and freedoms experienced during college (Bishop, Gallagher, & Cohen, 2000). This trend has led to more students experimenting with drugs and alcohol as coping mechanisms, which may contribute to current students exhibiting greater risk-taking behaviors than past student populations (Bishop, Gallagher, & Cohen, 2000).

These students also have more stress than in years past and are affected by increasing financial concerns about how to afford school (Bishop, Gallagher, & Cohen, 2000). Counseling centers are seeing more students experiencing challenges with family stress, dysfunctional family issues, cultural issues, and the stress of being a first-generation college student (Bishop, Gallagher, & Cohen, 2000). When these stressful influences intersect, the result may be seen in the higher number of students experiencing mental health issues on campus. In addition, Gallagher and Gill (2004) found that more students are arriving on campuses today already on psychotropic medication than in years

past. Gallagher and Gill (2004) believed is in part due to our advances in the ability to identify, diagnose, and treat mental health conditions.

Legal Changes

Examining the impact of legal issues on college campuses may serve as a benefit in attempts to increase visibility of mental health issues on campus. As students come to campus with more advanced mental health issues, there have also been changes to laws that have helped to make college a possibility for more diverse and potentially challenging student populations whom, in years past, would not have been able to attend college. For example, in 2008, changes in the Americans with Disabilities Act (ADA, 1991) affected students' abilities to access higher education. These changes allow students the ability to access accommodations that encourage their success in college (ADA Amendments Act [ADAA], 2008). Allowing students further accommodations has also granted increased access to attend college and universities.

According to the ADA, a student does not have to provide documentation of a disability if the disability is visible, such as a physical disability (ADAA, 2008). For example, how might a university respond to a resident student who tried to harm him or herself? In the past, the university could enforce that such a student would not be allowed to return to housing until cleared by the university's counselor or psychologist. Recent changes in the ADA Amendments Act of 2008 (ADAA) indicated that the university cannot impose additional restrictions for the student's reentry to housing or campus if a student has been cleared by medical professionals at a hospital and is determined to not be a danger to self (ADAA, 2008). With these changes, student affairs professionals must

ensure they are taking the proper steps to assist students with mental health issues as they can themselves now be held liable for the actions of these students.

Violence on Campus

An increase of violence on campus has led to an increase in the visibility of mental health issues on campus. Ferraro and McHugh (2010) discussed that the popular concept of universities and colleges has shifted. While colleges were once seen as a place of harmony with foundations that worked to build students' intellectual abilities in a relatively nonviolent environment, they are now seen as an environment where students are concerned about violence and safety while seeking an education (Ferraro & McHugh, 2010). There has been a development of fear on campus because of these violent acts.

A number of violent incidents have occurred in the recent past that have changed the climate on college campuses nationwide. Cho Seung-Hui's shooting rampage at Virginia Tech in April 2007 and similar events in 2008 at Louisiana Technical College and Northern Illinois University have prompted discussion from mental health and student affairs experts about how these tragedies occurred and how they could have been averted (Hemphill & LaBanc, 2010).

Violence on college campuses includes murders that have been linked to mental health issues. In May 2003, Biswanath Halder, a 62-year-old former student who suffered from depression, delusions of persecution, and had trouble maintaining minimal self-care, engaged in a seven-hour gun battle with police on the campus of Case Western Reserve University (Hemphill & LaBanc, 2010). At the end of this incident, one person was killed (Hemphill & LaBanc, 2010). With respect to the incident at Northern Illinois University,

the attacker, Steven Kazmierczak, killed five students and injured 21. Kazmierczak had prior diagnoses for depression, bipolar disorder, and obsessive-compulsive disorder, and various student affairs professionals had characterized his behavior as paranoid or psychotic (Hemphill & LaBanc 2010). He had gone on and off his medication due to not wanting to deal with the side effects (Hemphill & LaBanc, 2010).

This evidence of a rise in mental health issues on campus may suggest that student affairs professionals are likely to encounter students with mental health issues, but it is not clear what they should know about mental health issues or what their roles should be when working with such students. There are no clear guidelines as to what their roles should be or how they might best assist these students in the future.

Chapter Summary

The complex nature of mental health issues and the ways in which student affairs professionals assist students struggling with mental health concerns is important to examine. Current statistics show an increase in students arriving on campus with mental health issues (CCMH, 2012, CCMH, 2013, NAMI, 2011, & Gruttadaro & Crudo, 2012). The ability of student affairs professionals to meet the needs of this cohort of students is influenced by several different factors, including recent changes to laws and court cases that influence how a university and staff members respond to students with mental health concerns. The purpose of this study was to explore the experience of student affairs professionals, specifically residence hall directors (operational staff), working with students with mental health concerns.

Definition of Terms

Mental Health Issues/Concerns:

Mental health issues/concerns are defined as clinically significant behavioral or psychological syndromes or patterns that occur in an individual and that are associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability, or a crucial loss of freedom (APA, 2013). Such a syndrome or pattern must not be merely an expectable or culturally sanctioned response to a particular event (APA, 2013). It must be considered a manifestation of a behavioral, psychological, or psychological or biological dysfunction in the individual (APA, 2013). The terms mental health issues, mental health concerns, mental health illness, or disorders will be used interchangeably.

Student Affairs:

Student affairs is the department or division of services and support for students at an institution of higher education meant to enhance student growth and development in the United States (NASPA & ACPA, 2010). People who work in this field are also known as student affairs practitioners or student affairs professionals. These student affairs practitioners work to provide services and support for students at institutions of higher education (NASPA & ACPA, 2010).

Student Affairs Professional:

A student affairs professional is a member of the department or division of student affairs. This professional works in different areas of the division. The person can hold

positions such as residence hall director, academic advisor, psychologist, disability counselor, and financial aid counselor.

Relational-Cultural-Theory:

Relational-Cultural-Theory is a theory that brings relationships to the forefront of human psychology. It examines the complexity of human relationships using concepts of connection and disconnection while recognizing and exploring social implications of psychological theory (Jordan, 2010). The cultural aspect brings into focus the influence of larger culture and power differentials on the quality and nature of relationships and their subsequent effects on healthy coexistence (Jordan, 2010).

Residence Hall Director:

A residence hall director is generally a full-time member of the student affairs division who oversees a specific residence hall on campus. Responsibilities differ from campus to campus.

Millennial Generation/Student:

The millennial generation comprises of people born between 1981 and 1999 (Lancaster & Stillman, 2002). Millennial students are individuals attending college who were born between 1981 and 1999 (Lancaster & Stillman, 2002).

Chickering and Reisser's Theory of Student Development:

Chickering and Reisser proposed a seven vector of development that contributes to the formation of identity (Chickering & Reisser, 1993). Chickering used the term vectors of development because each seems to have direction and magnitude. Chickering noted that students move through these vectors at different rates, that vectors interact with each

other and students often find themselves reexamining issues associated with vectors they had previously worked through (Chickering & Ressler, 1993).

Student Development:

The way that a student grows, progresses, or increases his or her development capabilities as a result of enrollment in an institution of higher education. The types of development can range from defining oneself, their relationship with others, changes in their decision-making skills, and their development of what they want to do once they leave college (i.e., job, career, or further education).

Chapter Two

The experiences between student affairs professionals within residence halls and students with mental health issues can result in a multitude of positive and negative outcomes for both parties. Student affairs personnel have a significant impact on students and their college experiences (Dungy, 2010). This qualitative study examined factors influencing this relationship; specifically, residence hall directors' experience working with students with mental health issues.

This chapter reviews the research literature on current influences of mental health issues on college campuses and the role of student affairs professionals in addressing these issues. This study was conducted within the theoretical framework of Relational-Cultural-Theory (RCT) and Chickering and Reisser's student development theory. Both theoretical contexts influence the working relationship between student and residence hall director. Both theories are discussed in this chapter. In addition, factors such as recent legal changes and shifts in regulations, changes to the Americans with Disabilities Act (ADA, 2008), mental health stigma, violence on campuses, and the unique aspects of the current millennial student population that influence this relationship are discussed.

The literature I reviewed primarily discusses "student affairs professionals" and includes very limited research on the roles of residence hall directors in relation to mental health issues. Hence, this literature will be including residence hall directors as inclusive to the definition of student affairs professional. Throughout the chapter, the terms "mental health issues" and "mental health concerns" and at times, "mental illness" are utilized interchangeably.

Relational-Cultural-Theory (RCT)

Relational-Cultural Theory (Jordan, 2010), is based on relationships being essential for a healthy self. Student affairs professionals develop unique relationships with students, and this relational connection can facilitate the students' success in college (Ethan & Seidel, 2013; O'Keeffe, 2013). One of the important elements students with mental health issues can serve to benefit from is the development of a support system, which can begin with student affairs professionals.

The RCT is built on the assumption that meaningful, shared connection with others leads to the development of a healthy sense of self (Jordan, 1997). A basic tenet of RCT is the conceptualization of psychological health and maturity as evolving throughout the life span via increasing relational complexity and mutuality rather than increasing separation and autonomy (Jordan, 2010). Jordan, Kaplan, Miller, Stiver, and Surrey (1991), suggest that traditional theorists have conceptualized human development to promote the idea of self-differentiation which implies that individuals must discover their own sense self individually to thrive. Instead, these relational cultural theorists argue that the backbone of human development lies in relationships and that these relationships have a long-term impact on personal-social development.

The RCT is based on the premise that, throughout the life span human beings grow through and toward connections with others (Jordan, 2010; Jordan & Hartling, 2002). We need connections with others to flourish and even to stay alive. Furthermore, relational cultural theorists contend that isolation is a major contributor to people's suffering at the personal and cultural levels (Jordan, 2010; Jordan, Kaplan, Miller, Stiver,

and Surrey, 1991). Relational Cultural theorists believe that in order to develop mutually empathetic relationships with others, one must develop skills of authenticity, mutual empathy, and empowerment (Jordan et. al., 1991). The RCT approach is also grounded in the idea that healing takes place in the context of mutually empathic, growth-fostering relationships (Jordan, 2010).

As students develop on campus, it is important that they develop relationships with others. One potential meaningful relationship is one with a student affairs professional, in the form of an advisor, residence hall director, Greek advisor, or counselor. Developing a genuine relationship with one of these professionals can grant the opportunity for students to develop an empathetic relationship. This relationship is beneficial in that it helps the student reach his or her full potential at university (Harper & Wilson, 2010).

Student Development Theory

This study is also grounded in Chickering and Reisser's (1993) student development theory. Chickering and Reisser suggest the importance of understanding students' developmental stages or vectors throughout their college experience. Moreover, growth and development through these stages can cause challenges and induce anxiety and stress in students. As student affairs professionals work with students with mental health issues, they must ascertain whether the challenges that students experience are part of their normal development or of existing or developing mental health issues.

Chickering and Reisser (1993) proposed a theory of student development in which individuals moved through a series of tasks or stages, dealing with thought

processes, beliefs, feelings, and relations to others. They created seven vectors of development through which a student would move as they progressed in their college career and adult life. These vectors are not a linear process and can vary in length or depth of experience and can be repeated, depending on the student's perspective and circumstances. Typically, personal growth through the vectors does facilitate movement to the next vector, but not necessarily in a linear fashion (Chickering & Reisser, 1993). The seven vectors cover a range of experiences in a student's college life: 1) developing competence, 2) managing emotions, 3) developing autonomy, 4) developing mature relationships, 5) establishing identity, 6) developing purpose, and 7) establishing integrity (Chickering & Reisser, 1993). These stages come with their own challenges and could be difficult for any student. Students with mental health issues may experience greater challenges while moving through these student development stages. These challenges may cause the student to experience greater stress and could create or trigger a response that results in a more serious mental health concern.

Developing Competence

Although intellectual ability is of primary importance in college, this vector includes physical and interpersonal competence as well (Chickering & Reisser, 1993). The student who attends college for the sole purpose of obtaining credentials for entry into the work world is sometimes surprised to find that their intellectual interests and valued friendships change as a result of their personal development through the college years. The student begins to recognize that it is not only academic achievement that

matters but also social and interpersonal competence. In this stage, the student begins to value interpersonal relationships and understands the importance of friends.

Managing Emotions

Whether new to college or returning after time away, few students are able to avoid anger, fear, hurt, longing, boredom, and tension. Anxiety, anger, depression, desire, guilt, and shame have the power to derail the educational process when these mental health concerns become excessive or overwhelming. Similar to unruly employees, these emotions need to be managed well. The first task along this vector is not to eliminate these important emotions but to allow for their existence and realize them as signals to their own development (Chickering & Reisser, 1993). The challenge then is to regulate these emotions and foster healthy development. This stage is reflected in students who recognize their emotions may be hindering their progress in school and seek guidance from a residence hall director, the college counseling center, or perhaps, a faculty member to discuss their feelings and learn better ways of managing their emotions.

Developing Autonomy

Being able to take care of oneself, emotionally and practically, is critical to growing up and becoming independent of one's family of origin. College is an opportunity for students to develop skills that foster their independence in the world. Skills such as individual decision-making, problem-solving, and understanding one's own values help to build autonomy. This stage is reflected in the student who is able to make their own decisions and not rely as much on parents or peers for input on the decision. Independently deciding a major focus of study may be an example of this stage.

Developing Mature Interpersonal Relationships

In this vector, the student learns to value the complexity of relationships and the importance of maintaining healthy (Chickering & Reisser, 1993) relationships. This vector contains multiple stages and students develop through these stages as they develop mature relationships. Chickering noted that students move through these stages at different rates, that stages interact with each other and students often find themselves reexamining issues associated with stages they had previously worked through.

According to Chickering and Reisser (1993) this vector consists of individuals shifting from valuing relationships based on need to valuing individual differences in people. At this stage the individual learns how to negotiate those differences in relationships. Finally, young people begin to understand the need for interdependence and seek mutual benefit from relationships. Students in this stage are valuing differences and complexity in relationships. The student in this stage is resisting peer pressure and norms to be their own person.

Establishing Identity

The question “Who am I?” has exquisite urgency and poignancy during the college years. Identity involves competencies, relationships, acceptance of self, acceptance of others, career, and integrity (Chickering & Reisser, 1993). Through student development, Chickering and Reisser (1993) expanded the vector to encompass identity development. They described students becoming comfortable with their identity through this development (Chickering & Reisser, 1993). The student in this stage will be

accepting of their body image, developing self-esteem and becoming comfortable with their gender and sexual orientation.

Developing Purpose

The young person identifies their career and life goals and makes appropriate choices in order to achieve those goals. Students develop purpose through courses, mentoring relationships with both faculty and staff, service learning, and study abroad opportunities (Chickering & Reisser, 1993). Through this development, students can seek to further their career options. The student in this vector becomes interested in a career and aspirations of that career.

Establishing Integrity

This level of maturity does not come easily, yet once obtained young adults can live with uncertainties that exist in the adult world. In addition, the student can adapt society's rules to render them personally meaningful (Chickering & Reisser, 1993). During college, students' values are usually challenged. Through this development, students are able to review their values in relation to themselves and the greater community, thus integrating them into their daily life (Chickering & Reisser, 1993). The student in this vector begins to develop their own personal values along with developing congruence that their actions are beginning to match their beliefs.

While examining how Chickering's model can be integrated into working with college students, it is important to review students' movements through the vectors and possible struggles within the vectors. Mental health issues can compound such struggles. Student affairs professionals need to be aware of these challenges when working with

students with mental health issues. Developing a positive relationship with a staff member can possibly assist students working through such struggles. A professional may be able to work with a student with a mental health issue prior to the struggles. A residence hall director may be able to ask questions and explore issues that assist this student in thinking and acting in a more proactive manner in managing mental health concerns. This relationship can prepare the student for these struggles such that the struggles are not as overwhelming. Additionally, a positive relationship between the student and the professional will give the student the benefit of having someone to speak with as they work through different struggles.

The Integration of Theories and the Importance of this Study

Today's students differ from those Chickering studied while developing his well-known vectors of college student development (Harper & Wilson, 2010). The current generation of students require student affairs practitioners to adopt new learning and service strategies, rethink student development theories, and modify educational environments (Coomes & DeBard, 2004). As the generation of students on campus has shifted due to advances in technology and the different life experiences this shift in approach of student affairs practitioner is needed. As we are called to rethink student development, it is important to look at how RCT and student development theory can be integrated. There is a lack of literature on student development and relationship building in regards to RCT.

Harper and Wilson (2010) provided a case study illustrating the importance of building relationships with a student with a mental health concern. Ellie is a transfer

student, who is diagnosed on the autism spectrum, and living in a residence hall (Harper & Wilson, 2010). She has come to the attention of the hall director through the staff's interactions with her based on her degree of isolation and difficulty of interacting well with others (Harper & Wilson, 2010). It is clear that Ellie is struggling within the vector of developing mature interpersonal relationships. Students with certain disabilities may be especially prone to delays in the development of social and emotional maturity (Chickering, 1993). Student affairs professionals need to understand that they have a supportive, even instructional, role to play with some students in the area of social development (Harper & Wilson, 2010).

While working with Ellie, it is important for the hall director to understand that she is experiencing a student developmental challenge. Her diagnosis on the autism spectrum also impacts this challenge as she may feel marginalized in the residence hall and on campus. Harper and Wilson (2010) suggest that the residence hall directors develop a relationship with this student in efforts to gain a better understanding of her needs. In addition, developing a relationship with Ellie can help educate staff concerning her specific needs and ways to promote her capacity to develop meaningful relationships. This relationship will make it possible to help Ellie move through her developmental challenges. Students diagnosed on the autism spectrum often do better when they experience one-on-one interaction with people and receive appropriate feedback from them (Harper & Wilson, 2010). Working with this cohort of students helps to show that building relationships can assist in the successful progression through developmental vectors.

This study serves to promote an understanding of the connection between relationship building and a student's development through the college years. When instructors or staff exemplify the qualities of character (i.e., kind, virtuous, good) and caring (i.e., empathic, understanding, responsive), students report a greater likelihood of communicating with these instructors and staff (Myers, 2004). Komarraju, Musulkin, and Bhattacharya (2010) contend that students, who know even one faculty or staff member closely, are likely to feel more satisfied with their college life and to be more successful. Positive relationships between students and staff assist with the student's development. As Pearson (2012) discussed in their study, having one positive relationship helps to ensure that students perform to the best of their ability. A sense of connection can also influence a student's decision to stay at a university (Heisserer & Parette, 2002).

Staff members who develop relationships with students can have a better understanding of the students' current position in their development. Heisserer and Parette (2002) state the single most important factor in assisting students deemed at risk is playing a part in making them feel that the institution cares for them. Thus, it is important to look at the significance of the role that relational-cultural theory plays in this study. This study, more specifically, examined the dynamics of fostering this relationship between residence hall directors and students with mental health concerns utilizing RCT and student development theory.

Current Status of Mental Health on the College Campus

According to DSM-V (American Psychiatric Association, 2013), the age of onset for some conditions such as bipolar disorder or schizophrenia is around 18 to 24 years. This is also the age range for a traditional college-age students. According to Dungy (2010), three different types of students who go to college encounter mental health issues: 1) those with a diagnosed condition and engage in treatment while enrolled; 2) those who develop a condition while enrolled in school; and, 3) those with a diagnosed condition and choose not to continue with treatment and/or stop taking medications while enrolled.

Historically, mental health services first appeared at American colleges and universities during the 1920s as part of a broader effort to expand health services in higher education following World War I (Prescott, 2008). Students' use of these mental health services has increased significantly in more recent years. The Center for Collegial Mental Health (2012) report that 91% of counseling centers on college campuses have experienced an alarming increase in the number of students seeking mental health services. Additionally, other studies related to college student mental health indicated psychological and emotional issues appearing more frequently compared to previous years (Center for Study of Collegiate Mental Health [CSCM], 2013). There has also been an increase in the prevalence of mental health issues/disorders in the general population of the United States (US), with an estimated 26% of Americans aged 18 and older experiencing symptoms associated with a diagnosable mental disorder in any given year (Salzer, 2012).

Salzer (2012) also reported serious mental health concerns affecting approximately 15 to 21 million US citizens and that persons with mental illnesses having a strong interest in enrolling in college. Students with mental health needs have been enrolling in increasing numbers, including the number of students with post-traumatic stress disorder (PTSD). Kitzrow (2009) claimed that this is a result of the increase in the number of veterans enrolling in college.

In 2013, the Center for Collegial Mental Health (CCMH) released survey results concerning mental health across the nation based on student respondents who received counseling services on college campuses. The study found that male respondents had an elevated risk for depression and a higher risk for an eating disorder (CCMH, 2013). Females also had an elevated risk for depression and high-risk drinking behaviors (CCMH, 2013). The study collected responses from individuals diagnosed with a mental health condition who were enrolled in college at the time or had been enrolled within the previous five years. Some highlights of the findings indicate that 27% had depression, 24% were diagnosed with bipolar disorder, 11% had anxiety, and 6% had schizophrenia (CCMH, 2013).

Other studies have also considered the experience of students with mental illness on college campuses. In 2012, the National Association on Mental Health Awareness published a report on mental health and college students, *College Students Speak* (Gruttadaro & Crudo, 2012). The results indicated 24% of surveyed students reporting a diagnosis of depression and 5% reporting a diagnosis of PTSD (Gruttadaro & Crudo, 2012). In addition, 12% of the students reported a diagnosis of “other” in regards to

mental health, which included bipolar disorder, schizophrenia, attention deficit disorder (ADD), and personality disorders not otherwise specified (Gruttadaro & Crudo, 2012). A total of 43% of the students claimed to have dropped out of school for mental health reasons (Gruttadaro & Crudo, 2012). Based on these findings, it is important to consider whether the current generation at college may have unique personal characteristics that have contributed to an increase in mental health issues.

The American College Health Association (2004) estimated that at least 10% of students coming to college arrive to campus with a prior history of depression or other mental health disorders that began in childhood or adolescence. When one considers the role of the stress and adjustment students experience at college, the recurrence or exacerbation of an existing condition seems likely.

The impact of these three groups on an institution can vary significantly. The first group of students may be able to attend college, and many at college may not even know that they are currently undergoing treatment. According to Dungy (2010), the second group is on the radar of many student affairs professionals as they need assistance while on campus. Members of the third group frequently end up in crises and as a result, their needs become a high priority to assist them.

With these new challenges facing higher education, it is important to review the experience of student affairs professionals as they assist students with mental health concerns. These professionals are entrusted with assisting students to succeed and to complete their college careers. It is also important to look at the different challenges that

these students face inside and outside the classroom for which student affairs professionals are called to assist them.

Challenges for Students Experiencing Mental Health Issues on Campus

There is an increasing number of people seeking a college education, some arriving to campus grossly underprepared for the academic demands and adjustments required for success in college (Young, 2003). According to Young (2003), students become overwhelmed when facing the demands of college life. Salzer (2012) conducted a large scale study gaining responses from 449 former or current students with mental illnesses from more than 300 college and universities around the country. According to Salzer (2012) college students with mental health issues reported using campus facilities less frequently and having poorer relationships with other students, faculty, and staff. Salzer (2012) also found that 86% of students with mental illnesses withdraw from college prior to degree completion compared to 45% of the general student body. Mental illnesses are associated with academic and social experiences that fail to integrate or engage them into the campus institution (Salzer, 2012).

Responses to the survey report for *College Students Speak* (Gruttadaro & Crudo, 2012) also show challenges students with mental health issues face. For example, one student said,

“A depressive episode made it impossible for me to go to classes and I did not get help until it was too late and I was withdrawn and I could never afford the cost to go back because I lost my scholarship for being withdrawn” (Gruttadaro & Crudo, 2012, p 10).

Of the 700 total number of survey respondents, 64% reported that they were no longer attending college because of mental health-related issues (Gruttadaro & Crudo,

2012). Students who withdraw from classes also run the risk of losing their financial aid, earning low GPAs, or having to transition from full-time to part-time status (Kadison & Digeronimo, 2004).

Another challenge students face is whether or not to disclose their mental health concerns. One survey respondent to *College Students Speak* (Gruttadaro & Crudo, 2012) said, “I was concerned that the information would become part of a permanent record that could be viewed negatively. I still feel that there is a lot of stigmas, and the benefits of disclosing do not outweigh the risks” (p.17). In order to receive appropriate academic and housing accommodations students must disclose their mental health issue. Hence, electing not to disclose mental health issues limits students’ access to services and accommodations that would promote school success (Kadison & Digeronimo, 2004).

The Role of Student Affairs

Attending to the needs of the whole student has been embedded in the core values, philosophy, and literature of the student affairs profession (Reynolds, 2011). Before the profession was born, faculty was charged with promoting academic and moral development of students (Doyle, 2004). For the first 200 years of higher education, faculty members served dual roles: what we now identify as student affairs professionals as well as professors (Doyle, 2004). Student affairs professionals in various incarnations have been addressing student issues since the establishment of Harvard College (Dungy & Gordon, 2011). Moreover, in the early years of higher education, there was a significant amount of structure in students’ daily lives that fell under the control of university faculty and staff (Dungy & Gordon, 2011). According to Doyle (2004),

faculty served as counselors, tutors, and mentors to their students and often lived with them in the same buildings.

There was a shift in the development of higher education in the late 19th century. As American higher education matured and expanded, there was a need for diversification to meet the more complex and growing needs of the students; hence, the genesis of student affairs. According to Dungy and Gordon (2011), the first dean of men was hired in 1890 to handle student unrest, disciplinary issues, and housing administration. The current structure of student affairs is relevant to understanding responsibility when examining the levels of interaction with students.

In most universities and colleges, one primary senior university administrator serves as the chief student affairs officer (Moore, 2000). While the title might vary from campus to campus, for the purpose of this research, the title of vice president for student affairs is used because it encompasses many of the areas reviewed in this study. According to Moore (2000), a vice president for student affairs are attuned to issues facing the current student population. Moore (2000) also indicates that this person must give their managers direction and ensure that proper institutional protocol is followed. As the head of a division with a focus on the education of students outside the classroom, the vice president must be able to work with issues students encounter while in college (Moore, 2000). It is also important for the vice president to review and give direction to those who report to them as they will be held responsible for negative repercussions of poorly handled situations. The vice president relies heavily on middle managers to gain the best perspective of the campus climate (Moore, 2000).

According to Mills (2000), middle managers frequently have significant responsibilities but may not have final authority. Mills (2000) described middle managers being responsible for the implementation of policies and being responsible for supervising and training operational staff. Middle managers are the link between the vice president for student affairs and operational staff (Moore, 2000). It is the responsibility of middle managers to ensure effective two-way communication between both levels. Middle managers interpret, implement, and teach people about the views and policies of the college or university (Taylor & Von Destinon, 2000). Staff members who implement policy are considered to be the operational staff (Taylor & Von Destinon, 2000).

For this study, I examined the experience of residence hall directors who work with students with mental health issues. Residence hall directors are the professional staff with the largest number of one-on-one interactions with students. Given this higher level of contact with students compared to the other levels of involvement with staff, this cohort seems the most appropriate group of professionals to examine.

Taylor and Von Destinon (2000) considered operational staff (e.g., residence hall directors, academic advisors, admissions staff, counselors) to be frontline staff. These individuals are first responders to students' issues. The operational staff is charged with gathering information, which the managers share with the vice president (Taylor & Von Destinon, 2000). According to Taylor and Von Destinon (2000), these operational members learn about and implement various policies. Operational staff serve as the link between students and administration. They are also often responsible for the education of many paraprofessional student leaders within the organization. Hence, their

understanding of policies and how to implement them is paramount as they have to explain such policies to different populations on campus.

Counseling Skills in Student Affairs

The skills of student affairs professionals are critical to examine due to the potential impact such skill can have in their work with students with mental health concerns. The variable responses of higher education staff, who often do not feel experienced enough or qualified to support students, compound students' reluctance to seek assistance (Quinn et al., 2009).

Harper and Wilson (2010) highlighted the importance of the use of counseling skills when working with college students to address critical situations. These situations demand students to make important and far-reaching decisions regarding their lives. Hence, it behooves student affairs professionals to provide guidance to assist in student decision making processes. This approach could also be relevant to the benefits of RCT in student affairs work with students with mental health issues. Because college students' mental health issues are increasing in frequency and in severity, it would be helpful for student affairs practitioners to understand these concerns and their impact on the academic, social, and psychological well-being of students. However, it is not uncommon for practitioners, who are helpers and but not professional counselors, to feel unsure and unprepared to face students' mental health issues (Reynolds, 2011).

Protivank, Paylo, and Mercer (2013) found that student affairs professionals primarily seek credentials from two different types of professional academic programs: 1) administrative and 2) counseling. A few studies indicated counseling training as essential

for entry-level tasks for student affairs professionals (Burkard, Cole, Ott, & Stofelt, 2005; Cuyjet, Longwell-Grice, & Molina, 2009; & Protivnak, Paylo, & Mercer, 2013) and advocated for the integration of counseling and administrative skills in graduate preparation programs. The aforementioned studies have found that counseling skills are indispensable in functional areas as student affairs professionals act as supervisors, group facilitators, interventionists on crisis planning teams, prevention programming coordinators, and case managers, in addition to providing individual and group counseling or advising (Protivnak, Paylo, & Mercer, 2013). These studies have also found additional roles of student affairs professionals which include: 1) being consultants for faculty, staff, parents, and student organizations; 2) being advocates for underrepresented student populations, and 3) overseeing accommodations for students with disabilities (Protivnak, Paylo, & Mercer, 2013).

Given the findings from the aforementioned studies, it is important to examine a residence hall director's experience in working with students with mental health issues. In addition, given the differences between graduate preparation programs, schools may need to educate future practitioners to enhance comfort level when working with this student population.

Professional Competency Areas

There are a multitude of associations that guide the profession of student affairs. No single professional association governs student affairs professionals as a whole compared to other guilds (e.g., the American Counseling Association, the American Psychological Association). However, there are two associations that are regarded as the

leaders of the profession: The National Association of Student Personnel Administrators (NASPA) and the American College Personnel Association (ACPA).

According to the NASPA and ACPA (2010), professional competencies are intended to define professional knowledge, skills, and, in some cases, attitudes expected of student affairs professionals regardless of their areas of specialization or positional roles within the field. Competencies allow practitioners to guide their own professional development with the aim of better assisting the students they come into contact (NASPA & ACPA, 2010). These competencies are intended to inform each professional, qualifying them to assist with the development of college students and that of the responsibilities and duties of different professionals within a student development team (NASPA & ACPA, 2010).

In 2010, two of the largest comprehensive professional student affairs associations, NASPA and ACPA, came together to establish and endorse one set of competency areas. The associations agreed that all professionals should meet the basic list of outcomes within each competency area regardless of how they enter the field (NASPA & ACPA, 2010). This list of competencies can also be utilized in the development of curriculum and training opportunities for student affairs professionals.

For the purpose of this study, the competency area of *Advising and Helping* for student affair professionals will be explored. This area serves to support college students through their transitions into college. The NASPA and ACPA (2010) described the *Advising and Helping* competency area as: 1) knowledge, skills, and attitudes related to counseling and advising support; in addition to 2) direction, feedback, critiques, referrals,

and guidance to individuals and groups. I specifically examined the *Advising and Helping* competencies that relate to this study.

NASPA and ACPA both claim various core competency areas for student affairs professionals. According to these organizations, an entry level student affairs professional should be able to do the following:

1. Exhibit active listening skills,
2. Facilitate reflection to make meaning from experience,
3. Understand and use appropriate nonverbal skills,
4. Know referral sources and exhibit referral skills in seeking expert assistance,
5. Identify when and with whom to implement appropriate crisis management and intervention responses
6. Actively seek out opportunities to expand his or her knowledge and skills in helping students with specific concerns (e.g., suicidal students) and interfacing with specific populations within the college student environment. (NASPA & ACPA, 2010).

For an intermediate student affairs professional, the competencies transition into more advanced skills. Professionals at this level: 1) identify patterns of behavior that signal mental health concerns; 2) demonstrate culturally appropriate advising, helping, coaching, and counseling strategies; and, 3) initiate crisis intervention responses and processes (NASPA & ACPA, 2010). Finally, the competencies delineated skills of advanced student affairs professionals: 1) provide effective counseling services to individuals and groups; 2) assess responses to counseling interventions; and, 3) provide mental health consultations to faculty and staff and campus behavioral assessments (NASPA & ACPA, 2010).

These competencies are essential when examining the experience of student affairs professionals working with students with mental health issues. It is important to examine the skills with which people enter the field of student affairs and those that

professionals need to develop after entering the field. This understanding will guide training and professional development needs of student affairs professionals to better serve students with mental health concerns. This study addresses the issue of competency and potential professional development needs germane to assisting students with mental health issues.

These *Advising and Helping* competencies also complement the CACREP standards for counseling programs. The CACREP standards were written with the intent to promote a unified counseling profession (CACREP, 2009). Requirements are meant to ensure that students graduate with a strong professional counselor identity (CACREP, 2009). The standards require that graduates demonstrate both knowledge and skill across the curriculum as well as professional disposition (CACREP, 2009). The CACREP standards include active listening skills, establishing rapport, crisis management, group dynamics, and identifying mental health concerns. In examining different professional standards, it is also essential to review a student affairs professional's experience with assisting students.

The CACREP (2009) standards also require counseling professionals to be aware of their responsibilities as part of an interdisciplinary emergency response. Professionals should be able to conceptualize the effects of crises and disasters on their population of interest and to understand crisis intervention and suicide prevention models (Morris & Minton, 2012).

The Council for the Advancement of Standards in Higher Education (CAS) recently updated its standards for higher education administrators and student affairs. As

stated in CAS (2012), the reason for the update to the standards is that “as institutions of higher learning face new challenges, faculty and staff members often find it necessary to implement their responsibilities in new and different ways” (p.5). The standards need to be adjusted as programs and students evolve and change. The CAS (2012) also highlighted the change within the student body, as evident in changes noted below.

Factors Influencing the Student Affairs Professional and Student Relationship

Millennial Generation

The millennial generation consists of individuals born between 1981 and 1999. This generation of students is characterized as being too sheltered by family, thus protecting them from dealing with problems and issues (Coomes & Debard, 2004). Millennials are team-oriented, highly involved, and highly scheduled (Coomes & Debard, 2004). According to Lancaster and Stillman (2002), they have always had access to cell phones and computers. Millennials have been directly affected by personal threats stemming from violent outbreaks such as Columbine, readily available illegal drugs, and the proliferation of gangs (Lancaster and Stillman, 2002). Lancaster and Stillman (2002) indicated personal safety as this generation’s number one issue. Millennials also feel empowered and have always been included in major family decisions (Lancaster and Stillman, 2002).

Millennial students experience increased academic and social stressors because they are not able to meet the academic demands of higher education (Kadison & DiGeronimo, 2004). These students did not have to do much studying in high school to maintain a B or better grade average (Harper, 2011). Harper (2011) reported that

millennials who arrive to campus had a higher potential for developing anxiety disorders and panic attacks due to their self-imposed stress to maintain a high grade point average. According to Kitzrow (2009), this generation tends to have low frustration levels and a lower ability to handle conflict. Kitzrow (2009) indicated that a significant part of the stress manifested as a student health concern as a result of the students' highly connectivity via email, social media, text messaging, and high-tech phones. These media activities engaged them regularly, but did not leave this population with much time to relax. Kitzrow (2009) found that this experience of being constantly engaged in technology and social media resulted in less personal connection and "real world" relationships.

Because this generation is viewed as being sheltered and highly scheduled, they might have difficulty coping with the responsibilities and freedoms of college life (Bishop et. al., 2000; Kitzrow, 2009). This trend of the inability to cope with stress has led to more students experimenting with drugs and alcohol as coping mechanisms (Kitzrow, 2009), which may contribute to current students having greater risk-taking behaviors than past student populations. Bishop et al. (2000) found students do experience more stress now than before, in addition to increasing concerns regarding how to afford school.

Counseling centers on college campuses see more students with difficulties regarding family stress, dysfunctional family issues, cultural issues, and stressors as being first-generation college students (Kadison & DiGeronimo, 2004). When these stressful influences intersect, the result might include a larger proportion of students experiencing

mental health issues on campus. To support this claim, Gallagher (2007) found that more students arriving on campuses today were already on psychotropic medication than in years past. This use of psychotropic medications, he believes, is partly due to advances in the ability to identify, diagnose, and treat mental health conditions (Gallagher, 2007).

Characteristics of millennials impact the relationship between students who belong to this generation and student affairs professionals. Millennial students may need and seek more support from readily accessible residence hall directors as they navigate through their college career.

Mental Health Stigma

According to Al-Naggar (2013), there is growing evidence of the stigmatization of people with mental illnesses. Moreover, mental health stigmatization is greater than that associated with physical illnesses (Al-Naggar, 2013). Negative perceptions of mental health issues have multiple ramifications for people diagnosed with mental illness. The traditional college years are a significant time for the development of individuals. According to Chickering (1993), all students transition through developmental stages of identity. During these stages, students take into account their perception of self and others' perceptions of them (Chickering & Reisser, 1993). Others' negative views have an impact on how one views oneself and the development of one's identity (Chickering & Reisser, 1993).

Mental health stigma can lead to difficulties for students with mental health issues (Soet & Sevig, 2006) including interactions with faculty and staff, the impact to their grades, and development of social groups. The stigma associated with mental health

issues is a concern as it may impact the student's willingness to access and engage on-campus support to address mental health issues (Cook, 2007). This stigma can also result in students' failure to recognize the signs and symptoms of mental health problems, making them less likely to seek assistance (Cook, 2007). Students are uninformed about the services or reluctant to seek help for fear of stigma, discrimination by professors and staff, or parental influence (Cook, 2007). Sometimes they develop mental health issues upon college entry (Dungy, 2010). Hence, these students may experience symptoms without knowing its relatedness to the development of mental health issues. Yorganson, Linville, and Zitzman's study (2008) found that only a small number of students in need of mental health services sought them out.

Social avoidance is common among people with mental health concerns, and various studies suggested that the general population may accept people with mental health concerns socially but tend to withdraw from more personal relationships (e.g. \working or living together) with them (Al-Naggar, 2013; Corrigan &Wassel, 2008; Link, Phelan, Bresnahan, & Bescosolido, 1999). These two matters, social avoidance and stigmatization, pose potential difficulties for students with mental health issues working on group projects or living on campus. Kuh (2011) identifies participation in academic, interpersonal, and extracurricular life as critical predictors of performance and graduation. These findings show that there is a strong relationship between campus engagement and persistence towards graduation. Students with mental health issues may withdraw from engaging with others, and a possible impact of this disengagement is that their health concerns may make it more difficult to progress towards graduation. Salzer's

(2012) study supported this statement as he found that students with mental health issues failed to integrate into or engage in college life.

Students with mental health issues are also subjected to other negative perceptions as they go through college. According to Salzar (2012), students with mental health issues are often seen as disruptive, lacking in academic skills, and prone to violence. Such negative beliefs and attitudes may lead others to distance themselves from them to a greater extent. Brockelman, Chadsey, and Loeb (2006) found that faculty and staff wanted to help students with mental health issues but were fearful of this population based on preconceived notations of mental health disorders.

Benton and Benton (2006) reported faculty members making accommodations to help students with mental health issues achieve their educational goals. The authors assert that faculty recognize the impact of mental health issues on student achievement (Benton and Benton, 2006). Benton and Benton (2006) added that 84% of the sample of faculty and staff was willing to work with students and be flexible as they believed that students were capable of completing the academic requirements of their degrees.

In examining students' experiences of mental health support in higher education, Quinn, Wilson, MacIntyre, and Tinklin (2009) reported that students were generally reluctant to disclose their mental health problems or seek help primarily due to existing stigma. Students in the Quinn et al. (2009) study also felt they were sometimes dismissed and told that their problems were normal stress or that they were lazy for not meeting the requirements for accomplishing tasks at the university. Moreover, Fuller, Healey,

Bradley, and Hall (2004) found that students were sometimes resistant to disclose mental health issues to members of staff because of the associated stigma.

Quinn et al. (2009) gave voice to students' feelings about mental health stigma. In reference to the stigma, a student said,

"I never thought of it as being a mental health thing...I tend to think of it as...serious depression...but I don't want to be put in with all the people with mental health issues...I understand these people have problems, but they are different than mine they are not the same" (Quinn et al., 2009 p. 409).

Students also shared others' reaction after disclosing their mental health issues:

"People look at you differently...the vast majority of people do not want to know someone with a mental health issue, so I don't say anything" (Quinn et al., 2009 p. 410).

Regarding a student affairs staff member's ability to assist a student with a mental health issue, the staff member has to take into consideration many different factors when trying to help the student. Staff members need to be aware of their reaction if a student discloses a mental health issue. According to the research (Becker, Martin, Wajech, Ward & Shern, 2002 & Benton & Benton, 2006), the staff member's reaction can have a significant impact on the student's response and likelihood of sharing with other staff members of their mental health condition.

The increased demand for counseling on college campuses reflects the unique cohort of millennial students attending college today who face the pressures and problems that are present in contemporary American culture (Kitzrow, 2009). The number of students utilizing services has increased, even in light of the stigma associated with mental health concerns (Kitzrow, 2009). This phenomenon may point to the increase in the number of students entering college with existing mental health concerns,

as well as the severity of the issue as more students are using mental health services despite the stigma associated with seeking these services. The increased number of students seeking mental health services may reflect a positive shift in attitudes about mental health treatment and indicate a greater acceptance of treatment for mental health problems on the part of the millennial generation (Berger, 2002; O'Connor, 2001).

Recent Changes Impacting Higher Education

Violence on Campus

There has been a rise in violence on campus, and many of the incidents involve violent acts by students with mental health disorders or illnesses. Violence on campus is directly related to the experience of student affairs professionals working with students with mental health issues as these violent incidents influence staff members' perceptions of this cohort of students. Ferraro and McHugh (2010) indicated that the university or college is no longer conceptualized as a place of harmony that is founded on the development of intellectual abilities in a relatively nonviolent environment. Rather, college campuses are places where students are concerned about violence as they seek an education. Fear has developed on campus because of violent acts. In the recent past, a number of violent incidents occurred that have changed the climate on college campuses nationwide.

A number of tragic examples highlight the fatal consequences of students with mental health issues not receiving mental health services or not maintaining their use of these services. In April 2012, at Oikos University in California, seven people were killed and three injured when a former student opened fire on the college campus (Ferraro &

Mchugh, 2010). The shooter had been diagnosed with long-term paranoid schizophrenia (Ferraro & Mchugh, 2010). In January 2002, at Virginia's Appalachian Law School, a recently dismissed graduate student killed three people before other students tackled him (Ferraro & Mchugh, 2010). This student had been diagnosed with depression (Ferraro & Mchugh, 2010). A third incident occurred in 2008, when Steven Kazmierczak, a former student of Northern Illinois University, opened fire on-campus with an automatic gun (Ferraro & Mchugh, 2010). He killed five individuals and wounded 21 students and staff (Ferraro & Mchugh, 2010). Kazmierczak was on a multitude of prescriptions to assist with his mental health issues (Ferraro & Mchugh, 2010). Rather than viewing campuses as safe havens where nothing could happen, students have come to view college campuses as places where people need to be aware of and cautious about potential violent activity (Ferraro & Mchugh, 2010).

There has been an increase in the evidence of mental health issues on college campuses, suggesting that student affairs professionals are likely to encounter students with mental health issues more often than they did in the past. But it is not clear what they should know about mental health concerns. It is also unclear what student affairs professionals feel their role should be as compared to what it has been in the past.

Recent Litigation and Regulation

Along with the recent violence on college campuses, recent litigation has impacted student affairs professionals' responses to students with mental health concerns. To spotlight the challenges that student affairs professionals face, one must look at recent legal cases that have brought health issues of students to the forefront. Many colleges

and universities were alarmed when a Massachusetts superior court judge ruled in 2005 that the family of a student who committed suicide could proceed with its lawsuit against the university and non-clinician administrators (Benton & Benton, 2006). This case marked the first time that non-clinicians, specifically the dean of students and the residence hall director, were identified within the legal system as having responsibility for failing to prevent a student's death (Shin vs MIT, 2005). The student, Elizabeth Shin, had been at the Massachusetts Institute of Technology (MIT) for three semesters (Shin vs MIT, 2005). Her poor academic performance and relationship issues had exacerbated her mental health condition (Shin vs MIT, 2005). She had admitted to self-harm behaviors prior to enrolling at MIT (Shin vs MIT, 2005).

According to Civil Action No. 02-0403 (Shin vs MIT, 2005), the courts refused to dismiss the claims against the non-medical administrators because these individuals had frequent contact with Shin and could have reasonably foreseen that, without proper supervision, she would hurt herself. Based on this foreseeability, the court found that a special relationship had existed between the administrators and Shin; hence, they should have formulated a plan to deal with her threats of self-harm on the day before she committed suicide (Shin vs MIT, 2005). This case also brought to light the institution's liability when it came to the responsibility of the institution to ensure the student's well-being. Many times cases against administrators were dismissed due to their role at the university. This case brought forth that administrators can now be held liable for their actions or lack thereof. The case was settled out of court and highlighted the need for

student affairs professionals to understand the mental health state of students and how that they could be held liable for negligence or failure to act.

The Shin vs MIT case also brought into question institutional liability when dealing with a student with mental health concerns and specifically when the student possesses a danger to oneself. This case engaged college administrators to question their institution's responsibility and consider policies specifically regarding their duty to prevent a student from committing suicide.

Another prominent case at Harvard University involved the murder of student Trang Ho by her roommate Sinedu Tadesse, an individual who was mentally ill and committed suicide (O'Keefe, 2009). Ho's family filed suit against Harvard, alleging negligence for failing to adequately monitor the troubled student, failing to warn her roommate and protect her from harm, and failing to maintain a reasonably safe and secure environment (O'Keefe, 2009). Again, this case points to the institution's liability of preventing such cases from occurring.

Changes to the Americans with Disabilities Act

Changes have also occurred within universities and their response to students with mental health issues regarding violations of the student code of conduct. Excessive stress and multiple demands placed on students may sometimes result in a decreased ability to cope and act in an appropriate way. These difficulties in coping may often manifest themselves in maladaptive behaviors that include disrupting a class, depending on or placing pressure on peers, or engaging in disorderly conduct on campus (Benton and Benton, 2006). Due to the changes in the federal ADA law, universities must respond in

an appropriate manner to address such behaviors. At the same time, recent implementation of new versions of laws to protect the rights of students has also influenced the response on behalf of universities.

Specific laws were developed to protect the rights of students and to give institutions guidance on working with the cohort. In 2008, changes in the Americans with Disabilities Act (ADA, 1991) occurred, impacting students' ability to access higher education. This change granted students the ability to gain accommodations necessary for their success in college (ADA, 1991). Granting students further accommodations has provided them more access to resources that enable them to attend college or university.

According to the ADA, a student does not have to provide documentation of a disability if the disability is visible (e.g., a physical disability) (Association on Higher Education and Disability [AHEAD], 2012). The options for a university's response to resident students who tried to harm themselves have also changed. In the past, the university could make it impossible for students to return to housing until they have been cleared by the university's counselor or psychologist (AHEAD, 2012). However, recent changes to the ADA mandate indicated that the university cannot impose additional restrictions on students' housing or campus reentry if medical professionals at a hospital have declared students posing no danger to themselves (AHEAD, 2012). These changes to the ADA change student affairs professionals' responses to students and their capacity to assist them. Professionals are no longer allowed to mandate on-campus support; hence, they need to develop new ways of assisting these students.

Specific changes to the Americans with Disabilities Amendment Act of 2008 altered the definition of “disability” (ADA, 2008). This act includes the original definition of the term “disability” under the ADA but now emphasizes a broad interpretation of what is considered a disability (ADAA, 2008). These changes afford people who were previously considered not to have disabilities to be protected under the ADA. Therefore, mental health issues can be considered in connection to ADA guidelines. For example, according to the ADA, cognitive disabilities that may be episodic can be considered as a disability (ADAA, 2008). Students with these types of disorders are considered to have disabilities whenever their conditions recur, and they could have a considerable impact on students’ success at school (Association on Higher Education and Disability, 2012).

Chapter Summary

The conceptual and theoretical frameworks of Chickering’s student development theory and Relational-Cultural-Theory help to frame the complex nature of mental health issues and the ways in which student affairs professionals assist students struggling with mental health concerns. Meeting the needs of this cohort of students is subject to many different influences. Recent changes to laws and court cases influence a university’s and staff members’ responses to students with mental health concerns. Interestingly, while there are professional competencies for student affairs professionals, not all staff within this position have the same training experiences. This experience can influence a professional’s comfort working with this cohort of students. The purpose of this study

was to explore the experience of student affairs professionals, specifically residence hall directors (e.g., operational staff), working with students with mental health issues.

Chapter Three

In this chapter, I will detail the methodology used to explore the main research question: What are residence hall director's perceptions of students with mental health concerns and what is their experience working with and supporting these students? This section will also include information about the research design, sample selection, methods of data gathering, analysis, and trustworthiness.

I have chosen a qualitative inquiry design to examine my research question. Merriam (2009) stated that qualitative researchers are interested in understanding how people interpret their experience, how they construct their worlds, and what meaning they attribute to their experiences. Qualitative research allows the researcher to study the issue in detail and depth. Utilizing this type of research will provide the opportunity to explore residence directors' experiences with these students, in addition to the meaning resident directors give to these experiences. The goal of a qualitative study is to gain insight; explore "the depth, richness, and complexity inherent in the phenomenon" (Merriam, 2009, p.3). I also chose to utilize a qualitative approach as it is a systematic subjective approach used to describe life experiences and give them meaning (Merriam, 2009).

Research Design

My research question, which explores the experience of residence hall directors working with students with mental health concerns, lends itself to a basic qualitative research design. The aim of this approach is to understand the lived experiences of residence hall directors working with students with mental health issues.

To explore my research question I decided to conduct this study in two phases of data inquiry and collection. In the first phase, I surveyed members of counseling staff in university counseling centers and disability counselors at universities and colleges. Through this phase, I gained a better understanding, from professionals specifically trained to work with students with mental health concerns, of issues that residence hall directors may face when working with this cohort of students. The findings from this phase helped to formulate the interview questions I used in phase two of the study.

For the second phase, I conducted ten one-on-one semi-structured interviews with residence hall directors, utilizing questions based on findings from the first phase (see appendix B for interview questions). The data collected from interviews in the second phase of the study increased my understanding of the experiences of residence hall directors who are assisting students with mental health concerns.

In conducting qualitative research, Mertens (1998) suggested the development of a sampling frame to help define the population and sample. I identified two cohorts of operational staff members in student affairs to survey in the initial phase of the study: 1) counseling/psychological staff on college and university campuses, and 2) disability resource center staff on college and university campuses. The second sample in this study was my primary interest population of residence hall directors. I conducted ten interviews with this sample population for the second phase of this study.

Phase One

The first phase of this study was an online survey for campus-based counseling-related professionals (counseling center psychologists and disability counselors) from

colleges and universities in the United States. The intent of this phase was to better understand, from the counseling professionals' perspective, issues this student population may exhibit. Themes and commonalities were identified from this survey to construct interview questions for the second phase of this study.

The potential questions in this online survey were created by reviewing the relevant literature on my research topic and formulated from the framework of Relational-Cultural Theory (Jordan, 2010) and student development theory (Chickering & Reisser, 1993). The questions in the survey were linked to my research question by asking a specifically about factors I identified in the research literature. The questions addressed factors such as mental health issues, counseling skills, and relationship building. In designing the actual questions, I tested the questions by conducting structured interviews with three participants (one psychologist and two disability support staff members) similar to those that I intended to survey in this sample. Similar to a pilot study (Colomb, Williams, & Booth, 2008), these structured interviews assisted me in the identification of flaws, limitations, or other weaknesses within the survey questions and granted the opportunity to make necessary revisions prior to implementing the study. One of the areas of feedback given was that Autism was not a mental health concern as it was a disorder diagnosed by a neurologist and was not similar to psychological disorders such as depression and anxiety. Based on these responses, I removed questions specifically addressing Autism and Asperger's. Based upon feedback from the three individuals, questions were modified prior to submitting to institutional IRB review. The questions used in the online survey were open questions which are listed in Appendix A.

Sampling Procedures

The member directory of NASPA was utilized to recruit participants for both phases of the study. As a member of NASPA, I have access to the member directory. I conducted a member search utilizing key words and phrases to generate appropriate results: psychologist, counselor, and disabilities counselor. Next, I developed a list of potential survey respondents by selecting the first 15 names produced by the search. Upon developing the list, I reviewed both names of the people on the list within their respective institutions' websites. An examination of the respective institutions' websites helped to ensure that each named person remained at the institution and to verify their position matched the cohort for the purposes of this study. This check also allowed me to verify that people selected for this survey are from four-year institutions with a resident population.

Data Collection

After a review of potential participants, an email list was compiled for recruitment communications. A personalized recruitment email was sent on my behalf, detailing the purposes of my study and requesting their participation. The survey was developed via Survey Monkey. There was no identifying information collected within this survey. The survey included an informed consent process consistent with Montclair State University's Institutional Review Board (IRB) guidelines. The survey was sent to the first group of 15 potential participants and I continued to send invitations to further groups until I reached a total of 10 completed survey responses. A total of forty-five people received the survey prior to reaching ten responses. After review of the responses and speaking with peer

debriefers and fellow doctoral students I felt that the information reached saturation. The responses had many commonalities and helped to formulate the questions for the next phase of the study.

As Survey Monkey allowed for anonymous submissions of responses, a follow-up email was sent to the participants encouraging them to complete the survey by a determined date, if they had not already completed the survey by that time. Once the determined date passed, and there was sufficient data collected, the link to the survey was closed for analysis. Efforts were made to obtain a sample that was diverse in terms of years of experience working in student affairs in order to elicit a broad range of responses. The diversity in years of experience will allow for the researcher to see if there is commonality between those who have been in student affairs for one year compared to multiple years.

Only participants that gave consent to participate in the study were able to see and complete the questions. The survey did not require answers for all questions. The survey also allowed the participants to stop the survey at any time.

The data was transferred to a spreadsheet for analysis. To ensure confidentiality, a password protection option in Microsoft was used. Before sharing my results with the research team and to further ensure confidentiality I reviewed the results to confirm no identifiable information within the answers to indicate the person or the place of employment. If there was, I removed the information and made a suitable substitution for it. For example, if the participant indicated the specific school where they worked; I would remove the school's name and replace it with "institution of employment".

Data Analysis

Deductive coding of the responses was used to develop codes and themes.

Through the use of research noted in chapter 2, I began to develop coding for the survey interpretation. For coding, after loading the responses into *Saturate* (a software for coding responses), I began to review each response question by question. Utilizing the literature, I looked for common terms such as experience, mental health, and student development. These terms did become codes. As I went through each response I began to compare each response to one another and looked at patterns across the responses. I then chunked these responses together. These patterns and commonalities were then discussed with my debriefers and checked with residence hall directors that were not interviewed for this study. This allowed the themes to be unbiased by my own experience. Then after review, a theme was developed that encompassed all of these patterns and commonalities. These results then were utilized to assist me with the development of the phase two interview protocol.

Data saturation was reached in phase one when it was seen that the information being gathered was becoming repetitive and no new information was gleaned from new responses. Data saturation was also reached when further coding was no longer feasible. Through this review, and based on saturation, a total of 10 responses were analyzed.

Phase Two

The second phase of this study addressed my primary research question as I interviewed residence hall directors' on their experiences working with students with mental health concerns. Residence hall directors are responsible for the overall management of university or college residential buildings. They also work closely with residents/students and respond to crises within the building and across campus. Through interviews with these residence hall directors, I gained further insight into the perceptions of mental health issues amongst residence hall directors and what they experienced when working with this group of students.

Sampling Procedures

For this phase of the study, my sample consisted of full-time residence hall directors who have earned a master's degree. Earning a master's degree was deemed a criterion to qualify for the study as these professionals would have had graduate work in developing a better understanding of student development and mental health awareness.

For this sample I developed a list of schools within the northeast of the United States that are four-year institutions with a residential population. I utilized a web search of schools that met the aforementioned criterion and reviewed their directories for residence life staff. First, I searched for four-year institutions in specific states of the northeast and randomly picked three to four to further review. Once I evaluated the school, I reviewed their residence life program and identified contact information for their residence life staff. If the school did not meet my criteria I reviewed another school from the original list.

A final list of residence hall directors was developed to distribute thirty recruitment emails. To ensure that the participants met my criteria, I stated in the email that to be eligible to participate in this potential study participants must: 1) have earned a master's degree; 2) be currently employed in a full-time position in residence life; and, 3) have at least one-year post-master's experience. The final sample size for this phase of the study consisted of ten residence hall directors from various four-year institutions in the northeast region of the United States.

The demographics of the sample consisted of four females and six males in the study. Nine of the residence hall directors are from public colleges and one was at a private college. Three residence hall directors identified as African American and seven identified as white. Finally, in terms of graduate degrees, five of the residence hall directors had master degrees in counseling, one had a special education masters' degree, one had a higher education administration masters' degree, one had an organizational development degree, one had an educational leadership degree, and, finally one had a physics masters' degree.

Data Collection

The interview included demographic information for each participant and their institution in order to assist in understanding their perspective. Similar to the first phase of the study, the interview included an informed consent process consistent with the Montclair State University IRB guidelines.

I conducted one-on-one semi-structured interviews with residence hall directors over the phone. According to Merriam (2009) utilizing a semi-structured protocol allows

researchers to respond: 1) to the situation at hand; 2) to the emerging worldview of the respondent; and, 3) to the new ideas of the topic. This semi structured protocol allowed me to cover certain topics in the interview but also granted the ability to follow up in the interview and explore more of the answers given by the residence hall director.

The semi-structured interviews ranged from forty-five minutes to one hour via phone at a mutually agreed upon date and time. The interviews were audio recorded. The participants were sent an informed consent and agreement to have their interview recorded. At the beginning of the interview, I reviewed informed consent with the participant and received verbal approval for the audio recording. I reminded participants of their right to stop the interview at any point, without penalty.

For this phase, I looked to gather information on the experience that this group has had when working with students with mental health concerns. In developing the interview questions I utilized some questions derived from phase one of this study (see Appendix A), as well as questions derived from my theoretical framing of Relational-Cultural-Theory (Jordan, 2010) and Chickering's Student Development Theory (Chickering & Reisser, 1993). Examples of questions posed to this group were: Have you worked with students with mental health issues? If so, please explain that experience. What are some of the challenges you have had or learned from in working with students with mental health issues? What type of training have you had in relation to working with students with mental health issues?

In addressing my theoretical framework, I asked specific questions such as: Do you believe that developing a relationship with students with mental health issues is

important? Why or why not? Do you believe building relationships with students can assist with their development? What is your understanding of student development and how does that impact the relationship you create with students? How do you see mental health issues affecting a student's development at college? The interview questions are found in Appendix B.

Data Analysis

Prior to analyzing the data, all interviews were transcribed verbatim. After transcribing each interview, the written transcription was reviewed with the recording to ensure for veracity of an accurate transcription. A file was created for each interview, with each transcription saved as a Microsoft Word file with a password option to ensure confidentiality. The transcriptions were loaded into *Saturate*, an online qualitative data analysis software, to assist with the data analysis. I analyzed each interview as they were transcribed which allowed me to modify subsequent interviews based on emerging themes.

The literature as discussed in Chapter 2 and the responses of the phase one survey results guided the coding for the interview interpretation. Each transcript was coded individually. As the coding was done for each interview, commonalities and patterns were noted and chunked together and highlighted. Coding was done by placing all the responses by interviewees into *Saturate* and reviewing each one by one. The common terms were highlighted and the questions were compared to each other. I also looked at commonalities in the responses and highlighted those. These commonalities were then chunked together to assist with the development of themes. These patterns and

commonalities were then discussed with my debriefers and checked with residence hall directors that were not interviewed for this study. As the code was done for each interview, commonalities and patterns were noted and linked together. These patterns and commonalities were then discussed with my three debriefers and checked with three residence hall directors that were not interviewed for this study. This allowed the themes to be unbiased by my own experience. Then, after review, a theme was identified that encompassed feedback from the outside reviewers and reflected the patterns and commonalities of responses.

To start the analysis, I used a deductive coding method for the interviews. Deductive coding allows the researcher to start their analysis with codes already in mind, based on previous research, a theoretical framework, or their experience (Hays & Singh, 2012). In this case, deductive codes were derived from Relational-Cultural-Theory and Chickering's Student Development Theory and the responses of counseling and disability professionals from phase one of this study.

After using deductive coding, I employed a constant comparative deductive method, making notations on the transcript and comparing segments of data with one another throughout the analysis to help to elicit themes, determine patterns, and highlight relationships across the data (Merriam, 2009). In using a combination of deductive coding and the constant comparative approach, I was able to link my findings back to my theoretical framework.

Data saturation was reached in phase two of the study when it was determined that the information being gathered was becoming repetitive and no new information was

gleaned from new responses. Data saturation was also reached when further coding was no longer feasible. This process resulted in a total of ten initial interviews.

Trustworthiness (Validity)

Being able to trust research results is important to professionals in applied fields because practitioners intervene in people's lives (Merriam, 2009). One of the ways in which one can increase trustworthiness in research is to ensure rigor in carrying out the study. Demonstrating procedural rigor is a way to increase credibility in research. Therefore, I used a number of different techniques to enhance credibility: triangulation, peer debriefing, and reflexive journaling.

Triangulation is the use of multiple sources of data and requires researchers to compare and cross-check data collected through multiple interviews with people who have different perspectives (Merriam, 2009). Through the use of triangulation, I was able to use multiple forms of evidence at various parts of inquiry to support and better describe the findings. As I worked through the different interviews within phase two of the study, I would compare answers from one interview to another as I reviewed them for themes and commonality. I would also compare the provided answers to survey questions in phase one of the study to identify commonalities and if the data indicated similarities between data results from both phases of the study. Finally, through triangulation I was able to review answers to questions to assist with the rephrasing of questions posed in future interviews or in the development of follow-up questions during the interview process.

According to Hays and Singh (2012), peer debriefing allows for another check outside of the peer research team. Hays and Singh (2012) stated that peers should play the role of devil's advocates in that they are supportive of the researcher but should serve as another vehicle to challenge the findings. Utilizing peer debriefers during this study was advantageous. My peer debriefers were other residence life staff, other student affair professionals and other doctoral students in the counseling program. I processed my findings with a total of five debriefers, 2 doctoral students and 3 student affairs professionals, whom were selected based on availability and their experience in student affairs and residence life. I met with the debriefers after every two interviews. Specifically, I explored with the residence life staff debriefers some of my findings and what I was seeing as emerging themes. I also processed some answers with the residence life staff debriefers to see if they were understanding it the same way I was. With the cohort not knowing much of my research on this topic they were able to provide constructive answers.

I also utilized fellow doctoral students enrolled in a counseling program during the research process and the interview process. By speaking with this cohort of students I was able to look for ways to strengthen my interview skills to ensure I was asking appropriate questions to address my research question. Through speaking with fellow doctoral students, I was able to develop follow up questions for my future interviews. Utilizing these peers enabled me to discuss my findings with individuals who were not aware of the specifics of my research study; hence, they were able to give open and honest feedback about my findings. My peer debriefers were able to provide critical

feedback that helped me to develop additional questions and to explore further my themes and findings.

To assist with trustworthiness an audit trail was developed. An audit trail provides physical evidence of systematic data collection and analysis procedures (Hays & Singh, 2012). Merriam (2009) recommended personal journaling during the study. In this study, I maintained a written journal. I wrote down the procedural steps I took with each interview and steps used in relation to implementing the survey. This journaling increased my procedural rigor. I also used this journal as a reflective journal. I wrote notes and thoughts before and after interviews, as well as during data analysis. This journaling allowed me to review my feelings and thoughts about the process and to see how I was approaching the information. This reflexivity allowed me to make adjustments to further interviews.

Role of the Researcher

To ensure trustworthiness in a qualitative design, I must identify my biases and assumptions, better known as researcher reflexivity (Hays & Singh, 2012). Researcher reflexivity is defined as "the active self-reflection of an investigator on the research process" (Hays & Singh, 2012, p.137). These personal biases and assumptions will influence how the researcher interprets the study and data. This reflexivity can serve as a benchmark for the credibility and trustworthiness of a qualitative research study (Hays & Singh, 2012).

In regards to my own biases, I have worked in the field of student affairs for approximately thirteen years. I have held positions in academic advising, student conduct,

and residence life. The majority of my career has been in residence life, and I have held positions as a residence hall director, a coordinator, and an assistant director. With these positions in residence life, I had on-call responsibilities while also representing the office on different committees at the university. With respect to this study, I currently co-lead a regular meeting on my campus to address students of concern on campus. This meeting reviews the actions of students who may be a possible threat to the university or to themselves, who have been experiencing difficulties at the university, and/or have been brought to our attention through faculty, staff, or other students. My current position and participation on this committee has assisted me in realizing that students with mental health concerns are an area that warrants attention.

My professional background and training serves to influence my approach to this qualitative study. I earned a bachelor's degree in psychology, a master's degree in counseling with a concentration in student affairs, and I am currently working on a doctoral degree in counselor education. To maintain procedural rigor, I implemented the aforementioned methods to ensure that my biases and assumptions did not negatively influence my study.

Self-reflection is viewed as a critical researcher role throughout the research process. Morrow (2005) stated reflexivity as one of the major distinguishing factors between quantitative and qualitative research. Part of this self-reflection is examining one's assumptions. Working within the field of student affairs, specifically in residence life, I developed some assumptions as I implemented this study. I have seen a rise in the number of students in residence with mental health issues. I also have seen an increase in

the number of students in a mental health crisis that need assistance from residence life staff. I believe college students are coming to college with more complex issues compared to years past. These were points that I regularly shared with my peer debriefers as I interpreted the data to ensure that my assumptions were not influencing my findings.

Limitations

Although my research question suggests qualitative research, there are inherent limitations of qualitative research. One of the limitations, according to Hays and Singh (2012), is the ability to generalize these findings to the greater population. The findings will not be generalizable to other populations, although these findings may be transferable to other, similar settings.

There is also a limitation due to the sample size. Since this study was an in-depth study, it limited the diversity of the sample, and thus limited the number of people that I am able to interview. There were limits to the sample size in the areas of race, ethnicity, and years of experience. There were also limitations in the sample by the way in which I recruited members. Utilizing one national association allowed me to gain access to a more randomized sample. However, it was limited as I only looked at participants who were members of the association.

The area of college mental health can be a sensitive subject. I also asked questions about crisis response that can elicit an emotional response. Participants may be inclined to respond with socially acceptable responses instead of their true response. Once the participants understood what I was asking, they may have responded in ways in which they feel would give me the responses I was seeking. While there were limitations to this

study with attention to the procedural safeguards, this study can increase the knowledge base for student affairs professionals and counselor educators preparing students to enter this field.

Chapter Summary

Through utilizing a two-phase study, I gained insight into the experiences of residence hall directors when working with students with mental health concerns. Gaining insight from a cohort of professionals trained to work with students with mental health issues within the first phase of the study served as the catalyst of developing questions for the second phase. With the knowledge gained from the first phase of the study, I explored the experiences of residence hall directors working with this cohort of students through one-on-one interviews. Throughout this study, various steps were utilized to ensure the validity of the research and my role as a researcher. In completing this study, I better understood the experiences of residence hall directors working with these students and make available recommendations for the development of training for both residence hall directors and graduate programs in counseling and student affairs.

Chapter Four

Findings

The aim of this study was to develop a better understanding of residence hall directors' experiences working with college students with mental health issues. My research question was "What are residence hall directors' perceptions of students with mental health concerns and what is their experience working and supporting these students?" Two phases of inquiry were conducted for this study. First, I surveyed mental health professionals in higher education who have training in working with students with mental health concerns. The purpose of this survey was to understand what college mental health professionals thought residence hall directors needed to know about working with students with mental health concerns. The survey findings helped formulate the interview questions for the second phase of the study and resulted in potential themes for the overall study findings. In the second phase of this study, I conducted ten individual interviews with current residence hall directors from colleges and universities located within the northeast United States.

From the surveys and interviews, I was able to extract a number of overarching themes that were common across both phases of the study. The themes were the individualized attention to a student's development, understanding the whole student, a basic understanding of mental health concerns, conflicting roles of residence hall directors, and developing a trusting relationship with students.

The remainder of this section will address in greater detail the overall themes and patterns that emerged from deductive reasoning and analysis from the surveys and

interviews in this study. The themes that have emerged from the data reflect the research question on the experience of residence hall directors' perception and support of students with mental health concerns.

It should be noted that while first removed in the questions for phase one and subsequently phase two, Autism and Asperger's Disorders did appear in the responses of both phases of this study. Therefore, I felt it was important to include Autism and Asperger's in the results and as a mental health concern based on the results of campus psychologists, and disability staff surveyed along with responses of the residence hall directors' interviews. Nine out of ten residence hall directors spoke specifically about Autism and Asperger's as a mental health concern that they work with in their positions.

Phase One Findings

There were a number of themes identified in the initial phase of the study survey. College mental health professionals in the first phase of this study reported the need for residence hall directors to have a basic understanding of mental health concerns facing students today and have the ability to create trusting relationships with students. These professionals also suggested the importance of working in crisis response and knowing one's limits in the ability to "counsel" a student. The professionals also indicated several necessary skills to assist these students: 1) demonstrating patience, 2) being a good listener, and 3) remaining calm and approachable. Survey respondents also reported the need for resident hall directors to support students in order to promote students' development.

The findings from phase one of the study were derived by careful coding of responses from the survey and identifying commonalities and patterns of responses. I then processed potential themes with my debriefers and residence hall directors that were not interviewed for this study. This allowed the themes to be unbiased by my own experience. Then after this review, relevant themes were identified that encompassed all of the patterns and commonalities. With those themes in mind, I derived questions for the interview protocol for phase two of the study. Eleven completed surveys were returned.

Some greater detail on the common themes of this phase of the study is needed to better understand the depth of these responses. In the survey, I asked pointed questions (see Appendix A) to gain as much information as possible to better understand what residence hall directors may need to know about working with students with mental health concerns. Through analysis of the broad question in this initial phase of the study: “What should residence hall directors know when working with students with mental health concerns or emergencies?” I was able to glean important topics that were utilized during the interviews for the second phase of the study.

One key issue that emerged from the survey was the need for a residence hall director to have a basic understanding of mental health disorders. Participants’ responses addressed specific mental health concerns and diagnoses such as depression, anxiety, self-harm, and disorders on the autism spectrum. Also, the concern was expressed about recognizing “normal” adjustment issues versus more problematic mental health disorders. Survey respondents suggested that residence hall directors must feel comfortable working with students that present with mental health issues.

The second key issue was ensuring the residence staff provide appropriate support to students and assist them, as needed, based on the student's developmental level or mental health status. An understanding of student development was stressed in a number of responses and was referenced in terms of understanding developmental issues vs. more serious mental health issues. The support and assistance, as suggested, may include referring students to essential resources (e.g., disability resource center, counseling services) and providing follow up with the student to ensure that they accessed these resources. This finding was identified in connection with the residence hall directors understanding of student development and an understanding of their limits in working with students with mental health concerns.

The third key issue that survey respondents identified was the role of the residence hall director. There can be confusion at times over what role residence hall directors play when working with a student with mental health concerns. One respondent was able to summarize it in one statement, "they need to understand they are not counselors." The aforementioned response enabled me to understand that many of these interactions between students and residence hall directors come from crisis. The survey respondents also stated that one of the major job responsibilities residence hall directors have is an on-call emergency response. In the words of one survey respondent who identified various skills needed: "crisis intervention and effective referral skills...strong interpersonal helping skills and limits...they should know the signs of mental health emergencies, how to get help for the student and how to care for other students affected by the emergency."

I also wanted to know what skills residence hall directors may require in order to work effectively with this population. To identify these skills, I asked the mental health professionals in the first phase, “What skills do you think are necessary for residence hall directors to have to work with students with mental health concerns?” Some identified skills from survey respondents included: patience, approachability, trusting, ability to set boundaries and to multi-task, listens well, knowledgeable of campus resources, ability to remain calm during emergencies, and "thinking on the spot" (e.g., good reaction skills). One survey respondent addressed a necessary important skill for residence hall directors: “self-awareness and one’s reactions through non-verbal communication (e.g., facial expressions, body language) and tone of voice while responding to an emergency situation.”

Surveying mental health professionals in phase one of this study enabled me to identify areas that I needed to explore with residence hall directors. These areas of inquiry included their understanding of mental health concerns and student development, their fostering of relationships with students with mental health issues, their role as a residence hall director with varying responsibilities, their emergency response during crisis, and discussing their skill level and the development of those skills including what training they received through their education.

Phase Two Findings

While the first phase of the study identified some important topics to discuss with residence hall directors, I also found some overlapping key themes between survey respondents in the first phase of study and the residence hall interviews from the second

phase. I am integrating the findings from both phases of the study with a primary emphasis on the findings of the interviews and how the mental health professionals' responses do or do not support the identified themes.

Through the use of deductive coding I analyzed the data from the ten interviews to obtain five primary themes. Through the use of research noted in chapter 2 and the responses of the phase one survey I began to develop coding for the interview interpretation. I utilized my research team which was made up of critical debriefers, fellow doctoral students, and member checks with residence hall directors not in the study to develop my themes. As the code was done for each interview, commonalities and patterns were noted and linked together. These patterns and commonalities were then discussed with my debriefers and checked with residence hall directors that were not interviewed for this study. This process was important in addressing my own, perhaps biased, view point from working in higher education for many years. Then, after this careful review, themes emerged that encompassed all of these patterns and commonalities. All ten interviewees were given a pseudonym for the purpose of reporting on the data to maintain confidentiality.

Through the use of deductive coding and speaking with my research team, a total of five themes emerged. My primary themes from both phases of this study were as follows: need to focus on the individual student; the need to consider a student's development; the need for a basic understanding of mental health; the need to balance uncertain roles and the need to build trusting relationships with students. The following

discussion will detail how these themes emerged in the data analysis of my interviews and address my research question.

Individualized Attention and Student Development

Attending to the needs of the whole student has been embedded in the core values, philosophy, and literature of the student affairs profession from the very beginning (Reynolds, 2011). Student development encompasses how a student grows personally, developmentally, progresses, or increases his or her developmental capabilities as a result of enrollment in an institution of higher education (Rodgers, 1990). In this study, it was important to look at a student's development as it relates to mental health issues that may be addressed by residence hall directors.

Through deductive coding, I was able to glean data that addressed directly the understanding of student development. It is important to have knowledge of student developmental theory as this knowledge enables student affairs professionals to identify proactively and address student needs, design programs, develop policies, and create healthy college environments that encourage positive student growth (Evans, Forney, Guido-DiBrito, 1998).

In their interviews, residence directors talked about the student's development and growth during the student's time at college. For example, Jordan, a residence hall director for five years, explained how students enter college at different levels of readiness and how staff must take this readiness into account when working with each student.

The findings of this study indicate that residence hall directors see themselves as assisting students in their development. Residence hall directors stressed the need to help

develop students into productive members of society and to be successful in their careers after college. Anna, one of the residence hall directors, explained student development as:

for the most part, it is, the stages that a student takes and whatever experience they are at in the time of college and developing themselves. How they function as a human being, as a professional, as a student all the way through from their friendships to their relationships, romantically and things like that. The way that they function in the workforce.

The data showed the individuality of each student in how they move through the process, illustrated by Scott, who talked about a student's identity development:

For at least a lot of the identity developments, I know you cannot push them through. They are going to go through at their pace, but understanding the different phases and where they are can help you support that student in that time.

Becky offered another way mental health concerns can impact students on campus and their development. In this comment, Becky is exploring how residence hall directors must be aware of mental health concerns as different opportunities arise for students to get to know one another as the mental health issue may influence how students engage with one another:

...being very aware of that, or if someone has a very hard time, you know, being social, doing these very interactive icebreakers and things like that that are probably uncomfortable for most people, let alone for someone like that, let's reevaluate and look at that.

Becky's understanding of these challenges seems to assist her with meeting the needs of these students. This understanding allows her to work with her staff to develop alternate ways for students with mental health concerns to meet other students and feel comfortable.

Residence hall directors discussed student development in relation to working with students experiencing mental health concerns. This theme of using a developmental

approach is important to the overall response to my research question. First, it puts into perspective why residence hall directors work with students in the way that they do. They understand the developmental aspects of college students. Second, this theme indicates residence hall directors' understanding of the impact of mental health issues on a student's development in college. In relation to the overarching goal of helping students become productive members of society, it is evident that residence hall directors expressed the need to understand better mental health concerns and the impact on student development for this population.

Understanding of the Whole Student

When discussing residence hall directors' perception of mental health concerns affecting the students they work with, they addressed different aspects of the student that comprise the totality of the individual such as the uniqueness of this generation and mental health status. When probed about how these aspects, coupled with their perception of a student and how to support students, many interviewees stated, you need to look at the whole student to completely understand the student in front of you. Becky was able to provide clarification of looking at the whole student and understanding their different aspects by sharing a case example. Becky discussed the importance of addressing many aspects of the student's life including mental health concerns, relationships with other students, and the impact the student has on the greater community. Becky spoke about a student who disclosed that she had anxiety and was medicated for bipolar disorder. The student chose to stop taking her medications while at school. While working with the student, Becky learned that the student would not always come directly to her to discuss

concerns; hence, Becky attempted to be physically in the same area as the student at various times to check-in. Becky stated through this approach of being with the student in different contexts seemed to assist the student who is doing well in school and seems to be doing well living in the hall.

Residence hall directors also shared the importance of having an understanding of the current cohort of students' total experience on campus and in a holistic manner. While stated by four hall directors, Scott, a hall director, with one year of experience, and a degree in counseling summarized this particular theme with the following statement: "I think we're starting to live in an age where small issues that wouldn't have had a huge impact maybe five to ten years ago are impacting them very heavily now and causing a lot more stress now." This statement is in line with Gallagher (2007), who believed that students have more stress than previous generations of students on campus. In my individual interviews, the hall directors began to talk about how the students they are seeing are much different from the ones they have dealt with previously.

Anna, who has a special education degree, and five years of experience, spoke to the rise in the number of students coming to college with mental health disorders. Anna does not feel that this rise is a fluke but anticipates that there will be continual growth due better diagnosis of mental health concerns and the ability to meet student's needs to be successful in college. This rise is in line with the literature that, for students with mental health issues college has become more attainable due to early diagnosis, more effective treatments, and changes to federal laws (Harper & Wilson, 2010). This change has opened the door for more students to be able to attend college.

The Need for a Basic Understanding of Mental Health Disorders

Student development is greatly impacted by the presence of mental health concerns (Kitzrow, 2009). Findings from this study are consistent with the literature (Kitzrow, 2009, Harper & Wilson, 2010, & Amy 2011), as mental health professionals in phase one felt strongly that residence hall directors needed a basic understanding of mental health disorders. One college mental health professional stated in the survey, “hall directors should be familiar with various types of mental health-related disabilities that college age students tend to experience. This includes depression, anxiety, bipolar disorder, Autism spectrum disorders, and self-mutilation, among others.” While not considered a mental health concern as it is neurologically based, nine survey responses out of 11 total responses, and all ten residence hall directors noted autism spectrum disorder as a mental health concern related to resident hall directors’ experiences.

Understanding of mental health concerns became evident while I was interviewing residence hall directors about their experiences. Jordan spoke about working with a young woman on the autism spectrum. The individual explained to the student how it was appropriate to shower daily or every other day. He went on to say that this group of students struggle with living with others as they do not pick up on social cues nor can they always interact well with other students. Jordan goes on to say that autism is one of those disabilities that you cannot see, so it is hard for other students to understand.

Residence hall directors clearly indicated how they were not experts in the field of mental health. Yet, they did indicate the need to understand varying degrees and expressions of psychological disorders and mental health concerns. Scott, who has a

degree in counseling, stated “What I learned? Definitely that two students may have the same, similar issues, such as anxiety, but a similar approach does not work with every student with the same issue”.

Residence hall directors also shared that when they know basic knowledge about various disorders, they can notice it in students which enables them to connect with and assist students. Anna spoke to this knowledge when she said

I think with my (special) education background, when those students come in, it’s easy for me to already see, foresee, some of the issues that they’re going to have, so from a preventative measure, that has been something that has been really great. If a student is coming in with certain issues, I kind of already know we are probably going to have to follow with this, this, and this.

All ten of the residence hall directors identified on-call crisis response as one of their responsibilities and the challenges of this role when they are unsure of the presence of mental health issues with the student. Participants of the survey suggested that a basic knowledge of mental health concerns can enable residence hall directors to assist when a student goes into a crisis. Scott spoke to his experience with mental health crises: “I’ve had some situations, both in graduate school as well as this year here while on duty and responding to mental health crises. They’ve ranged from potential suicidal ideation to homesickness, depression, and anxiety of classes and things of that nature.”

Melissa spoke to the point about the intersection of crisis, mental health issues, and student idiosyncrasies. Specifically, she speaks to the utility of evaluating the whole student and to refrain from assumptions when working with students during a time of crisis:

I think the first thing is that sometimes, like when we view a certain incident, and you don’t know that person, you instantly think, especially in a situation where

they're acting out kind of inappropriately, at first, you kind of assume like, 'what's wrong with this student,' 'you need to get your things in order,' like 'this is wrong.' That's your first assumption, but then a lot of times it's something that they're not controlling, it's a part of their illness. Like finding that balance of what is really appropriate.

By understanding different mental health concerns, it seems the residence hall directors reported more confidence assisting students when they are in crisis. Mike, a hall director with four years of experience and a degree in higher education administration, made this statement: "...everybody has the chance that they're going to fall into a crisis." This statement speaks to the fact that mental health concerns are not always known or visible and can occur at any time in the student's college career.

With this knowledge of mental health concerns, residence hall directors can discern whether or not the behavior the student is exhibiting is typical or atypical for a student with a particular mental health concern. One interviewee, Anna, described a student who is on the autism spectrum who walked passed the front desk one day. The interviewee overheard the student's comment: "You are such a whore today." The staff reported the incident. Anna reported her need to address the behavior in a different way due to her understanding of the disorder. Inappropriate self-talk can be a characteristic of someone with an autism spectrum disorder. It seems that through Anna's basic understanding of the disorder, she can assist this student in being a more engaged member of the community.

As evidenced above, residence hall directors' knowledge of mental health concerns and how this knowledge may enable them to assist students is a critical theme of this study. This theme also highlights the importance of the need for flexibility within

residence hall directors to work with these students differently and assist them in a more personal way to help them be successful. Based on interviewees responses related to this theme, it appears that residence hall directors really want to understand students better.

Conflicting Roles of Residence Hall Directors

Six of the hall directors made statements along the lines of, “I am not the counselor.” This theme reflected similar statements from mental health professionals surveyed in the first phase of this study. One phase one survey respondent stated that “residence hall directors must know their limits and know when to refer a student to the appropriate staff on campus to meet the student’s needs.”

Residence hall directors are part of the operational staff and are considered the frontline staff (Taylor & Von Destinon, 2000). These staff members are typically first responders to student issues. The residence hall directors gather information from students and share with higher level administrators to keep them informed (Taylor & Von Destinon, 2000). Residence hall directors learn different policies and how to implement these policies according to Taylor and Von Destinon (2000). In knowing these policies and implementing them, there seems to be a struggle between meeting the needs of the college and meeting the needs of the student.

The interviewees for the second phase of this study shared different facets and various roles of their positions. A common thread of responsibilities that emerged from the interviews included: 1) supervision of both student and professional staff; 2) facilities management; 3) occupancy management; and, 4) committee work. These duties combined with the work they do with the residents in their buildings creates a unique

position which require flexibility and varying skills. Hall directors interviewed run complexes from 400 to 1,000 residents. Further, the hall directors I interviewed, according to their own descriptions, must ensure that they are keeping up with their administrative work while also balancing working with the students on a personal level.

A number of residence hall directors interviewed expressed a consistent theme of managing conflicting roles as a resident hall director. One of the struggles residence hall directors discussed was being torn between meeting the needs of a student and fulfilling college/university policies, especially during crises. For example, a student may be expressing self-injury or self-harm in a crisis. The student may calm down with the residence hall director's presence and say they are fine; however, the policy may be that all self-harm incidents are sent to a hospital emergency room for evaluation. The student and director might agree that the student is fine; however, to comply with university policy the director might have the student transported for further evaluation. At times, this may cause the student more distress. While some residence hall directors have educational preparation through a counseling curriculum, others do not. Interestingly, this theme of conflicting roles emerged regardless of the residence hall directors' educational background in counseling or other fields.

Melissa, a residence hall director with one-year experience and a counseling background, stated that at times she may have five to six students she is working with that may have mental health concerns. She reported that these students were receiving necessary resources while simultaneously balancing ongoing administrative projects which are part of her role as residence hall director. Melissa indicated limitations on her

time and how much she can spend with each student while meeting the needs of the department.

Melissa shared a story that illustrates the conflict of roles in these positions. She worked with a student who experienced a challenging transition back to school upon the death of his father. She assisted the student with various tasks and even walked him to his appointment at the counseling center. This walk to the counseling center took approximately twenty-five minutes out of a very busy day. She also struggled because the student confided in her that the counseling center was not helpful, and he wanted to talk to her. Knowing her limits, Melissa struggled with knowing this student needed counseling but knew she had limited counseling experience, and this work was not within her job scope.

This story omits the passion in Melissa's voice and her struggle as she was doing her best to help this student to advocate for the student's needs. Throughout the interviews, the residence hall directors expressed a real struggle when knowing a student needs assistance, knowing that the staff who can help the student may not have the connection the residence hall directors have, but also knowing that they cannot be a counselor to this student.

When probing about the role of being a hall director and counseling needs, the hall directors talked about the need to balance a myriad of job responsibilities. One responsibility was ensuring that university guidelines were met to ensure the responsibility and liability levels of the college. The interviewees spoke about trying to

make sure the student feels supported and helped during a crisis while adhering to policies.

There is a struggle that hall directors experience when meeting the needs of each student and the needs of their job position. They understand that each situation is different and they must approach it as such. However, hall directors must apply school policies to each situation. Ashley, a residence hall director with seven years of experience explained

...understanding that every student is different. So as prepared as you can be going into a situation, that a student always has the ability to shock us, and they might. There is no way to go in and be like, I'm going to follow the protocol and the check boxes, which is why I hate that there even is—I understand that there needs to be a protocol, but it is frustrating because it's like protocol makes it sound so easy, and it's not that simple.

Resident hall directors have to be flexible in addressing various tasks and remain focused on the more time-consuming students who express issues regarding mental health concerns. This theme relates to the research question in that residence hall directors perceive that students with mental health concerns may occupy more of their time, especially during a crisis, and yet they need also to adhere to university policies and procedures and maintain their other job responsibilities. This challenge seems to impact their relationship with a student with mental health issues.

In working with students with mental health concerns, especially in a crisis, residence hall directors expressed using two lenses: 1) one as advocate and supportive role and, 2) one who is compliant with the implementation of university policies and procedures. This two lens perspective provides a better understanding of residence hall directors' work with students with mental health concerns. Students with mental health

concerns take more time when working with them. As the residence hall directors spoke about the conflicting roles, they also reported the need to develop better relationships with students with mental health concerns.

Developing a Trusting Relationships with Students

Salzer (2012) found students with mental health concerns use campus facilities less frequently and have poorer relationships with other students, faculty and staff. Through the analysis of my data, there emerged a clear theme on the importance of developing trusting relationships with students. Interviewees for my study reported the importance of developing a trusting closer relationship, specifically with students with mental health issues. Resident hall directors reported how students would be more inclined to ask someone they knew for help before asking a complete stranger. During initial rapport building, resident hall directors ensured that these students know that they are there to assist them. Ed, a first-year residence hall director, with a background in counseling, stated, “What we need to do is just make sure that students are aware that we’re there when they need us.”

The resident hall directors shared different stories of how they saw this relationship become integral to working with this cohort of students. Anna spoke about working and developing an excellent relationship with a student who has Asperger’s. Anna was able to communicate with the student so that the student understood expectations of the building; Anna was able to address inappropriate behaviors with her, and Anna was able to know when the student was having a particularly difficult time.

Through Anna's knowledge of the student, if the student did have a crisis, Anna was able to de-escalate the situation, so that the student would not go to the hospital. Anna said,

I mean she is kind of threatening that she wants to hurt herself, she is physically hurting herself in some way, shape or form, the natural thing would be, she kind of needs to go to the hospital, get evaluated and in knowing her for over two years once she gets this out she is fine and just needs to get this out, but you still need to use precautions when working with her."

Anna went on to say,

I build a relationship so that I have them feel comfortable, that they are allowed to do that and knowing that it is a safe environment, and nothing's going to happen to them, and then I think just provides them with the opportunity to ask for help.

While Anna describes having built a positive relationship with her student, it is also important to explore how a hall director goes about building a relationship with a student. Residence hall directors reported developing relationships with students with positive, casual interactions. Ed is developing relationships on a general level; he does not look to build a relationship with just one particular group of students but with all encountered students. Through this work, Ed is developing an opportunity for students to be comfortable with him as they experience different issues and to increase the chances of students reaching out to him for assistance. Ed explained,

For me, I just try to talk to students. Like if I meet a student in the hallway, say 'Hey, how's everything going?' I try to develop that rapport with them, you know, so sometimes I just make sure I get to know their name, and the next time that I see them, you know, say their name, so getting just to know them personally. So I think that's the way I kind of build relationships and just make sure my personality is very welcoming so that they feel supported, you know, coming to me and talking to me about anything that they may be facing.

Scott relayed how he develops these relationships, "But for the typical resident...if they're ones that I interact with more because maybe they're getting in

trouble conduct-wise or they need support in other ways, just asking questions and getting to know them and opening the lines of communication.” Through developing these relationships in different ways, the residence hall directors can better support the students.

As I listened to the resident hall directors, they discussed how they feel inclined to support students with mental health concerns more than those who not have mental health concerns. Melissa said, “Because I feel like they do need more support than like the typical student.” Melissa goes on to explain why she feels that these students need support that truly speaks to the role of residence hall director in her understanding of her position, “... as long as they know like hey I am another level of support because I think it contributes to their development and can make the difference.” Eight out of the ten hall directors spoke about supporting these students more than other students who do not have mental health concerns. Through different levels of support, hall directors seemed to be able to build stronger relationships with students and assist them to achieve their college degree.

The notion of relationships is central to my research as I utilized Relational-Cultural-Theory as the main theory guiding this research inquiry. Clearly, residence hall directors understand the importance of creating a trusting, open relationship with all students and paying more attention to this relationship in supporting students with mental health concerns. Throughout the interviews, I found the importance of a trusting relationship to be a recurring theme regardless of the particular topic being discussed.

Conclusion

The overarching aim of this study was to better understand how residence hall directors perceive students with mental health concerns, how to support these students, and what their experience has been working with this cohort of students. An analysis of ten interviews and eleven survey responses revealed that residence hall directors do interact significantly with this cohort of students. Through the analysis, there was an overarching theme of the importance of a trusting relationship with a focus on individualized attention and student development. Residence hall directors described ways of supporting students with mental health concerns through an understanding of their mental health concern and through the development of a relationship with students.

In response to the questions about their understanding of mental health concerns residence hall directors described that it was more than just an understanding of mental health concerns but of understanding the entire student's lived experience. Some residence hall directors described it as understanding the generation that currently is on campus. The residence hall directors also spoke to the point of ensuring these students' needs were met and advocating for students when assistance is warranted. Supporting these students can come with challenges. The residence hall directors spoke about the different roles they have on campus and the need to manage these roles while remaining focused on the student.

When assisting the student, the interviewees talked about the disparity between their two roles on campus. They engaged in the dual role of supporter for these students and ensuring that school policies are upheld. Knowing that they had limits to what they were also able to do was a theme that emerged from their experience. The residence hall

directors knew that they needed to ensure that students understood their role as a hall director did not include also being their counselor. The residence hall directors spoke of their role in advocacy by informing and assisting students in receiving appropriate mental health counseling on or off campus. Through the interviews, when talking about supporting students and their experiences with these students, residence hall directors indicated the need to build trusting relationships to ensure the student received the proper support they needed in order to be successful during and after college.

Chapter Five

This study was designed to gain a perspective of college residence hall directors' understanding of mental health issues and explore how residence hall directors assist traditional age college students with mental health concerns. This study was a two-phase study utilizing an online survey completed by professional college counselors and disability support staff on their perceptions of what residence hall directors needed to know to be successful when working with students with mental health disorders. The second phase of the study explored the experience of residence hall directors working with students with mental health concerns. This second phase of the study was accomplished by conducting initial individual interviews and follow up interviews with ten residence hall directors. The results of the completed surveys and interviews were analyzed using deductive coding to draw out the themes of the findings. After conducting this two-phase qualitative study, it became clear that students with mental health concerns are a unique population that needs individualized attention from residential staff at the university.

The primary research question that guided this study was: What are residence hall directors' perceptions of college students with mental health concerns and what is their experience working and supporting these students? The primary themes that emerged from this research question were the residence halls directors' perception and understanding of mental health issues, the need to understand the "whole" student, the importance of developing a trusting relationship with students with mental health issues, the importance of individualized attention to a student's development, and the conflicting

roles of residence hall directors in assisting students with mental health issues or concerns.

In this chapter I will discuss the interpretation of these results and compare these findings to the literature and theory. I will also offer practical implications for residence hall directors, student affairs, and counselor educators, as well as include limitations of the study and areas for future research.

Discussion

When approaching the research question, I utilized Relational-Cultural-Theory (RCT) and a student development theory to help frame the context of this study. The Relational-Cultural Theory explains the importance of growth-fostering relationships on people's lives (Jordan, 2010, Jordan & Hartling, 2002, Jordan et al., 1991). In this study, I explored the relationships between college students with mental health issues and residence hall directors. I wanted to explore how the perceived relationship between students and these residence hall directors assists the former during their college career.

The other theory utilized was Chickering's Student Development Theory (1993). These theorists discuss the different stages traditional age students go through as they progress through their time at college (Chickering & Reisser, 1993). With each stage the student works through, they will be faced with different challenges and opportunities. It is important to look at how mental health concerns impact these stages of development and how residence hall directors work through these mental health challenges with the students from a student development perspective.

The residence hall director is the college or university professional staff member that typically has a great deal of day-to-day, one-on-one interactions with a student outside of an academic setting. This more casual involvement allows residence hall directors an opportunity to interact with students on a more personal level. Residence hall directors were the most appropriate group to interview for this study due to their ability to see students outside of the classroom and residence hall directors many times work with students during a crisis in the residence hall. When responding to questions about working with students with mental health concerns, residence hall directors were easily able to provide examples of working with these students. In discussing the experience of residence hall directors, first I'll review the findings of residence hall director's perception of mental health concerns on campus and how these findings relate to the literature.

Perception and Understanding Mental Health Disorders

Critical to this study is the perception of mental health concerns by the residence hall director. How they perceive mental health concerns can greatly affect how they will work with the student. According to Al-Naggar (2013), there is growing evidence of stigmatization of people with mental illnesses and that mental health stigmatization is greater than those with physical disabilities. Resident hall directors' perception of mental health concerns can greatly affect their work with students. However, through the interviews, the residence hall directors did not speak to the negative stigma of mental health concerns. Resident hall directors reported that they see these students as individuals that perhaps need more attention than other students in the residence hall.

They also expressed the belief that a mental health concern or issue could happen to any of their students at any time. So contrary to the existing literature, residence hall directors in this study did not see their involvement with students with mental health concerns as clouded by the stigma of mental illness (Al-Naggari, 2013; Brockelman, Chadsey, & Loeb, 2006, Soet & Sevig, 2006).

While not focusing on the stigma of mental health, residence hall directors did discuss different aspects of a student's life and other factors to take into consideration in working with these students. They spoke of the greater diversity of students compared to previous years, the increase in mental health concerns, the increase in first-generation students and nontraditional students on college campuses today. This notion of the difference in students on campus is supported by Benton and Benton (2006) as these authors discussed the need to assist these more diverse students on campus and identify those student affairs professionals who need to adjust how they work with residents with mental health issues. The residence hall directors did not speak about mental health concerns as a negative issue, but as something they need to keep in mind when working with the student. The residence hall directors spoke to how it is important to understand each student individually and try to meet their unique needs.

A theme that emerged from the first phase and the second phase of the study was the need for residence hall directors to have an understanding of mental health disorders as this knowledge influences a residence hall director's perception and holistic approach to these students. Their perception is that a mental health concern is just one aspect to the total puzzle of understanding of a student.

Responses in the surveys from counseling and disability staff professionals suggested the importance of residence hall directors having a basic understanding of different mental health disorders and how this understanding would benefit both student and staff. Through the different interviews, the residence hall directors stated they knew about a few mental health disorders and explained some of the signs of the disorder in addition to how they work with students with this disorder. As Jones, Harper and Schuh (2011), stated because college student mental health concerns are becoming more common, more problematic, and a much larger focus of attention on college and university campuses, it is vital that all student affairs practitioners understand these concerns and what impact they have on the academic, social, and psychological well-being of students.

Researchers (Benton & Benton, 2006, Castillo & Schwartz, 2013, Harper & Wilson, 2010) have discussed the rise and complexity of mental health on college campuses and the importance of understanding the impact on current college age students. The findings of this study supports this previous research as evidenced by practitioners' responses in the surveys that identified the need for a basic understanding of mental health disorders in assisting students with mental health issues and the responses in interviews of residence hall directors who stressed the importance of understanding mental health disorders.

The understanding of mental health concerns and the perceptions of these students as seen in the results of this study truly begins to look at the student as a whole and their mental health concerns as one part of who they are. Those who had a

background in counseling or special education felt that they understood better what the students were experiencing. This feeling was evident in some of the comments and stories residence hall directors shared in which they were able to express an understanding of mental health concerns. To gain a more comprehensive understanding of their perception of mental health concerns I asked further probing questions during the interviews. It was important for me to explore the deeper meaning of understanding the “whole student” as was referenced in interviews and this aspect of individualized attention to these students.

Understanding the “Whole” Student

Attending to the needs of the whole student has been embedded in the core values, philosophy, and literature of the student affairs profession (Reynolds, 2011). One of the themes that emerged from the interviews was the ability to understand the “whole” student. Residence hall directors spoke about the different aspects that make up the students. It is important to explore what different aspects that encompass the whole student. The different aspects are such things as gender, gender identity, social economic status, different abilities, and sexual orientation for example. Understanding the whole student also encompasses if a student is introverted or extroverted along with their mental health concerns. Jordan (2010) states that this understanding and acceptance of the whole student would be in alignment with the Relational-Cultural Theory (RCT). The RCT is based on the premise that human beings grow through and toward connections with others throughout the lifespan (Jordan, 2010; Jordan & Hartling, 2002). As the residence life staff look to develop relationships with students with mental health concerns knowing

these different aspects will assist the staff with a basic understanding of the student's background. Through this knowledge it will enable residence hall directors to begin to build relationships as they can find different aspects they may be able to connect with students on to forge a fruitful relationship. These relationships can be very important as, according to Walker and Rosen (2004) in Relational-Cultural-Theory, chronic disconnection from others is a primary source of emotional distress. It is also important to understand that these relationships can also be therapeutic in nature. Jordan (2010), states that the RCT approach is also grounded in the idea that healing takes place in the context of mutually empathic, growth-fostering relationships. Knowing these different aspects of the student allows the residence hall director the ability to develop a meaningful relationship with a student may help reduce emotional distress.

Residence hall directors must also take into account the experiences that students bring with them to college and how previous relationships will influence their interactions with others. The notion of understanding the whole student is supported by Harper and Wilson (2010). Harper and Wilson (2010) stressed the importance of professionals to understand what students on college campuses today are facing such as repayment of loans, unemployed parents, and higher levels of stress and anxiety than previous generations.

In exploring the theme of understanding the whole student, Myers (2004) states that when staff that exemplify the qualities of character and caring (i.e., empathic, understanding, responsive), students are more likely to communicate with these staff members. When residence hall directors are able to connect through their understanding

of the student there can be a significant impact on the student's continuation at the institution. Heisserer and Parette (2002) stated that a sense of connection helps to ensure the student can perform to the best of their ability. Heisserer and Parette (2002) also state that the single most important factor in assisting students deemed at risk is the connection to a faculty or staff that makes the student feel that the institution cares. Through the understanding of the whole student there is the development of a trusting relationship.

The findings from this study support the existing literature as noted above and supports Relation-Cultural-Theory. The residence hall directors all discussed the importance of the "whole student" and the importance of building a close relationship with students with mental health concerns.

Creating a Trusting Relationship

This study has given voice to the experiences of residence hall directors working with students with mental health concerns. One theme that emerged in both phases of the study was the need for residence hall directors to develop trusting relationships with students with mental health concerns. Komarraju et.al. (2010) contend that students who know even one faculty or staff member closely are likely to feel more satisfied with their college life and be more successful. This notion is supported in this study as all ten residence hall directors described the need to try their best to develop a unique, personal relationship with students with mental health issues. This finding, described in greater detail below, is somewhat contrary to the work of Ethan and Seidel (2013) who found that interpersonal connections developed between students and college personnel often go unrecognized for their central role in a student's emotional well-being. The residence hall

directors in this study clearly stressed the importance of this interpersonal relationship and were very cognizant of its role in maintaining student well-being.

It is critical for a student to feel cared for both in ensuring that the student performs to the best of his or her abilities and in the prevention of attrition (O’Keeffe, 2013). Each residence hall director shared at least one poignant story about a student with mental health concerns. The residence hall directors also spoke to how they assisted students during their development and adjustment to college life. This notion spoke to the theme of developing a trusting relationship with students. These stories ranged from working with the student through a crisis or just saying “hello,” as they see students walk past in the hallway.

Residence hall directors talked about how they assisted students with mental health issues in many different capacities. The residence hall directors gave voice to how they act as an advocate, support system, crisis intervention facilitator, mediator, and educator to this specific student population. The residence hall directors described challenges when working with these students, knowing that they were having problems with their roommates. Roommates do not always understand Asperger’s Spectrum or other mental health issues and this can create conflict in housing. Residence hall directors spoke of their needing to intervene, with the student’s permission, to help mediate or facilitate resolutions to conflicts. The literature would support this notion of stepping in as Harper and Wilson (2010) suggest, that when working with a student on the Autism Spectrum, a residence hall director needs to develop a relationship with the student to gain a better understanding of the student’s needs. Through their stories, residence hall

directors gave voice to some of the struggles they face when working with student with mental health concerns. They discussed this in the context of developing a more personal, open, and caring relationship with these students. The development of these more personal relationships can assist with the retention and graduation of students with mental health concerns. Heisserer and Parette (2002) spoke to how one relationship with a staff member can assist the student in feeling cared for and can lead to the retention of the student.

Residence hall directors clearly expressed the importance of relationship and these findings support the Relational-Cultural-Theory (Jordan 2010) which formed the framework of this study. RCT stresses relationship as the essential ingredient to surviving and thriving in our world and stresses the need for varying levels of relationship. Residence hall directors understood the need for a trusting relationship and the varying levels of relationship needed to assist these students in being successful in college.

Conflicting Roles of Residence Directors

The National Association of Student Personnel Administrators (NASPA & ACPA; 2010) regards student affairs as a critical aspect of the higher education experience. NASPA guidelines suggest that the work being done by student affairs professionals helps students begin a lifetime journey of growth and self-exploration. Throughout the different themes of the study it is evident that the work done by the residence hall directors is important and the residence hall directors feel they have an impact on students' lives. Most of the themes from this study clearly focus on the student and how to assist in their growth and development as suggested by NASPA. However,

one of the themes that emerged through the interviews focuses on the role of the resident hall director and how this role may be a challenge, at times, in helping the student with mental health concerns.

Residence hall directors are considered operational staff of a college or university according to Taylor and Von Destinon (2000). This means they perform a number of duties including attending to student needs, maintaining university or college policies and procedures, and managing a large facility (the residence hall). These varying roles can create conflict for the residence hall director as expressed in the interviews in regard to their limited time to address student issues particularly during crisis events.

Many times operational staff are the first ones to encounter and work directly with students. This notion was seen in the study as many times the residence hall directors spoke of how they were the ones to address a concern about the student or one of the first to work with a student in crisis. This was a challenge when residence hall directors felt a conflict between assisting the student the best they could and also ensuring that the policies of the institution were followed.

There are two distinct areas in which the residence hall directors felt that there was a conflict in their roles. The first is the balance between their role as an administrator (managing buildings of hundreds of students) and meeting the needs of these students individually. Within this area there is also the balance between meeting the needs of the students and meeting the administrative needs of the complex they run. Taylor and Von Destinon (2000), state that operational staff are charged with gathering information about situations and issues and relaying them to management staff. Residence hall directors

also are responsible for many student leaders including the student leader's training, development, supervision and evaluation of these staff members (Taylor & Von Destinon, 2000). As shared by the residence hall directors, it becomes difficult managing their time and very time consuming when trying to meet the needs of these students with mental health concerns. One residence hall director brought this to light when she explained she has 600 residents, over fifty student staff, and multiple requests from her supervisors a day and she feels there are not enough hours in the day to get it all done which adds to her stress.

The second area most expressed as a conflict, was the role of the residence hall directors and the fact that they were not counselors. Although studies (Burkard, Cole, Ott & Stofelt, 2005; Cuyjet, Longwell-Grice, & Molina, 2009; Protivnak, Paylo, & Mercer, 2013) suggest that counseling training is an essential skill to learn they do not advocate that the staff take the place of trained counselors. The residence hall directors spoke to the point that while they felt their counseling skills were helpful in addressing the needs of students with mental health concerns, they also felt they were not skilled enough to counsel these students. The conflict shared by the residence hall directors was the feeling of drawing the line between helping the student and taking on a counseling role. The residence hall directors felt that because they have developed a strong relationship with the student the student opens up to them and they need to ensure they are not seen as a counselor for the student.

Research supports these findings of varying responsibilities of higher education staff, not feeling experienced enough or qualified to support students and this feeling is

compounded by the students' reluctance to seek assistance (Quinn et al., 2009). This notion by Quinn et. al. (2009) is supported in the responses from the first phase of the study where three out of eleven responses spoke to the point that the residence hall directors were not counselors and should not try and counsel students. The respondents to the first phase shared that it is important that the residence hall directors know when to refer the student for other assistance.

Student Development

Sharkin (2012) stated that college is a phase of life that comprises developmental tasks such as autonomy, individuation, identity, and intimacy. It is a time of transition from adolescence to emerging adulthood and with that transition comes fear and anxieties from assuming adult responsibilities. These developmental tasks need to be considered when assisting students through their college years. Certainly, residence hall directors in this study addressed the need to keep the student's development as a person in mind when working with students with mental health concerns.

Chickering and Reisser (1993) proposed a theory of student development in which individuals moved through a series of tasks or stages (seven stages or vectors), dealing with thought processes, beliefs, feelings, and relations to others. These seven stages/vectors which are managing emotions, developing mature interpersonal relationships, establishing identity, establishing integrity, developing purpose, developing autonomy, and developing competence can cause their own challenges and can induce anxiety and stress in the students (Chickering & Reisser, 1993). As student affairs professionals work with students with mental health issues, they must ascertain whether

the challenges that the students experience are part of their normal development or of existing or developing mental health issues.

Student development and an understanding of student development during college was an underlying theme in the interviews and responses from the survey as the student's development may be impacted by mental health concerns. Residence hall directors discuss the difficulty at times in assessing whether an issue was developmental or part of a larger mental health concern. This concept also emerged from the surveys with counseling professionals.

Residence hall directors also discussed how they understood that this time in the student's life is an important time for their development. During the interviews residence hall directors spoke about the different aspects of development such as the development of sexual identity, relationship building and developing a better understanding of oneself. They also discussed how they intervene with a student depending on where they believe the student is in their own development.

Residence hall directors also spoke about three stages in particular: managing emotions, the development of mature relationships, and identity development. Chickering (1993) spoke how the development of mature relationships is a difficult stage as this is a task to move relationships from a very superficial level to a deeper level. Students with mental health concerns may struggle with these stages as mental health concerns can compound the stress experienced during these stages noted in Chickering's Theory (1993).

The “development of mature relationships” vector is very important to the core of this study’s findings. One of the themes that emerged was developing trusting, mature relationships with students. According to Chickering and Reisser (1993), mature relationships are characterized by tolerance and appreciation of differences and capacity for intimacy. When speaking with the residence hall directors they spoke to the importance of developing this relationship with the students. Through the work with the residence hall director the student was able to experience the development of a mature meaningful relationship. The residence hall directors in a way model what a positive relationship should be like and help the student work through the difficulties that come with forming these type of relationships.

The second stage that residence hall directors spoke about was identity development. Chickering and Reisser (1993) would say that the question being answered during this stage would be “Who am I?” The residence hall directors spoke about how college is a time for students to discover who they are. In one example the residence hall directors spoke directly about a student’s development of their sexual identity. The residence hall directors also shared that during this development stage of identifying who the students are, the students struggle to accept who they are in the moment. These responses by residence directors supports student development theory as Chickering and Reisser spoke to the point that part of identity is the acceptance of self (1993).

The third stage that became evident in the results of the study was the managing emotions stage. According to Chickering and Reisser (1993), the first task of this stage is to first acknowledge the presence of various emotions and begin to learn to manage these

emotions. The residence hall directors spoke to how one of the challenges they are seeing is a student's struggle during this stage. In particular, residence hall directors spoke about students with an autism disorder and their difficulty in managing their emotions. The residence hall director discussed these students and the outburst of emotions or breakdowns and how this stage is very difficult for these students. The residence hall directors shared how they attempt to assist these students in managing their range of emotions and how to have more self-regulated responses.

Relational-Cultural Theory (RCT)

It is important when analyzing the data to explore the theories that framed this study. The foundation of RCT is built upon the assumption that meaningful, shared connection with others leads to the development of a healthy sense of self (Jordan, 1997; Jordan, 2010; Jordan & Hartling, 2002). A basic tenant of RCT is that psychological health and maturity are conceptualized as continually evolving throughout the life span via increasing relational complexity and mutuality, rather than separation and autonomy (Jordan, 2010). So, through a trusting caring relationship, the student with mental health concerns may be able to navigate more successfully and maturely in their college years. The results of this study highlighted how residence hall directors fostered more meaningful, complex relationships with students with mental health concerns that resulted in the student feeling more connected and engaged in their college experience.

The interviewees spoke to how they develop a deeper relationship with these students to gain their trust. O'Keeffe (2013) discusses the need for a student to feel cared for and that this feeling assists in the student's ability to perform well personally and

academically in college. Residence hall directors expressed this feeling of concern and caring for this specific population. The interviewees spoke about how they would work with a student and the student would comment to them how their help has assisted them in having a better experience at college. Another example was given in relation to meeting the student where they were at and helping them understand the expectations of the university or college without making them feel inferior. The experiences, as expressed by residence hall directors in creating a caring relationship, certainly support O’Keeffe’s (2013) assertion and support the tenets of Relational-Cultural-Theory.

The presence of mental health concerns greatly impacts student development (Kitzrow, 2009), as mental health concerns may impede students’ academic performance and their continuation at school. Residence hall directors discussed the potential impact of a student’s mental health issues on their success at college. In the interviews they discussed the importance of stressing to the student that they were there for them and a supportive resource that could assist the student in averting a crisis. Residence hall directors specifically discussed actions they engaged in to help the student avoid a bigger problem that may impede the student personally, socially and academically. This was specifically expressed with the residence hall director who literally walked the student to the counseling center to ensure the student received services. This notion was also expressed by the residence hall director who attempted to be around in areas the student would be in to assist the student with social interactions if needed.

The findings of Kitzrow (2009) were supported by this study as residence hall directors clearly discussed an understanding of the impact of mental health issues on the

student's success. These findings also support Kitzrow, as residence hall directors also shared, through the interviews, an understanding of knowing when students are distressed and how to intervene and assist the student to avoid greater problems for the student.

Implications for Practice

Student Affairs

According to the Council for the Advancement of Standards in Higher Education (CAS, 2012) "as institutions of higher learning face new challenges, faculty, and staff members often find it necessary to implement their responsibilities in new and different ways." (p.17). Kuh, Kinzie, Schuh, and Whitt (2011) noted that, as college student mental health problems are becoming more common, more problematic, and are a much larger focus on college and university campuses, it is vital that all student affair practitioners understand these concerns and what impact they have on the academic, social, and psychological well-being of students. The results of this study suggest that residence hall directors have been working with students with mental health concerns on a daily basis. The participants provided poignant examples of working with students and suggested areas for further development which included training on mental health concerns, developing relationships with students, and understanding of crisis management skills.

When speaking to mental health concerns from both phases of this study, it became evident that resident hall directors may need to have a solid understanding of various mental health concerns affecting students with mental health issues. This understanding of mental illness from a more holistic and wellness approach will assist

residence hall directors to develop deeper relationships with these students. This deeper, more mature relationship will enable them to gain a better understanding of the challenges these students may be experiencing and the strengths residence hall directors may have in addressing these challenges.

Interpersonal connections developed between students and college personnel often go unrecognized for their central role in a student's emotional well-being (Ethan & Seidel, 2013). The results of this study show that there seems to be a desire for residence hall directors to develop relationships with the residents of their building. Through the interviews, it became evident that building relationships with students, regardless of their mental health concerns, was important to residence hall directors interviewed. Another theme that emerged from the second phase of the study included residence hall directors reporting the importance of developing relationships with those students with mental health concerns.

Student affairs professionals need to consider fostering the development of these relationships and encourage other student affairs professionals to develop meaningful and intentional relationships with students as this relationship will be advantageous for both professionals and the student. Fostering these relationships grants the opportunity for professionals to support and encourage students, especially in times of crisis.

Crisis is a perception or experience of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms (James & Gilliland, 2008). Student affairs professionals need to consider that residence hall directors need to have a skill set of working with students in crisis. A residence hall

director needs to be trained on the basics of crisis and how to assist the student in ensuring they are connected with the proper staff members to have their immediate needs addressed.

Residence hall directors spoke about working with students with mental health issues during times of crisis: suicidal ideation, a panic attack, or a form of depression. They recognized not self-identifying as counselors, however, some interviewees reported having an educational background in crisis management and intervention was helpful. As one of the themes of the research study indicated, resident hall directors reported a struggle between the conflicting roles as a residence hall director and as a support person for these students. Harper and Wilson (2010) would agree with this point as they speak to the multiple roles of residence hall directors. These authors suggest the balancing and challenge of supporting students and also the supporting institutional policies and procedures. It would behoove the student affairs profession to ensure that residence hall directors have both an understanding of crisis management and college policies. This understanding would intersect that supports the needs of the student and response from a college official.

Based on the findings of this study, areas of consideration for the student affairs profession were explored in this section in an effort to help prepare and support the staff working in residence halls. Working to develop these skills with student affairs staff allows for professional development of staff and also the development of a training program for student affairs staff to develop these skills. It will be important to develop trainings within student affairs that address these different topics to assist staff in gaining

the skills needed to better assist students with mental health concerns. Knowledge of mental health concerns, relationship building, and teaching of crisis management skills might serve to better assist in the development of a school's residence life staff.

Counselor Education and Graduate Training

If counselors are to be prepared for the complexity of their respective work settings, counselor education programs need to prepare students to have a corresponding complexity of understanding (McAuliffe & Eriksen, 2010). The results of this study suggest areas, counselor educators could explore to support pre-service student affairs students such as by providing a comprehensive knowledge base of mental health disorders and basic counseling skills.

It behooves counseling educators to advocate for counseling skills as a core training area for student affair professionals in training. Based upon results from this study, basic counseling skills serve to promote the development of positive relationships between student affairs professionals and students. For example, three responders within the first phase of the study reported the need for residence hall directors to demonstrate active listening, reflective listening and being mindful of their facial expression. In phase two of the study, residence hall directors suggested the importance of counseling skills such as attentive listening, reflective responses, and demonstrating that you genuinely care.

Further, based on results of this study, there appears to be a need for student affairs professionals to develop a basic understanding of mental health concerns and to develop crisis management skills. Requiring a course in mental health disorders would

provide pre-service student affairs professionals the opportunity to gain a better understanding of how disorders present and how to offer support to these students.

The CACREP (2009) standards require professionals-in-training to be aware of their responsibilities as part of an interdisciplinary emergency response. Professionals should be able to conceptualize effects of crises and disasters on one's population of interest and understand crisis intervention and suicide prevention models (Morris & Minton, 2012, p.3). Within this study, many times the stories and situations that the residence hall directors shared had to do with students in crisis or responding to a crisis. Given the CACREP standards (CACREP, 2009), the rise in mental health concerns on campus, and the results of this study, graduate student affairs programs need to prepare students in gaining greater knowledge of crisis counseling and crisis management.

In this section, I have explored different ways that the information gleaned from this study can be beneficial for counselor educators as they prepare students to enter into the field of student affairs. Student affairs programs may need to further develop significant knowledge base in basic counseling skills in higher education settings and require training in mental health conditions and crisis management/ counseling skills. According to McAuliff and Eriksen (2010), "effective helping is not accidental, but rather an intentional result of a skilled and efficient interaction intended to foster rapport, self-understanding, and positive action." (p.8).

Limitations

This research study was a qualitative study and as a result there are important limitations to consider with this study. According to Hays and Singh (2012), findings for

qualitative studies are not designed to be generalize to the greater population. One limitation of this study is that the findings are not generalizable to all college populations. However, the findings may be transferable to other settings. The small sample with this type of study is also a limitation and provides little opportunity to understand more diverse populations. However, this study does allow one to see a richer and deeper exploration of how residence hall directors work with students with mental health concerns.

Having an open ended anonymous survey as the first phase of the study had its own types of limitations. I was not able to follow up with or gain greater detail on answers provided as there was no way to track the respondents. The limited sample size is a limitation as it provided little opportunity for a diverse population survey response. Also, the sample was gained from one professional organization and limited the number of participants.

Having completed these interviews via phone conversations, participants may have been more inclined to give socially desirable answers to these questions. Merriam (2009) would support the notion of participants giving socially desirable answers to research questions when asked. As I explored the area of mental health and responsibilities, the participant may have tailored their answers to ensure they looked confident in their responses and their responsibilities.

Even with the limitations of this study, the procedural rigor in this study suggests a greater understanding of the depth of knowledge in this area. This study also provides the groundwork for future research on this topic.

Future Research

There are ways to expand upon this study and also areas for further research. This is the first known study of the lived experience of residence hall directors working with college students with mental health concerns. With the small sample size obtained within in the northeast region of the United States, it would be advantageous to see if one would receive the same results with a larger geographical region and a more quantitative study. Future researchers could develop a quantitative instrument to evaluate residence hall directors' perceptions and experience when working with students with mental health concerns. This type of study would enable researchers to gain a larger sample size and gain a broader understanding of a residence hall director's experience in working with students with mental health issues.

In this study, I examined the experiences of the professional residence staff, and further research could explore the experience of students with mental health concerns living on campus. This study could be completed both utilizing a qualitative and quantitative inquiry. It is just as important to understand the experience of the student and their struggles and accomplishments in living on campus. This type of study could enhance student affairs practitioners understanding of students, including potential adjustments to their residential programs to promote student success.

In this study, I looked specifically at the experience of residence hall directors working with students with mental health concerns. One area not discussed in this study is that of the student staff that work in the residence halls, who are not residence hall directors (e.g., front desk staff, office staff). These student staff members live on the

floors and work with the students, and it would complement this study to explore how fellow students experience working with other students with mental health concerns. Student staff are usually the first line of communication and those first to arrive on the scene when a crisis happens.

There are also areas in which future studies can explore the crisis response aspect of the residence life position. As evidenced in this study residence hall directors experience a number of crisis response calls. There seems to be some toll on the residence hall directors both mentally and physically in assisting students in crisis. Additional studies are warranted on the impact of crisis responses on residence hall directors and does this have implications for the retention of residence hall directors or their satisfaction with their job.

Conclusion

The aim of this study was to explore and understand the perceptions of residence hall directors working with students with mental health concerns. A greater insight was gained into how residence hall directors perceive students with mental health concerns and how they support these students. The themes that emerged were the individualized attention to a student's development, understanding the whole student, a basic understanding of mental health concerns, conflicting roles of residence hall directors, and developing a trusting relationship with students.

There are various practical implications for the student affairs profession that include an increase in competence and understanding in the work of residence hall directors. There are also practical implications for counselor educators as they prepare

students to enter into the field of student affairs. There is not generalizability of the results because of the nature of this qualitative research study. However, the applications and transferability are most likely relevant to most residence hall directors. Future research can continue to research these areas in both quantitative and qualitative research.

This study is one of the first to explore the experience of residence hall directors working with students with mental health concerns. This study is significant because while previous studies have explored the experience of students with mental health concerns this study addresses the lived experience of those working with these students. Potential outcomes of this study can serve to enhance the roles of counselor educators and student affair professionals in creating professional training opportunities germane to the needs of professionals working in the residence halls.

References

- ADA Amendments Act of 2008. (n.d.). Retrieved October 05, 2014, from <http://www.eeoc.gov/laws/statutes/adaaa.cfm>.
- Al-Naggar, R. (2013). Attitudes towards a person with mental illness among university students. *ASEAN Journal of Psychiatry, 14*(1), 1-10.
- Americans with Disabilities Act of 1990, Pub. L. No. 101-336, § 2, 104 Stat. 328 (1991)
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- American College Health Association. (2009). American college health association-national college health assessment spring 2008 reference group data report (abridged): The American college health association. *Journal of American College Health: J of ACH, 57*(5), 477.
- Amy, L. R. (2011). Helping competencies of student affairs professionals: A delphi study. *Journal of College Student Development, 52*(3), 362-369. Retrieved from <http://search.proquest.com/docview/873114054?accountid=12536>.
- Association on Higher Education and Disability, (2012). *Supporting accommodation requests: Guidance on documentation practices*. Retrieved August 10, 2014, from <https://www.ahead.org>.
- Becker, M., Martin, L., Wajeeh, E., Ward, J., & Shern, D. (2002). Students with mental illnesses in a university setting: Faculty and student attitudes, beliefs, knowledge, and experiences. *Psychiatric Rehabilitation Journal, 25*(4), 359-368.

- Benton, S.A. & Benton, S.L. (2006). *College student mental health: Effective services and strategies across campus*. Washington, DC, National Association of Student Personnel.
- Berger, L. (2002, January 13). *The therapy generation*. New York Times.
- Bishop, J. B., Gallagher, R. P., & Cohen, D.H. (2000). College students' problems: Status, trends, and research. *College Counseling: Issues and Strategies for a New Millennium*, 89-110.
- Booth, W. C., Colomb, G. G., & Williams, J. M., (2008). *The craft of research*. Chicago, IL, The University of Chicago Press.
- Brockelman, K. F., Chadsey, J. G., & Loeb, J. W. (2006). Faculty perceptions of university students with psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 30(1), 23.
- Burkard, A., Cole, D. C., Ott, M., & Stoflet, T. (2005). Entry-level competencies of new student affairs professionals: A delphi study. *NASPA Journal (National Association of Student Personnel Administrators Inc.)*, 42, 283-309.
- Byrd, D. R., & McKinney, K. J. (2012). Individual, interpersonal, and institutional level factors associated with the mental health of college students. *Journal of American College Health*, 60(3), 185-193.
- Castillo, L. G., & Schwartz, S. J. (2013). Introduction to the special issue on college student mental health. *Journal of Clinical Psychology*, 69(4), 291-297.
doi:10.1002/jclp.21972

Center for Collegiate Mental Health (CCMH). *2012 Annual Report*. Retrieved from:

<http://ccmh.psu.edu/wp-content/uploads/sites/3058/2015/02/2014-CCMH-Annual-Report.pdf>.

Center for Collegiate Mental Health (CCMH). *2013 Annual Report*. Retrieved from:

http://ccmh.psu.edu/wpcontent/uploads/sites/3058/2014/05/2013_CCMH_Report1.pdf.

Centers for Disease Control and Prevention. (2014). *Mental Health*. Retrieved from

<http://www.cdc.gov/mentalhealth/>.

Chickering, A.W. (1974). *Commuting versus resident students*. San Francisco, CA:

Jossey-Bass.

Chickering, A. W., & L. Reisser. (1993). *Education and identity (2nd ed.)*. San Francisco,

CA: Jossey-Bass.

Colomb, G. G., Williams, J. M., & Booth, W. C. (2008). *The craft of research (3rd ed)*

Chicago, IL. University of Chicago Press.

Comstock, D. L., Hammer, T. R., Strentzsch, J., Cannon, K., Parsons, J., & Salazar II.

(2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling and Development*, 86(3), 279-287.

Cook, L. (2007). Striving to help college students with mental health issues. *Journal of*

Psychosocial Nursing and Mental Health Services, 45(4), 40.

Coomes, M. D., & DeBard, R. (2004). *Serving the millennial generation*. San Francisco,

CA, Wiley Periodicals.

- Corrigan, P. W., & Wassel, A. (2008). Understanding and influencing the stigma of mental illness. *Journal of Psychosocial Nursing and Mental Health Services, 46*(1), 2-48.
- Council for Accreditation of Counseling and Related Educational Programs. (2009). *2009 Standards*. Retrieved September 25, 2014, from <http://www.cacrep.org/2009standards.html>
- Council for the Advancement of Standards in Higher Education, & Mitstifer, D. I. (2012). *CAS professional standards for higher education*. Washington, DC, Council for the Advancement of Standards in Higher Education.
- Creasey, G., Jarvis, P., & Gadke, D. (2009). Student attachment stances, instructor immediacy, and student-instructor relationships as predictors of achievement expectancies in college students. *Journal of College Student Development, 50*(4), 353-372.
- Cuyjet, M. J., Longwell-Grice, R., & Molina, E. (2009). Perceptions of new student affairs professionals and their supervisors regarding the application of competencies learned in preparation programs. *Journal of College Student Development, 50*(4), 104-119. doi: 10.1035/csd.0.0054
- Davies, G. K. (2008). Connecting the dots: Lessons from the Virginia Tech shootings. *Change, 40*(1), 8-15.

- Dickerson, A. M., Hoffman, J. L., Anan, B. P., Brown, K. F., Vong, L. K., Bresciani, M. J., & Oyler, J. (2011). A comparison of senior student affairs officer and student affairs preparatory program faculty expectations of entry-level professionals' competencies. *Journal of Student Affairs Research and Practice, 48*(4), 463-479.
- Doyle, J. A. (2004). Where have we come from and where are we going? A review of past student affairs philosophies and an analysis of the current student learning philosophy. *College Student Affairs Journal, 24*(1), 66-83.
- Duffey, T., & Somody, C. (2011). The role of relational-cultural theory in mental health counseling. *Journal of Mental Health Counseling, 33*(3), 223-242.
- Dungy, G.J. (2010). The emotional health and violence connection: Prevention, intervention, and resiliency. In B. O. Hemphill & B. H. LaBanc (Eds.), *Enough is enough: A student affairs perspective on preparedness and response to a campus shooting*. Sterling, VA: Stylus Publishing.
- Dungy, G., & Gordon, S. A. (2011). The development of student affairs. In J. Schuh, S. Jones & S. Harper (Eds.), *Student services: A handbook for the profession* (5 ed., pp. 61-79). San Francisco, CA: Jossey-Bass.
- Ethan, D., & Seidel, E. J. (2013). On the front lines of student crisis. *College Student Affairs Journal, 31*(1), 15-26.
- Evans, N. J., Forney, D. S., & Guido-Dibrito, F. (1998). *Student development in college theory, research, and practice* San Francisco, CA: Jossey-Bass.

- Ferraro, R. J. & Mchugh, B. (2010). Violence in the shadow of the ivory tower: Murder at the university. In B. O. Hemphill & B. H., LaBanc (Eds.), *Enough is enough: A student affairs perspective on preparedness and response to a campus shooting*. Sterling, VA: Stylus Publishing.
- Frey, L. L. (2013). Relational-cultural therapy: Theory, research, and application to counseling competencies. *Professional Psychology: Research and Practice*, 44(3), 177-185. doi:10.1037/a0033121
- Fuller, M., Healey, M., Bradley, A., & Hall, T. (2004). Barriers to learning: A systematic study of the experience of disabled students in one university. *Studies in Higher Education*, 29(3), 303-318.
- Gallagher, R. P. (2007). *National Survey of Counseling Center Directors*. Washington, DC: International Association of Counseling Services.
- Gallagher, R. P., & Gill, A. (2004). *National Survey of Counseling Center Directors*. Alexandria, VA: International Association of Counseling Services.
- Gruttadaro, D., & Crudo, D. (2012). *College students speak: A survey report on mental health. Survey Report*. Arlington, VA: National Alliance on Mental Illness.
- Harper, R., (2011). Strategy and intentionality in practice. In J. Schuh, S. Jones & S. Harper (Eds.), *Student services: A handbook for the profession* (5 ed., pp. 287-302). San Francisco, CA: Jossey-Bass.

- Harper, R., & Wilson, N. L. (2010). *More than listening: A casebook for using counseling skills in student affairs work*. Washington, D.C., National Association of Student Personnel Administrators Inc.
- Hays, D. G. & Singh, A. A., (2012). *Qualitative inquiry in clinical and educational settings*. New York, N.Y., The Guilford Press
- Heisserer, D. L., & Parette, P. (2002). Advising at-risk students in college and university settings. *College Student Journal*, 36(1).
- Hemphill, B. O., LaBanc, B. H., (2010). *Enough is enough: A student affairs perspective on preparedness and response to a campus shooting*. Sterling, V.A., Stylus Publishing.
- Hill, Y., Lomas, L., & MacGregor, J. (2003). Students' perceptions of quality in higher education. *Quality Assurance in Education*, 11(1), 15-20.
- H.R. 3195 — 110th Congress: ADA Amendments Act of 2008. Retrieved from <https://www.govtrack.us/congress/bills/110/hr3195>.
- James, R., & Gilliland, B. (2012). *Crisis intervention strategies*. Toronto, O.N., Nelson Education.
- Jones, S. R., Harper, S. R., & Schuh, J. H. (2011). Shaping the future. In J. Schuh, S. Jones & S. Harper (Eds.), *Student services: A handbook for the profession* (5 ed., pp. 534-546). San Francisco, CA: Jossey-Bass.
- Jordan, J.V. (2010). *Relational-cultural therapy*. Washington, DC, American Psychological Association.
- Jordan, J. (Ed.). (1997). *Women's growth in diversity*. New York, NY: Gilford Press.

Jordan, J. V., & Hartling, L. M. (2002). New developments in relational-cultural theory.

In M. B. Ballou, & L. S. Brown, L. S. (Eds.), *Rethinking mental health and disorder: Feminist perspectives* (pp. 48-70). New York, NY: Guilford Press.

Jordan, J., Kaplan, A., Miller, J. B., Stiver, I., & Surrey, J. (1991). *Women's growth in connection*. New York, NY: Guilford Press.

Kadison, R., & DiGeronimo, T. F. (2004). *College of the overwhelmed: The campus mental health crisis and what to do about it*. San Francisco, C.A., Jossey-Bass.

Keyes, C. M., Eisenberg, D., Perry, G. S., Dube, S. R., Kroenke, K., & Dhingra, S. S. (2012). The relationship of level of positive mental health with current mental disorders in predicting suicidal behavior and academic impairment in college students. *Journal of American College Health, 60*(2), 126-133.

Kitzrow, M. A. (2009). The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal (National Association of Student Personnel Administrators, Inc.)*, *46*(4), 646-660.

Kleinpeter, C. B., Potts, M., & Bachmann, R. (2013). The coping skills and satisfaction levels of college students receiving mental health services. *International Journal of Health, Wellness & Society, 3*(1), 69-79.

Komaraju, M., Musulkin, S., & Bhattacharya, G. (2010). Role of student-faculty interactions in developing college students' academic self-concept, motivation, and achievement. *Journal of College Student Development, 51*(3), 332-342.

- Kuh, G. D., (2011). Student success. In J. Schuh, S. Jones & S. Harper (Eds.), *Student services: A handbook for the profession* (5 ed., pp. 257-270). San Francisco, CA: Jossey-Bass.
- Kuh, G. D., Kinzie, J., Schuh, J. H., & Whitt, E. J. (2011). *Student success in college: Creating conditions that matter*. Hoboken, NJ, John Wiley & Sons.
- Lancaster, L. C., & Stillman, D. (2002). *When generations collide*. New York, NY, Bridge Works.
- Liang, B., Tracy, A., Kauh, T., Taylor, C., & Williams, L. M. (2006). Mentoring Asian and Euro-American college women. *Journal of Multicultural Counseling & Development, 34*(3), 143-154.
- Link, B. G., Phelan, J. C., Bresnahan, M., Stueve, A., & Pescosolido, B. A. (1999). Public conceptions of mental illness: labels, causes, dangerousness, and social distance. *American Journal of Public Health, 89*(9), 1328-1333.
- Locke, B. D., Bieschke, K. J., Castonguay, L. G., & Hayes, J. A. (2012). The center for collegiate mental health: Studying college student mental health through an innovative research infrastructure that brings science and practice together. *Harvard Review of Psychiatry, 20*(4), 233-245.
doi:10.3109/10673229.2012.712837.
- Masuda, A., Anderson, P. L., & Edmonds, J. (2012). Help-seeking attitudes, mental health stigma, and self-concealment among African American college students. *Journal of Black Studies, 43*(7), 773-786. doi:10.1177/0021934712445806.
- McAuliffe, G., & Eriksen, K. (Eds.). (2010). *Handbook of counselor preparation:*

Constructivist, developmental, and experiential approaches. Los Angeles, CA: Sage Publications.

Merriam, S.B. (2009). *Qualitative research: A guide to design and implementation.* San Francisco, CA: Jossey-Bass.

Mertens, D. M. (2004). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods. (2nd ed).* San Francisco, CA: SAGE Publications.

Mills, D. B. (2000). The role of the middle manager. In M.J. Barr & M. K. Desler (2nd ed.). *The handbook of student affairs administration* (pp. 135-153). San Francisco, CA: Jossey-Bass.

Moore P. L. (2000). Supervising: The political dimensions of decision making. In M.J. Barr & M. K. Desler (2nd ed.). *The handbook of student affairs administration* (pp. 393-409). San Francisco, CA: Jossey-Bass.

Morris, C. A. W. and Minton, C. A. B. (2012), Crisis in the curriculum? New counselors' crisis preparation, experiences, and self-efficacy. *Counselor Education & Supervision*, 51: 256–269. doi: 10.1002/j.1556-6978.2012.00019.x

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250.

Myer, R.A., James, R.K., & Moulton, P. (2001). *This is not a fire drill: Crisis intervention and prevention on college campuses.* Hoboken, N.J., Wiley & Sons, inc.

- Myers, S., (2004), '*The relationship between perceived instructor credibility and college student in-class and out-of-class communication*', *Communication Reports*, 17(2), pp.129-137.
- National Alliance on Mental Illness, (2011). College survey: NAMI finds 64 percent of college students with mental health problems drop out; 79 percent call for faculty training for mental health awareness. *Business Wire (English)*.
- National Association of Student Personnel & American College Personnel Association, (2010). *Professional competency areas for student affairs practitioners*. Washington D.C., National Association of Student Personnel.
- O'Connor, E. (2001). Student mental health: Secondary education no more. *Monitor on Psychology*, 33(6), 44-47.
- O'Keeffe, P. (2013). A sense of belonging: Improving student retention. *College Student Journal*, 47(4), 605-613.
- Pearson, M. (2012). Building bridges: Higher degree student retention and counselling support. *Journal of Higher Education Policy and Management*, 34(2), 187-199.
- Prescott, H. (2008). College mental health since the early twentieth century. *Harvard Review of Psychiatry (Taylor & Francis Ltd)*, 16(4), 258-266.
- Protivnak, J. J., Paylo, M. J., & Mercer, J. (2013). The perceived value of counselor preparation for student affairs professionals. *Journal of Counselor Preparation & Supervision*, 5(1), 49-65. doi:10.1002/j.2161-1882.1998.tb00135.x.
- Rodgers, R. F. (1990). Recent theories and research underlying student development. *College Student Development: Theory and Practice*, 49, 27-79.

- Quinn, N., Wilson, A., MacIntyre, G., & Tinklin, T. (2009). 'People look at you differently': Students' experience of mental health support within higher education. *British Journal of Guidance & Counselling*, 37(4), 405-418.
- Reynolds, A. L., (2011). Counseling and helping skills. In J. Schuh, S. Jones & S. Harper (Eds.). *Student services: A handbook for the profession* (5 ed. pp. 61-79). San Francisco, CA: Jossey-Bass.
- Salzer, M. S. (2012). A comparative study of campus experiences of college students with mental illnesses versus a general college sample. *Journal of American College Health*, 60(1), 1-7.
- Schreiner, L., A., Noel, P., & Cantwell, L. (2011). The impact of faculty and staff on high-risk college student persistence. *Journal of College Student Development*, 3(52), 321-338.
- Sharkin, B. S. (2012). *Being a college counselor on today's campus: Roles, contributions, and special challenges*. New York, NY: Routledge.
- Shin v MIT, Civil Action 02-0403 1-27 (Superior, Middlesex, MA 2005).
- Snyder, T. D., & Dillow, S. A. (2011). Digest of education statistics, 2010. National Center for Education Statistics.
- Soet, J., & Sevig, T. (2006). Mental health issues facing a diverse sample of college students: Results from the college student mental health survey. *NASPA Journal (National Association of Student Personnel Administrators, Inc.)*, 43(3), 410-431.
- Spencer, R. (2007). "I just feel safe with him": Emotional closeness in male youth mentoring relationships. *Psychology of Men & Masculinity*, 8(3), 185.

- Taylor, S. L., & Von Destinon M. (2000). Supervising, selecting, training and evaluating staff. In M.J. Barr & M. K. Desler (2nd ed.). *The Handbook of student affairs administration* (pp. 154-175). San Francisco, CA: Jossey-Bass.
- Vail, K. (2007). Mental health issues at the forefront of Virginia Tech tragedy. *American School Board Journal*, 194(6), 35.
- Walker, M., & Rosen, W. B. (Eds.). (2004). *How connections heal: Stories from relational-cultural therapy*. Guilford Press.
- Yorgason, J. B., Linville, D., & Zitzman, B. (2008). Mental health among college students: Do those who need services know about and use them?. *Journal of American College Health*, 57(2), 173-182.
- Young, J. R. (2003). Prozac campus. *Chronicle of Higher Education*, 49(23), A37.

Appendix A: Survey Questions for Phase One

Survey questions for Phase 1

1. What should residence hall directors know when working with students with mental health concerns or a mental health emergency?
2. What are some mental health concerns that you think residence hall directors encounter?
3. What skills do you think are necessary for residence hall directors to have to work with students with mental health concerns?
4. In your experience, how well prepared are residence hall directors to support students with mental health issues?
5. If you have encountered residence hall directors that seemed well-prepared to support students, what do think enabled them to do this work?
6. Do you offer training for Residence Life staff on this topic?
7. If yes what type of training do you offer?

Appendix B: Interview Guide for Phase Two

Introduction to the interview email:

Dear [*insert name*],

My name is Kevin Schafer and I am a Ph.D student from the Counseling and Educational Leadership department at Montclair State University. I am writing to invite you to participate in my research study about the experience of residence hall director working with student with mental health concern. To be eligible for this study you must be residence hall director I obtained your contact information from your institutions website

If you decide to participate in this study, you will be asked to complete a one on one phone interview that will take approximately 45 to 60 minutes to complete. I would like to audio record the interview and then I will use the information to in my dissertation study. Once the interview recording is transcribed I would like to ask you to review it for accuracy.

Remember, this is completely voluntary. You can choose to be in the study or not. If you'd like to participate or have any questions about the study, please email or contact me at schaferk@mail.montclair.edu. This study has been approved by Montclair State University's IRB and is under the supervision of my faculty Dr. Leslie Kooyman, he can be reached at KooymanL@mail.montclair.edu. Thank you very much.

Sincerely,

Kevin Schafer

Introduction to the Interview: I am interested in learning more about your experience working with students with mental health concerns while they are residence. Please do not identify your work by name when you discuss your experiences.

Interview Questions:

Introduction:

Can you tell me what your role is on campus and what your responsibilities are?

What mental health issues have you seen in students that you work with? Please give examples

Have you worked with students with mental health issues?

Is there a story you would like to share about your experience working with a student with mental health concerns?

Crisis Response Questions

Please talk about a time you respond to students in a mental health crisis?

What different types of mental health crisis have you responded too?

Please talk about this experiences?

What have you learned from these experiences?

Relationship Questions

How do you develop a relationship with a student? How is this relevant to a student's development?

Can you share an example or story about how developing a relationship with a student was positive for the student? How did you feel about that relationship?

Do you believe that developing a relationship with students with mental health issues is important, Why or Why not? Can you share a story or example about this topic?

Student Development Questions

What is your understanding of student development?

How do you see mental health issues affecting a student's development at college?

Skills Questions

How long have you been in your position? In residence life?

What is your educational background and training?

How would you rate your basic counseling skills? Can you please explain why you feel this way?

Conclusion

Looking over your overall experience of working with students with mental health what do you think is most important for residence hall directors to know?

What is the most important thing that you have learned in working with students with mental health concerns?

