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Using A Faculty Community of Practice To Support College Students With Mental Health Needs

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USING A FACULTY COMMUNITY OF PRACTICE TO SUPPORT COLLEGE STUDENTS
WITH MENTAL HEALTH NEEDS

A thesis presented

by

Rebecca L Simon

to

Northeastern University

In partial fulfillment of the requirements of the degree of

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in the field of

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College of Professional Studies

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Dedication

This thesis is dedicated in loving memory to my father, Raymond E Ricci, who taught me to treat all humans with respect, learn from everyone I encountered, and never be afraid to take a chance. The thought of his smiling eyes and demonstrable pride upon every educational accomplishment (from preschool to masters) was what kept me going each time I closed the computer and thought I was “just done.” I can feel those eyes upon me now and can hear the “you done good kid” he would have greeted me with upon my completion. *I am proud to be your daughter, and know you would be telling all of your friends that I am a doctor now!*

I long to accomplish a great and noble task; but it is my chief duty to accomplish small tasks as if they were great and noble.

— Helen Keller

Abstract

The purpose of this qualitative study was to better understand how a community of practice for faculty in higher education might improve interaction and understanding between faculty and students with disabilities, therefore supporting engagement and retention. In this context, a community of practice is defined as a group of individuals who will come together to learn and support one another regarding use of accommodations for students under the current Americans with Disabilities Act (Section 504) and resources for students with mental health disorders. Research has shown there is an increase of students who have mental health disorders in higher education. Faculty wish to assist students but do not always have the resources to do so. While the literature often identifies the knowledge gap and the lack of engagement and retention of students who have mental health issues, limited solutions are offered.

Faculty were placed in a four-week community of practice with a resource expert guiding them to better understand the needs of students with mental health disorders and their rights under the Disabilities Act. Analysis of transcripts of the sessions and member checking revealed that faculty felt more comfortable learning in the safe space of the community of practice and felt that the resource sharing component was helpful. They were also noted to express a culture of acceptance toward students with mental health issues. On the basis of this initial study, it is recommended that community of practice models be used for higher education training. The safe space learning environment encourages sharing of ideas and concerns and assists faculty in working through nuances of their questions while providing ongoing support for one another, therefore benefiting the student population with their new and reinforced learning.

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Chapter One: Introduction to the Study

The aims of research in Northeastern's Doctorate in Education Program are to examine a complex problem of practice, generate knowledge from data gathered at the research site, and provide context and strategies for introducing and evaluating systemic change to help resolve or clarify that problem of practice.

The purpose of this phenomenological study is to discover the impact a faculty community of practice may have on improving the experiences of students with mental health issues within a university. For the purposes of the research, a community of practice is defined as a group of individuals who come together to learn and support one another. This study seeks to understand the value of a community of practice model for faculty and to determine if it assists them in better supporting the needs of students with mental health disabilities on campus.

Those who support students with disabilities need to have a good understanding of methods to provide support, yet protect the rights of the student. Faculty often report more positive attitudes when referring to students with physical disabilities and the most negative when working with students who have mental health disabilities (Lombardi, Murray & Dallas, 2013). Becker and Palladino (2016) report that negative interactions with a faculty member can cause a student to withdraw or make them less likely to seek future accommodations. Knowledge generated is expected to inform faculty about how to enhance the campus experience for students with mental health issues, therefore helping to improve student engagement and retention.

This chapter begins with a statement of the problem with evidence from the literature regarding a brief history and significance of the identified problem of practice and other prior

studies on students who have disabilities, specifically related to mental health. The significance of the study is discussed next, drawing connections to potential beneficiaries of the work, followed by the research question. Finally, the theoretical framework that serves as a lens for the study is introduced and explained.

Statement of the Problem

The National Center for Educational Statistics reports that 11% of the nationwide college population identifies themselves as disabled (U.S. Department of Education, National Center for Education Statistics, 2016) which is a tremendous increase over the years, even since the 1996 report from the same body indicated that there were 6.9% identified (Reinshmiedt, Sprong, Dallas, Buono & Upton, 2013). The National College Health Assessment in 2016 found that 7.5% of respondents indicated a psychological illness of some kind (American College Health Association, 2016). This was the highest percentage of any type of identified disability recorded.

With this rise of post-secondary students with disabilities, specifically mental health issues, on college campuses the barriers they face become evident and can keep them from entering and completing programs. These barriers include everything from social isolation to limited access to the necessary accommodations to complete classroom tasks (Lyman, et al., 2016; Wilgosh, Sobsey, Cey & Scorgie, 2008). It is important to attempt to keep these students in school because research states that those students who receive college or university training have higher weekly earnings in the work force (O'Neill et al., 2015) and they are more employable. Educators who have direct access to these students must recognize the need for support within this population and determine how to best serve students who can be equally as successful as their peers if given proper support. This is especially true for students with less

visible disabilities, including mental health issues, who typically are the last to report (O'Shea & Meyer, 2016).

Significance of the Research Question

It is important to begin to look at students with disabilities as just another diverse population on campus, not through the lens of ableism (Hutcheon & Wolbring, 2012), which allows marginalization of those with disabilities by able-bodied individuals. Lombardi, Murray, and Kowitt (2016) state that post-secondary institutions are beginning to recognize disability within an institutional diversity perspective. It is important to teach faculty to understand the needs of their students and think about students with disabilities as a part of the campus culture, and perhaps just another diverse group that may need advocacy (similar to LGBTQA groups). These groups thrive because they are accepted for their differences, and no longer fear stigma because of their affiliation to the group. These affinity groups often have faculty support and regular interaction, while students with disabilities often feel that disclosing their needs will lead to stigmatization from faculty and peers (Cole & Cawthon, 2015).

With the growing number of students with mental health (and/or psychosocial) issues on college campuses, the same level of support needs to be provided for them as for other campus groups. The rationale for this study is the researcher's interest in developing evidence for how a support group, such as a community of practice (CoP), may assist faculty in supporting students with mental health disabilities. Communities of practice develop fellowship among practitioners, promote a sense of personal and professional growth, and facilitate the learning of new strategies in practice (Roberts, 2015). The use of this proposed community of practice is meant to enhance faculty knowledge of support available for students with mental health issues and to assist them

in providing the appropriate level of support throughout the student's experience in accordance with the laws that are in place to guide them.

Whether they have a history of disability, or if the issue is new, the college student will most likely find that this is their first experience with the *Americans with Disabilities Act, Section 504* (1973), which now pertains to them and mandates that they become the advocate of change and request their own accommodations. This is a big shift for most students. Many of these students come from elementary/high schools where they had been well supported through the entire process of academic accommodations by faculty and administration well-trained in the process. The students often arrive to campus overwhelmed and confused, lacking support and not knowing who to contact; "students with disabilities should be able to disclose their disabilities in safe spaces and receive support from student affairs professionals, faculty, and other staff members" (Kimball, Friedensen, & Silva, 2017, p. 18). While faculty are typically their first level of engagement, many faculty members do not know how to help them through the process. Negative interaction with a faculty member can cause a student to withdraw from school, or make them less likely to seek future accommodations (Becker & Palladino, 2016). Therefore, a less than positive faculty interaction may limit the student's desire to self-identify. Instead, they are found to wait until they are about to fail, or head into a crisis situation, before discovering that support had been available all along (Reinschmiedt, Sprong, Dallas, Buono, & Upton, 2013). If faculty are better educated in the processes and supports available for students with disabilities, students may be better prepared and more likely to disclose and feel comfortable with the process.

Even when students do begin to utilize support services, they often hit a roadblock in the classroom. While most professors desire to be supportive, many are not educated enough on the

Americans with Disabilities Act as it relates to higher education, and do not have the knowledge necessary to be able to guide the student on how best to utilize their granted accommodations. They can feel inadequately prepared when they have students of varying disabilities within their classroom environment (Sniatecki, Perry, & Snell, 2015).

The goal of a community of practice model designed to support faculty in working with students who have mental health issues would be to enhance engagement with faculty and help the student to seek the supports they need from the beginning of their time on campus. The community of practice would provide faculty with safe place to learn what is available to students, how to advocate for them within the constraints of the law and, perhaps most importantly, to learn how to support one another through a variety of issues utilizing a CoP model. This faculty engagement may potentially increase their comfort level when speaking to students. It may also determine how best to educate them on their right to seek accommodations and receive support services within the *Americans with Disabilities Act*. This open communication can then help the student to be more engaged in the classroom and help faculty to be more comfortable understanding what the student's needs are, and how to best support them.

Developing a community of practice, in and of itself, may also assist in creating a culture on campus that provides a model for support that is beneficial overall. Providing a safe space for general discussions about college-specific needs could help the faculty to understand their rights, as well as their limitations, student rights, and perhaps gain a better understanding of disability culture on campus. Open discussion about how students might access accommodations, openly discussing their potential feelings of stigma, and what supports may be best may help foster

change for all involved. This group may even be able to come together to advocate for a broader understanding of disability culture within the university.

It is anticipated that the intended research can identify actions that are plausible and within the Americans with Disabilities Act, Section 504, and allow positive change within the community. If this community of practice model is found to lead to a better understanding by faculty, and ultimately improve quality of life for students with disabilities, it may improve the quality of education within the institution. The leadership and learning gained from the experience may also foster interest from faculty to give the students with mental health issues a voice to influence academia as a whole. This research design may even be replicated for use with the ever-growing population of students with disabilities of all types, both visible and invisible, and meet many of the needs identified in the research problem.

Research Problem and Research Question

Salzer (2012) reports that students with mental health issues are significantly more isolated than their peers and report less campus engagement and lower graduation rates. 86% of these students withdraw from college prior to completion vs. 45% in the general college population. Students with more visible disabilities cannot hide them; therefore, they tend to disclose and seek accommodations more frequently (O'Shea & Meyer, 2016). However, others, such as students with mental health impairments, remain lost, confused, and alone in the shadows. Sniatecki et al. (2015) discovered that faculty have limited knowledge of actual law and discrimination policies and that those attitudes can shift depending on the type of disability (mental or physical). Faculty felt that they were sensitive to the needs of students with disabilities, but when asked specific procedural questions about how a student might access

accommodations, many (46.3% and up to 54.5%) reported erroneous beliefs on various questions. Faculty also noted that they would be interested in learning more about best practices when working with students with disabilities. The purpose of this research is to meet this need and better understand how a community of practice may improve faculty knowledge and ability to support students who have mental health issues on a college campus, therefore increasing engagement, retention, and utilization of accommodations for these students. These accommodations are provided through the *504 Act* and are afforded to students who meet criteria for having a recognized disability that impairs one or more life functions.

Justification for the Research Problem:

Post-secondary students with disabilities are required to seek out and request necessary accommodations, providing documentation of diagnosis and how that disability influences major life activities and academic performance (U.S Department of Education, 2011). Faculty, in accordance with the law, are not allowed to address or identify a disability directly unless the student self-reports, and even then, can only send the student to an advisor or a counselor in disability support services. This then means a student who may have emotional and intellectual struggles needs to be able to trust faculty enough to self-identify as a student with a disability, find the office of disability services, and advocate for what they might need. Faculty needs to be knowledgeable about the steps needed in order to support the students in the process without breaching any aspects of confidentiality.

In addition to the challenges the student already faces with this process, faculty often report more positive attitudes when referring to students with physical disabilities and the most negative when working with students who have mental health disabilities (Lombardi, Murray & Dallas, 2013). This only adds to the deterrents for self-advocacy and lends to students

withdrawing from faculty interaction and a decrease in engagement. This decreased engagement and interaction can lead to social isolation and issues with retention (Bialka, Morro, Brown & Hannah, 2017). Those with psychosocial issues, therefore, need more support from faculty in order to be engaged in campus life and to request what they need for support to complete their degree.

Research Question

The research question is as follows:

Can a community of practice (CoP) increase faculty ability to support students with mental health issues on a college campus?

- Will the CoP enhance faculty understanding of the resources available for themselves?
- Will use of a CoP increase faculty understanding of how best to support students with psychosocial needs on campus?

Definition of Key Terminology

***Community of Practice:** a collaborative and social learning process formed by groups of people who share a common passion (Lave & Wenger, 1991). Communities of practice have been described as groups of people “informally bound together by shared expertise and passion for a joint enterprise” (Wenger and Snyder, 2000, pp. 139).*

***Psychosocial:** Involving both psychological and social aspects (Farlex Partner Medical Dictionary, 2012); personality which develops in a series of stages based on conflict (Erikson, 1968)*

***Section 504 of the Americans with Disabilities Act (1973):** Federal Act that guarantees rights to persons with disabilities within institutions receiving federal funds. At the post-secondary level, students are provided with appropriate academic adjustments and auxiliary aids and services that are necessary to afford an individual with a disability an equal opportunity to participate in*

a school's program. To be eligible for services, students in higher education must demonstrate that they have one or more major life activities impaired with established documentation that this impairment exists. (United States Department of Education, Office for Civil Rights, 2017).

Accommodations: *Reasonable accommodations are modifications or adjustments to the tasks, environment or to the way things are usually done that enable individuals with disabilities to have an equal opportunity to participate in an academic program or a job (U.S. Department of Education, 2007)*

Theoretical Framework

Within a research study, the theoretical framework provides a lens that shapes the body of the research (Creswell, 2014) and helps the reader to understand the principals and history utilized to guide the study. Creswell (2014) refers to the theory as a rainbow, which “bridges the independent and dependent variables (or constructs) in a study” (p. 52). This rainbow ties variables together and provides the overarching rationale for the predicted outcome. The next section of this chapter examines the relevance the community of practice as a primary theoretical foundation as well as relational ontology as a secondary theoretical consideration.

Community of Practice as a Primary Framework

A community of practice model was first introduced by Lave and Wenger (1991) to describe a social learning system. Engagement in social contexts allows meaningful learning through shared experiences. Communities of practice are formed by people who “engage in a process of collective learning in a shared domain of human endeavor; a tribe learning to survive” (Wenger, 1998, p.1).

The idea of a successful CoP draws from the concept that seven principles are paramount for community design and success. These principles focus on the role of spontaneity and self-direction. They aim for an institution to become alive through open dialogue, design for evolution, different levels of participation, public and private spaces, a focus on value, a combination of familiarity and excitement, and a formation of a rhythm for the community (Wenger, McDermott & Snyder, 2002).

The need to develop a sense of community, and to learn from the community is the theory at the heart of the research project. Organizations depend on social learning systems and learning includes both social competence and personal experience. The framework of elements also includes the modes of belonging we utilize for social learning, including engagement, imagination, and alignment (Wenger, 2000). Wenger (2000) goes on to explain that one must feel that they fit in and understand the surrounding environment in order to feel successful within it.

Engagement helps one to learn what is possible to do, and how the world will respond. Imagination gives one the ability to construct an image of oneself within a community, and orient oneself to the situation. Alignment allows humans to make sure their activities are aligned with the social norms, and that others accept them as a part of something larger. This safety comes from understanding oneself and how one fits within peer groups and what the social norms require within the culture (fig 1). A community of practice can be the building block for all of these required elements and can even allow an individual to go from a member of the community to a leader within it (Wegner, 2000).

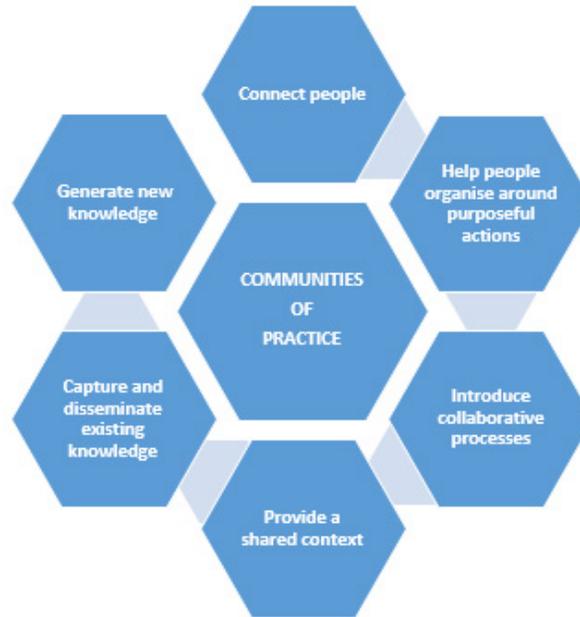


Fig 1: <http://www.nd.edu.au/ito/communities-of-practice>

Researchers have recognized the value of this model as a foundation of study, and have embraced the ideals Wegner brought forth to put them into action. A well-formed CoP accepts the concept of mutual engagement, and that social interactions by community members “leads to the creation of shared meaning on issues or problems” (Zboralski, 2009, p.28). A strong CoP also recognizes the potential in a defining moment where a shared experience occurs and people want to talk about it (Janson & Howard, 2004). Humans have the need to coalesce and engage in joint learning activities where a positive result is gained. Wildes (2016) focused on the use of CoP as a knowledge network, which would provide an individualized experience for both the community members and the individuals these members serve. In this case, the creation of a CoP focused on resiliency and stress reduction strategies. Participants in the study focused on improving their own personal feelings of health and well-being and then sharing these improvements in health and well-being with those they serve (Wildes, 2016).

A CoP has also been utilized as a resource for groups of people from various levels of an organization who need to coalesce on an action plan. Griffen, Risley, Petros and Welter (2018)

studied the use of a CoP to identify a process for public health practitioners to build capacity and improve public health efforts by providing opportunity for reflection and collaboration. Janson and Howard (2014) described a community of practice as a group of people invested in a venture. These individuals have a desire to return to the group to both accomplish a goal and become stewards of learning. By inviting others to learn from the group and welcoming new members into a community, they continually grow and evolve. In all of these cases, this continual growth and development is what a CoP seems to reflect.

Since a barrier for student success is the lack development and training opportunities for faculty (DiPlacito-DeRango, 2016), a community of practice may hold an answer for faculty who have the need for increased education in a judgement-free environment, in a safe space without fear of making a mistake that could jeopardize their employment or status with administration. Developing a sense of belonging can provide faculty with a feeling of ownership and empower them to become campus leaders supporting students with mental health disabilities. As described by Wenger (2008), the modes of belonging in which social learning can take place are structured and inherent in a community of practice. Developing a community of practice, in and of itself, may assist faculty in creating a support system which is beneficial overall and will exist to support students (Mamiseishvili & Koch, 2011 & Lombardi et al. 2016).

Wenger (2000) explains that engagement helps individuals to learn what they can do, and how the world will respond. He goes on to describe that imagination gives one the ability to construct an image of themselves within a community, and orient to the situation, and allows one to make sure activities are aligned with the social norms, and that others accept individuals as a part of something larger. This provides safety that comes from an understanding of how a person fits in within a peer group and helps to define what the social norms and culture are

within the environment. Another important aspect of a community of practice is that of “brokering.” Brokering allows both sharing and learning information and can lead to membership and connectivity (Wenger, 2000). This can be an important factor for faculty who wish to explore their roles and support each other through the shared experience of having an influx of students with mental health issues into various classrooms throughout a university.

Given this understanding provided by Wenger (2008), it can be ascertained that within a community of practice, faculty comfort level will increase and potential roadblocks to success can be discussed. This open communication with faculty peers can allow the sharing of ideas which can lead to better service provision for students and more comfort in understanding student needs. This model will also help them to remember that they are not expected to work in isolation, but as a part of a team who can be supportive. As introduced within the secondary framework, the relationships formed are equally as important as the experience of the CoP.

Relational Ontology as a Secondary Framework

While much of the work on community of practice in theory has a place in supporting resiliency, retention and engagement, another theory holds a key element too important to disregard. Relational ontology assumes that relationships are primary and necessary in understanding human experience (Jackson, Smith, & Hill, 2003). In this theory, it is said that humans should recognize the importance of relationships. Each human being’s interaction with one another is more beneficial than one’s relationship to material things or any potential outcome. Wildman (2006) states that responsible engagement within the world calls for a philosophical interpretation of relations. It is the premise of this research that the relationships formed through a community of practice may assist in engagement through better relationship building in the college environment.

Reddekop (2014) views relational ontology as a “kind of medicine” (p.54) which allows humans to have a capacity to think in ways that are richer and more dialogic. Engagement with one another allows humans to see various ways of doing something and that individuals are capable of transformation through engagement and relationships with one another. These are extremely important concepts to consider when developing a community of practice for those who need to depend on each other, and support each other through challenges they may face.

In his dissertation, Asch (2009) reminds us that the foundation of relational ontology has been discussed throughout all aspects of culture. Cultural anthropologists Marcell Mauss and Benedict de Spinoza have employed relational ontology to explain the importance of relationships. “The most basic, fundamental, or elemental level of (our) existence is relationality” (p.36) and relationality is the vital force “which develops, builds, and alters all aspects of our unique and particular cultural worlds” (p. 31). Based on the impact and importance of relationships on one’s world and the impact interaction has on human development, utilizing relational ontology as a premise within this research is evident. The connection between individuals can bring change and positive participation.

Critics

While other researchers have utilized a community of practice model, it is not widely thought of as a theoretical framework. Wildes (2016), identified a community of practice as her initial theoretical framework as a support for students struggling with anxiety in a nursing program. Wildes then chose to emphasize the concept of “Objective Self-Awareness” (p.21) as the primary theory for her work instead. This theory relates to self-awareness of a personal state of being, behavior, and or values toward a directed change. Wildes (2016) describes the key components to be the idea of self, standards, and awareness and goes on to say that focus on self

allows for objectivity in one's self-awareness. The researcher utilizes the concept that self-awareness developed through ones' own reflection of oneself vs. the impact the others will have on the resilience by the creation of the CoP. This is in contrast to the concept of CoP as a primary framework for interaction and impactful discussion, which is the foundation of the research conducted in this document.

Relational ontology is often thought of as a religious or ambiguous concept and is utilized more in the realm of theological or philosophic work. Confusion persists because often "the ideas of relation remains unclear" (Wildman, 2006, p.1). Relational ontology appears in almost every aspect of philosophy and theology and makes clear that the relations between entities are much more important than individual actions or activities (Wildman, 2006) but does not generally appear in disability literature except in the case of Lyman et al. (2016). The researchers in this case do utilize relational ontology as the foundation of a research study related to those with disabilities. The authors found that it is the perception of fear and isolation as it relates to the process of seeking accommodations that stops their utilization. This fits well with the concept of relational ontology, which puts the relationship as the primary and necessary factor for understanding the human experience. The students hesitate to use accommodations because they fear that their relationships with others, including faculty, will suffer (Lyman et al., 2016). This fear is the foundation for the application of both relational ontology and community of practice to this research. By expanding faculty knowledge through use of a CoP; their beliefs and attitudes toward students with mental health issues may change leading to improved communication and understanding of these students.

Application of Theoretical Framework to Research Design

The theoretical foundations that humans inherently reject isolation and seek the comfort of a community, as described in relational ontology and community of practice model, provided a strong foundation for this research. It is within the developed relationships formed by a community of practice that the participants may experience change and growth. This growth was studied as it is related to their feelings of connectivity to students as well as change in knowledge, skills and beliefs as related to students with mental health issues and disabilities.

The utilization of a community of practice as a tool for change may prove to be valid and address a limitation and deficiency noted in past literature that typically chooses to analyze the problem but not always a solution (e.g. Hutcheon & Wolbring, 2012; Wilgosh, Sobsey, Cey & Scorgie, 2008; Reinschmiedt, Sprong, Dallas, Buono, & Upton, 2013). These studies explore the reasons *why* students with disabilities do not disclose them, but do not attempt to do anything to remedy the problem. They continually state several factors as barriers but do not consider any means to educate faculty within the safety of a community of practice. Weaving relational ontology into the structure of the theoretical foundation connects the concrete concept of a community of practice to the human nature of relationship development. Inherently, the community of practice model lends itself to both the idea that a community group is able to improve engagement and social learning, as well as being the methodology itself.

Conclusion

As indicated in the literature and review of the theoretical foundations of this research, the utilization of a community of practice model and its underlying theory may be most evident for use. In addition, the supporting theoretical concept of relational ontology is also an important foundation from which to build a research design. Humans, by nature, desire engagement and it is through this engagement that we grow and evolve. Similar to Bronfenbrenner's (1994) theory

that it is the system around us that supports development, human relationships support social learning and development of new thought and new skill. Once faculty are more aware of the supports available to meet their student's needs, students with mental health issues may begin to see faculty as partners and mentors who can help guide them through the murky waters of a college experience.

Some students have been supported by their parents and schools through the entire process, and some have no idea about the process. Navigating the system can be overwhelming and confusing. Research states that students transitioning into colleges may not have been completely informed about the support services available, and they are noted to self-identify less as freshman and sophomores, possibly because of this reason (Reinschmiedt et al., 2013).

Educators and administrators may recognize the need for support within this population but are often limited in the ways they can support students based on the regulations they must follow. Students who are unaware of how to best advocate for themselves have limited options, and must find, and feel comfortable going to, their faculty and disability coordinators to discuss issues. This is especially difficult for students with less visible disabilities, including mental health issues, who typically are the last to report and typically hide the disability or simply disengage from programs.

The research question posed in the study was meant to determine if a community of practice for faculty would offer enough support to increase their ability to better engage, support, and understand their students with mental health disorders. If this can be accomplished, students with mental health issues may experience better retention, engagement, and fuller participation in the university environment. If this model of a CoP is successful for faculty it may also be utilized

in a variety of settings, even with students with disabilities, to provide support on college campuses nationwide.

Chapter Two: Literature Review

This chapter describes and analyzes the literature related to post-secondary students with disabilities, identifying their need for faculty support, specifically for those with less visible disorders. Since students with mental health needs are entering colleges and universities at a higher rate than those with other disabilities (American College Health Association, 2016), and faculty are less-likely to be comfortable supporting the needs of those with non-visible disabilities, the researcher chose to focus on the needs of those students as a part of this study. The need for training and teaching is reinforced throughout the review, as is the limited scope of available programming for faculty and the rationale for a ground-up training program, such as a community of practice model.

This literature review is organized into four major themes: voices of students with disabilities, faculty perception and support needed, models of support, and community of practice as a tool for change. After reviewing relevant history, the author will identify the growing population of students with mental health disorders and their specific needs. The needs of these students will be expressed throughout the literature review and the group will be evidently identified as a group who presents a challenge for faculty to support throughout their college experience. The literature review will provide detailed accounts of faculty attitudes toward students with non-visible disabilities as well as general issues supporting disabled students, and need for training. This information will identify the limitations college administrators and faculty have when working with students with disabilities, confusion that arises, and the challenges of supporting students with mental health disorders. This section also assists the reader in recognizing the need for faculty training from a grass-roots perspective.

This literature review begins more broadly by describing the history of disability services tied to the *Americans with Disabilities Act, Section 504* available for students and discusses advancements made through the years, concluding with methods of recommended supports based on the evidence found within several peer-reviewed articles. The next section will explore the perceptions of students with disabilities and their specific needs upon arriving in higher education. Statements about fear and isolation, marginalization, and the overall culture of disabled students are identified and exemplified repeatedly. The need for faculty support, and the impact of support, is identified. The third section will identify current models of support provided to students within higher education and discuss strengths and needs within each. The importance of faculty intervention within each area of support is reviewed. Several models for engagement and classroom design are demonstrated as a lesson in what has been successful and unsuccessful in the past. Lastly, the community of practice model is introduced as an approach to training for faculty. The researcher utilizes evidence within the literature to support the concept that many options exist to support students with mental health disorders, and that the knowledge of faculty is limited. A community of practice model offers an option that may provide faculty with an opportunity to learn, grow, and change for the benefit of the students they serve.

The reader will note that much of the published research has focused on *reasons* for barriers to education, student reactions to said barriers, and the need for faculty training. This body of work includes methods and suggestions on how to fix the problems encountered. This literature review utilizes a compendium of resources from vocational, rehabilitation, and higher education journals that examine the support and barriers to success for post-secondary students with disabilities, specifically those related to mental health to support this attempt.

History of the Law

College students with disabilities, even if they have been involved with special education in the past, will most likely find that this is their first experience with *Section 504 of the Americans with Disabilities Act* (34 C.F.R. Part 104.4). This Act supports students with disabilities in a different way from the *Individuals with Disabilities Education Act* (Pub.L. 101-476) that they may have been familiar with in their youth in elementary and secondary education. Once they become college students, the law now mandates that they become their own advocate of change.

Section 504 of the Americans with Disabilities Act (1973) guarantees rights to persons with disabilities and was one of the first Acts offering protection to that population. This law protects students who are attending institutions that receive federal funds. According to the United States Department of Education, Office for Civil Rights (2017), the Act states: “At the post-secondary level, the recipient is required to provide students with appropriate academic adjustments and auxiliary aids and services that are necessary to afford an individual with a disability an equal opportunity to participate in a school's program” (para. 24). To be eligible for services, students in higher education must demonstrate that they have one or more major life activities impaired with established documentation that this impairment exists. Therefore, adult students need to seek out and request necessary accommodations providing documentation of diagnosis (an evaluation by a qualified professional is enough) and how that disability impacts major life activities and academic performance (U.S Department of Education, 2011). In addition, the student must make their disability known and self-advocate for the accommodations required. Many do not feel comfortable with this process, and are often; therefore, underrepresented.

Litigious History

It is important to recognize that much of the disability law and regulations found in the United States is based on litigious actions brought forth by individuals. Brothers (2001) provides a history of the Garrett Brief, in which two individuals sued the state of Alabama for discriminating against them in the area of employment. The state claimed it was protected by the 11th amendment (protecting the state) and a case was made using the 14th amendment (protecting the citizen from state discrimination) to refute this. The court had to then review all cases of discrimination around the country brought forth by the litigators, including those used when Congress passed the *Americans with Disabilities Act* to protect the disabled from the incidents that had happened in the past (volumes of cases were presented at that time). The introduction and history of this brief begins with the words, “For more than 200 years, state and local governments in the United States have engaged in pervasive discrimination against persons with disabilities” (Brothers, 2001, p. 68) and goes on to detail the rationale for the case made against the state of Alabama, and several other states. The case asserted that state and local governments have had a long history of oppressing a segment of their citizens in the areas of “employment, housing, the judicial system, marriage, parenting, and education” (p. 69). In the end, the court determined that the 11th amendment did protect the state from having to pay individual citizens, but from this case came an opinion that individuals should still fight for their rights in the court and seek other methods of retribution (from local/federal institutions not protected) or even continue the fight to win if a different part of the law can be argued. Brothers, 2001 goes on to describe the Amici Curiae, a group of over 100 historians. This group helped, and continues to help, to ensure well-documented evidence of instances where any state has discriminated against an individual with disabilities.

While the Garret Brief (Brothers, 2001) chronicled disability law in general, disability law in higher education was still evolving even into the new millennium because the *Individuals with Disabilities Education Act*, empowering those in elementary and secondary schools to obtain services only came into effect in 1996. Prior to this, most students with disabilities were placed in special schools or largely thought not to be able to participate in a college education. This meant that it took a few years for higher education to even receive those students. As recently as 2002, it was said that the field of post-secondary education and disability services had just moved through its adolescence and was embarking on adulthood (Madaus, et al., 2011).

Inclusion vs Discrimination

Madaus et al. (2011) chronicled the history of disability services in education, even including President Lincoln's creation of an Institution for the Deaf and Dumb in 1864. Institutions were created to teach specific people with specific disorders (e.g. Gallaudet College for the deaf) and a rare appearance was made by someone with a disability in a typical institution of higher learning (Helen Keller entering Radcliffe), but no standard existed for the education of those with different learning needs. After World War 1, the *Vocational Rehabilitation Act* (P.L. 90-98) led to education for veterans with disabilities and the GI Bill in 1944 offered options to soldiers, many of whom were missing legs or arms. Even though advocacy groups were engaged on campuses, discrimination occurred and some faculty felt that an inclusion of those with disabilities would weaken the structure of the institution and they questioned educating those that may not have a future in a work environment (Madaus et al., 2011). A strong group, the American Council of Education, advocated for those with disabilities and made a point to say that physical disability was not an insurmountable obstacle, but varying opinions existed and were argued on many levels. In 1962, the American Council of Education issued a statement

that disabled students could succeed given certain modifications, but that college standards should be maintained. This remains true to this day.

In 1963, the concept of those with learning disabilities being successful in education was introduced, and education slowly became a possibility for many students who had once been left without. In 1975, the passage of the *Education for All Handicapped Act* (P.L. 94-142) meant that special education services were mandated for students with disabilities. This eventually became the *Individuals with Disabilities Education Act* (IDEA) which provides services for children birth to 3 (part C) and 3-21 (part B). Costs associated with IDEA have always been an issue and those issues did not cease with the 1990 *Americans with Disabilities Act*, which protected individuals with disabilities in any institution funded with federal monies.

Higher Education

Rothstein (2015) reinforces the concept that students with disabilities initially did not enter higher education institutions for a few years following the implementation of *Section 504* of the law, so there was no focus on the *504 Act* as it related to higher education by courts until a few years later, in 1979. Rothstein (2015) continues that between 1979 and 1990 the courts were used mostly to determine what reasonable requirements would be needed for particular situations. Over the years, the various education laws have had an impact on both the increasing number of college students with identified disabilities attending post-secondary institutions, and the services that can be afforded to them. The number of students with disabilities seeking higher education opportunities increased dramatically (Rothstein, 2015). The addition of mental health into the *Act* in 2008, as well as an increasing number of veterans returning back from combat and entering (or re-entering) post-secondary education, changed the landscape even more. Several

judicial interpretations of discrimination and the entire process of the *Act* have been scrutinized by advocacy groups and attorneys, which led to case law guiding actions and higher education institutions often default to case law when deciding how to handle situations (Rothstein, 2015).

Wilhelm (2003) reported on statistics compiled by the American Council on Education which reveal that the number of students reporting learning disabilities and other mental deficits in higher education continues to grow, leading to double time on exams, impunity from spelling errors, distraction free environments for exam taking, alternate formats for exams, readers, and other accommodations that would increase the likelihood of success for any student. At the same time, the cases demonstrate that universities and colleges occasionally accommodate students who do *not* meet the ADA's definition of disabled. An examination of the ADA and cases involving mentally disabled students assists institutions of higher learning in developing guidelines and policies for accommodating students within the confines of the law. This is important because often the hidden disabilities are the ones that are not addressed. Faculty find it easier to handle physical, more obvious, disabilities with accommodations that make sense to them (Wilhelm, 2003).

Programs are not required to provide accommodations that fundamentally alter their program or create an undue burden (U.S. Department of Education, 2017), which can create ambiguity for both administration and students. If a student is used to the school or their parent advocating for them through an Individual Education Plan (IEP) as a part of the *Individuals with Disabilities Education Act*, which has different standards, they may not understand why a university or college classroom refuses to accommodate their needs. The question of what might constitute a fundamental alteration can also be confusing for faculty and administration. For example, if the student requires extended time for submission of work, but the work must be

completed as a part of a group in lab; does this alter the program or create an undue burden (N. Dooley, personal communication, September 7, 2017)? The law states that college administration, admissions, and faculty are never allowed to identify the student as disabled, or regard them as being disabled, without it becoming prejudicial or discriminatory according to case law. Faculty, in accordance with the law, are not allowed to address or identify a disability directly unless the student self-reports, and even then, they are encouraged to send the student to an advisor or counselor in disability support services.

Summary

While the laws to support individuals with disabilities have existed for many years, the laws relating to education are still relatively new. This means that there is sometimes difficulty charting the landscape for both the student newly enrolled in higher education, and the faculty and administrators who desire to serve them. Perceived restriction and fear of litigation often lend to uncertainty and confusion at times when applying the *Act* in post-secondary education. While self-advocacy is required, students also need faculty support. As the needs of students change, a strong foundation and knowledge of the law is essential for higher education service providers. The next section details the strengths and needs of faculty as related to students with disabilities.

Faculty Perception and Support

Lombardi, Murray and Dallas (2013) state that given the increase in numbers of students with disabilities entering higher education, faculty members and administrators must recognize the needs within this population and determine how to best serve students who can be equally as successful as their peers if given proper support. This is especially true for those with invisible

disabilities, including mental health issues. The National College Health Assessment Survey in 2016 found that 7.5% of respondents indicated a psychological illness of some kind (American College Health Association, 2016). This was the highest percentage of any type of identified disability recorded. With this growing number of students with mental health (and/or psychosocial) issues on college campuses, faculty members need to be able to provide appropriate levels of support before a time of crisis and help them to be successful.

Faculty Attitudes

Lombardi, Murray and Dallas (2013) found that faculty members reported more positive attitudes when referring to students with physical disabilities and the most negativity when working with students who have mental health disabilities. This negative perception then adds to student issues with requesting assistance because they fear retribution or stigma. While most professors desire to be supportive, Sniatecki, Perry and Snell (2015) learned that many are not educated enough on the *Americans with Disabilities Act* as it relates to use on a college campus and do not have the knowledge necessary to be able to guide the student on how best to utilize their granted accommodation. They feel “inadequately prepared” when they have students of varying disabilities within their classroom environment (p. 263).

A common thread throughout the reviewed literature was that students consistently felt that faculty interactions are important in determining their ability (and desire) to continue with a course, or even continue pursuing a degree. Becker and Palladino (2016) report that negative interactions with a faculty member can cause a student to withdraw from school or make them less likely to seek future accommodations. This knowledge must be “a rally call for higher education to ascertain faculty members’ dispositions toward embracing this subpopulation” (p.

65). Faculty were found to have desire to be proactive and positive toward students with disabilities, but they require education and resources to allow this to happen effectively (Becker & Palladino, 2016).

Need for Training and Student Self-Advocacy

In a survey completed by Sniatecki, Perry and Snell (2015), it was discovered that faculty have limited knowledge of actual law and discrimination policies and that attitudes can shift depending on the type of disability (mental or physical). Faculty felt that they were sensitive to the needs of students with disabilities but when asked specific procedural questions about how a student might access accommodations, many (46.3% and up to 54.5%) reported erroneous beliefs on various questions. Some faculty noted that they would be interested in learning more about best practices when working with students with disabilities. There seems to be a need (and desire) for faculty training to occur on the subject of post-secondary students with disabilities.

Lombardi et al. (2013) found that female faculty with prior disability-related training scored the highest on Accommodations, Disability and Law Concepts, Inclusive Lecture Strategies and Inclusive Classroom using comparisons of data from the Inclusive Teaching Strategies Inventory. They also learned that faculty with prior training, regardless of other factors, did better in all areas of the scale. Training alone, not the intensity matters, so even a simple training can make a big difference. Brockelman, Chadsey and Loeb (2006) found that faculty formed relationships that are more positive with students when they had friends who had a psychiatric issue, if they knew a student personally, or if they were currently being treated for a similar disorder. While most faculty interviewed and surveyed viewed students in a positive light and were comfortable with them on campus, 43% still reported difficulty discerning

between when a student is temporarily upset and in true need of on campus support. This is significant because there is a difference in supporting a student who may have just received a bad grade and is struggling and one who may attempt suicide because they feel they might fail. The supports provided may not match the need, and if the student has a permanent disability related to a mental health disorder; they may need to be referred to a professional for accommodations and support in times of stress. Faculty felt they did not have adequate training to work as well as possible with students who have mental health issues.

Murray, Lombardi, Seeley and Gerdes (2014) developed and implemented a disability-training program for faculty within their university. They provided a pre-test and post-test of each faculty member in attendance and learned that faculty significantly improved understanding of universal design, knowledge of disability, knowledge of services, and ability to share information after the course. A strong endorsement was also made when faculty indicated that they would make changes or accommodations in their teaching because of what was learned. They also point out, along with reflection of previous studies, that education and experience may also affect perception of students with disabilities and their capabilities of providing appropriate accommodations comfortably. As expected, certain programs of study (education, disability-related programs, etc.) had faculty that were more apt to provide the services with less trepidation.

In a Canadian study, Marquis, Schormans, Jung, Vietinghoff, Wilton, and Baptiste (2016) note that the Canadian government set a standard for all educational institutions to provide training to educators on accessible course design and delivery. Despite that fact that dates of implementation had been stipulated years ago, no changes had been made at the time of the study. This indicates that the necessary cultural change needed to be owned by the academics.

The authors ascertain that a grass roots effort is sometimes more successful and should be considered. One of the most significant findings overall, is that the change really needs to come from those “on the ground” and cannot be a top down approach. If the government, as in what happened in Canada, sets rules and requirements for students with disabilities no change may happen. The authors indicate that they found it is the people that work directly with students that need to be the ones who are invested in the programming. They need to be educated and understand the design, and how to use it. Becker and Palladino (2016) even suggest, based on findings from their survey, that students with disabilities be included in all training events, helping to develop them in addition to faculty to ensure that everyone is on the same page.

Summary

It is evident that there is a gap present between faculty knowledge and student needs. Faculty have a strong desire to be supportive to the ever-growing population of students with disabilities, but they remain unsure and unclear as to how best to provide them with education in a way that is positive, and in accordance with the *504 Act*. Training has been demonstrated to be effective, but many colleges do not have the staff or funding to perform such educational seminars. This leaves faculty in a position where they are in need of training, but without a venue. Faculty then need to rely on those in administration to provide them with necessary information. It also leaves students in a poor position to self-advocate to those who may not fully understand their needs. Evidence suggests a grass roots approach, where faculty are central, is the best approach (Marquis, et al., 2016).

Voices of Students with Disabilities

Fear and Isolation

When attempting to understand how to best serve students with disabilities on college campuses, it is essential to understand their perspective and obtain a sense of their needs as related to life in college. Reinschmiedt, Sprong, Dallas, Buono and Upton (2013) indicates that students transitioning into higher education may not have been completely informed about the support services available, and they are noted to self-identify less as freshman and sophomores, possibly as a result of this reason.

Lyman, Beecher, Griner, Brooks, Call and Jackson (2016) identifies six main themes that were revealed through interviews with students identified as having disabilities. The six themes are:

- Desire for Self-Sufficiency (not relying on others to help, working harder to succeed and desire to only use accommodations as a backup if they absolutely need them),
- Desire to Avoid Negative Social Reactions (feeling that they would be treated differently or perception of special treatment by faculty etc.),
- Insufficient Knowledge (not knowing about supports available or not having full awareness of how to utilize them),
- Quality and Usefulness of Disability Support Services and Accommodations (issues with setting up accommodations, receiving ineffective accommodations in the past),
- Negative Experiences with Professors (while most experiences were positive, there were definite alternate experiences with professors who did not honor the accommodations or made the user feel uncomfortable about using them),
- Fear of Future Ramifications (afraid professors would not give positive letters of recommendations, fewer jobs available once need was discovered) (pp.127-131)

Understanding the specific, perceived barriers by students who do not use accommodations provides valuable insight for disability services providers as well as faculty. According to Lyman et al. (2016), disability services providers need to better understand and recognize the desire of students to be independent and how to utilize accommodations that are most appropriate. The authors also suggest openly discussing the ramification (or lack thereof) of

using accommodations and what it means to professors and employers as the student moves forward toward graduation. It is also essential to recognize all of the potential feelings a student may experience when meeting with faculty. Faculty and administrators should be prepared to educate students on these findings, explaining that it is normal and expected to have feelings of apprehension, to allow them to advocate more effectively by recognizing potential barriers. Part of this feeling of inclusion comes from the knowledge to recognize students with disabilities as a group, or culture, and not simply as individuals who have unique needs.

The Culture of Disability

As faculty and administrators begin to view students with disabilities as simply another diverse population on campus, not through the lens of ableism (Hutcheon & Wolbring, 2012), which can be very limiting. Lombardi, Murray, and Kowitt (2016) state that post-secondary institutions are beginning to recognize disability within an “institutional diversity perspective” (p. 1) but it is important to think about students with disabilities as a part of the campus culture, and perhaps another diverse group that may need advocacy (similar to LGBTQA groups). It is the stigma they face, or fear, that often keeps them hidden in the background instead of out in the open as other cultural groups tend to be.

Rodrigues et al. (2014) defined public stigma as: “...a negative public reaction toward a group of people who possess a negatively viewed trait that often results in prejudice, limiting job, housing, and other opportunities essential for recovery” (p. 130). While the authors were referring to veterans seeking treatment for depression, application can be made to students with disabilities in general. Stigma is discussed as a factor of why students do not seek accommodations and is very real to them, similar to what Lyman et al. (2016) found. The fear of

negative reaction is a very powerful inhibitor. Cole and Cawthon (2015) also indicate fear of isolation and not appearing typical is a common reason for nondisclosure of disability and; therefore, not receiving the full benefits of the *504 Act*. The student, especially those with non-visible disabilities, want to blend in with their peers and not be seen as different by classmates or faculty.

Flink (2017) identifies students who express feelings of “self-stigma,” which is an “internalized negative reaction” resulting from a membership in a stigmatized group (p. 5). This feeling of self-stigma can make it difficult to cope with transitions, including a transition into higher education. Bridges (2004) defines a transition as “a natural process of disorientation or re-orientation” marking the turning points of life (p. 3). Bridges continues to describe transition as a psychological process, which can be challenging to any student, even without the added layer of disability. The process of transition also includes all of the components one must access to incorporate changes into one’s life, and the stressors that may accompany them (Perry, 2012). Schlossberg’s Transition Theory indicates that social support is one of the strategies to aid an individual throughout the transition process. These supports can help modify the situation, control the meaning of the problem and aid in managing stress in the aftermath (Evans, Forney, & Guido-DiBrito, 1998). There is a need to provide these individuals with the academic, social, emotional and psychological support, but institutional policies are not always set up for this. Being in an unsupportive institution can do more harm than good, and students need to find a way to provide support for each other, then advocate for the support they need on a larger scale to avoid this feeling of both public and self-stigma and change the culture of avoidance to one of acceptance.

O'Shea and Meyer (2016) compared students with visible disabilities vs. students with non-visible disabilities and their motivation to disclose their disability to administrators and support providers. They learned that those with disabilities that are more visible could not hide them; therefore, tended to disclose more frequently for obvious reasons. They also learned that students with invisible disabilities decision whether or not to utilize support services was framed by their perceived level of acceptance of their disability and their sense of challenge that will be faced.

Salzer (2012) examined experiences and relationships of college students with mental illness to the general population utilizing the College Student Experiences Questionnaire. The study found that college students with mental illness report less engagement and poorer relationships. They also have lower graduation rates. This lack of integration into campus life is of great concern and emphasizes the importance of peer groups for students with disabilities, as well as the relationship of such groups with retention and overall success. Sometimes these relationships are more difficult to build, especially in those with invisible disabilities who feel marginalized by peers, even those peers with more visible disabilities. They can feel that they are in the minority, and largely ignored by the higher education system that is meant to support them.

Marginalization

Higher education systems are often able to justify the provision of a wheelchair ramp or alternate testing methods for some students, but less able to understand the need to provide those with mental health issues the accommodations that may be most appropriate. In a first-person account, Padron (2006), describes how the disability officer at his institution was not cognizant

of the types of accommodations a student with psychiatric disabilities need. The author was actually advised not to tell professors the nature of her disability because of the potential bias and prejudice. This stigma marginalizes students with mental health disorders and can cause stress and undue hardship to a population of students who may have less ability to cope with it.

Taylor (2017) discusses disparities and marginalized students, even though efforts have been made to help those students achieve success. This study explored participants in an initiative to increase the number of marginalized students (low socioeconomic status, students of color) in gifted classrooms. The research found that these students typically struggle with their development of this identity as gifted students. This is because they are often ostracized from their peers who see themselves in a different class or category. They struggle to fit in at the higher level of education around people who are not similar to themselves. Even though the ability and the desire are present, the marginalization they feel affects self-efficacy. This often overlapped with the student's view of himself or herself in the academic setting. Students also noted that they felt more comfortable in a peer group consisting of others who were similar to them. While initiatives to support these marginalized students are in existence, one must also consider the human at the center and recognize the social nature of being and the other external supports needed. This is equally as important to do in the disability diverse population. If academics attempt to provide support where there are gaps in service without first considering the need for peer support, their efforts may fail. In order to do this, faculty need to develop confidence in their own abilities and groups.

Varkula, Beauchemin, Facemire, and Bucher (2017) evaluated the differences between college students with and without disabilities and their use of college counseling. While they found no differences between the number of counseling sessions attended, they did find that

students with disabilities were more likely to self-terminate and more likely to be referred out than non-disabled students. Their results support the theory that students with disabilities are a diverse group and need special consideration and counseling sessions that are specific to their needs. They suggest that these students be identified as a minority and direct attention when needed to the idea that they are subject to microaggression(s) from peers, and other forms of discrimination and prejudice.

Summary

While strengths should always be explored, the areas of need and difference must not be ignored and should be recognized as a part of the culture of disability. Given the nature of the group, the strong influence of stigma and fear of isolation, it follows that a powerful means of support is needed. There must be a method of advocating for this group of individuals to fill the need for a wealth of understanding by all involved. Many cultural groups on campus have faculty support and feel comfortable connecting to faculty and campus leaders who can guide and provide resources. Methods of support for success need to be continually explored until this diverse population of students with disabilities is recognized as such.

Models of Support

Under the current *ADA 504 Act*, faculty cannot talk to students about their disabilities unless they self-disclose. Students often do not feel comfortable talking to faculty about their disabilities and many faculty are unsure of how to manage a classroom that is supportive of all needs. This is evidence that something more needs to be done, and that a grass roots effort of support, from the bottom up vs the top down, may be what is needed. Currently, various models of support are in place, but do not meet every student's need, specifically those with mental

health disorders. While modifying a classroom, or providing extra testing time may help certain populations, it is not a one size fits all and supports must be customized for each student, or cultural disability group. Given alternate support models, some students may be more successful. Faculty need to be aware of what methods of support to employ, and how they might implement them in the classroom to assist students in success.

Universal design

Universal design is a concept that has been widely studied over the past several years. In 1970, the term was coined by Ronald Mace, the co-founder of the Center for Universal Design at North Carolina State University (Scott, McGuire & Shaw, 2003). At first, it was really about architectural design and usage, i.e. a curb cut designed for a person with a wheelchair is also very useful for a mother pushing a baby carriage or a traveler with a rolling suitcase. Designers consider human diversity when creating spaces and these creations have been beneficial to all. Within this model classrooms are set up to meet a variety of needs, no matter who is in the class. Similar to curb cuts being developed for wheelchair users, but being beneficial for mothers with strollers, universally designed classrooms can have a positive impact on education.

Davies, Schelly and Spooner (2013) took note of the fact that while some research exists for the effectiveness of universal design for learning (UDL), most of the studies that focus on instructor training in the universal design itself, and impact on students, are flawed because there is no comparison to a control group (Capp, 2017). Davies, Schelly and Spooner (2013); however, used quantitative analysis to compare the impact of training on student's perceptions on a survey designed to measure effectiveness of UDL in the classroom. They gave a survey to all students pre-training, and then gave training to selected instructors, following up with a post

survey of the pool. 368 students were placed in a group where the instructors received instruction on UDL after the semester started, and 204 were in a control group where instructors received no training. Important to note that of the experimental group, 9.3% identified as having a disability and 9.5% identified in the control group. They found that there was a significant difference in student perceptions of the experimental group post-instruction. Students reported that the instructors were relating the concepts of the course to the overall objectives, summarizing key points at the end of the class, providing an outline of what was expected initially, and also using more technology while presenting the material in multiple formats.

In a study completed by Dallas, Sprong and Upton (2014), they found that while 85% of faculty surveyed were comfortable with accommodations, 42% identified themselves as not confident in using any form of universal design for instruction and 16% had not even thought of it. More than 50% of faculty were interested in learning more about disability services on campus, including training in implementation of accommodations. Universal design is one option that could benefit all diverse learners, including the 60% of students with disabilities who never even disclose their disabilities (Dallas et al., 2014), yet faculty level of comfort remains low.

Accommodations

Reasonable accommodations are offered to students in a college setting as the primary method of support under the *Americans with Disabilities Act, Section 504*. These accommodations are meant to increase inclusiveness and level the playing field for the students with disabilities. Christ and Stodden (2005) found that supports varied based on whether students were enrolled in two-year vs. four-year institutions. Assistive technology was offered more in

two-year programs, and accommodation and vocational supports were offered more in four-year programs.

McGregor and colleagues (2016) completed a study that utilized responses from 63,802 college students who answered a Student Experience Survey and found that 5.96% of the respondents self-reported a Learning Disability and only one-third of them received accommodations. They found that the rate of accommodation use was higher among students who were healthy, lived, alone and were out-of-state students. Those that utilized accommodations had more contact with faculty and less difficulty with assignments than others with learning disabilities.

Several factors related to accommodations are noted to exist which inhibit student's desire to persevere in the college community throughout the college experience which is of issue. Mamiseishvili and Koch (2011) report results from their quantitative analysis which revealed that the type of accommodations students receive impacts their willingness to stay in the program. Reinschmiedt et al. (2013) examined the qualitative responses of 116 students with disabilities who completed a standardized survey designed to measure the satisfaction they had with services received in their institution. They were given 16 accommodations and the top five and bottom 5 in terms of satisfaction were collected. The top five were related to test accommodations, text conversion and similar technology for reading; and the bottom five were taping of classes, academic advisement, tutoring, planning and extension of assignments. Similarly, Mamiseishvili and Koch (2011) also found that course waivers, availability of readers, and classroom note takers were the items that had the most positive impact on retention.

It is important to note that even when the students go to the disability office and are granted accommodations, many do not access them for use in the classroom environment, or if they do they may not be the correct accommodation(s). Spencely and Wheeler (2016) found that extended time for tests, for example, is one of the most commonly utilized accommodations throughout college campuses, yet very little empirical research has been done to determine the effectiveness of that tool. It was learned that most students who receive this accommodation actually complete the test within the regularly allotted time anyway. This indicates that even approved accommodations are not always managed, understood, or utilized, correctly.

Brockelman (2011) studied 107 full time faculty to determine strategies employed for students with psychiatric disabilities. The Mental Health and Illness Awareness Survey was employed to determine faculty member comfort and confidence in working with students. They also asked for perceptions of effectiveness of strategies. They found 58% discussed the problem with the student as a strategy, 56% gave an extended deadline, and 46% allowed a student to miss class time. Rearrangement of seating, private testing, and additional breaks were also common. In another study by Brockelman and Scheyett (2015), 168 faculty were asked if they would be supportive and willing to support a psychiatric advance directive. While the majority supported this, a concern about poor judgement by the student was raised and that there was a fear of losing confidentiality. Logistical problems were also expressed. While faculty were supportive, the actual utilization of this accommodation was a concern.

When utilized properly, accommodations for all types of disabilities can have a powerful impact, but it is important to note that emotional support for students with all types of disabilities is equally as important. Abreu, Hillier, Frye and Goldstein (2016) explored whether or not GPA of those students with disabilities improved with visits to student support services and which

support services and accommodations were most valuable. A 28-question survey was given to students with disabilities. Students provided their grade point averages (GPA), frequency of times reporting to disability services office, usefulness of accommodations and recommendations for improving. The study found that students visited support services offices 4.7 times per semester for basic needs in terms of accessing accommodations, but students reported the emotional support received when in the office was extremely important. Interestingly, this was not a function of the office at the school where the study was done, so one suggestion they made was to examine adding this component. The students also felt faculty need more support and training to be able to implement the accommodations given.

In some cases, students who receive direct support in the form of mentorship are most successful. Ryan (2014) study found that 12 students studied felt they were better able to navigate a college campus independently with this support and that the mentor truly helped with their inclusion into campus life. This support, which can come from faculty, is an important part of campus life and the process of engagement which may be more beneficial to the student's well-being than any other accommodation offered.

Engagement

Mamiseishvili and Koch (2011) note that previous research has consistently indicated that academic and social integration positively affects students' learning and retention. They also found that nearly 25% of the students with disabilities in the sample they studied did not persist beyond their first year, and almost 51% left without return by the end of their third year. Utilizing chi-square tests, they learned that depression, physical conditions, and other factors led

to the lack of persistence in higher education. Conversely, full-time enrollment, high GPAs, high degree aspirations, and meetings with academic advisors were positively related to persistence.

As reported by Reed and Kennett (2017), in Canada, approximately 7% of the university student body identifies as disabled. These students have issues similar to those in the US, including accessing accommodations that are appropriate and feelings of social isolation. In today's society; however, the emphasis on non-academic activities as a part of the college experience is increasing. The student's ability to balance these activities may impact university experience. The researchers administered the Academic Resourcefulness Inventory, the Academic Self-Efficacy Scale and the University Adaptation Questionnaire to students who volunteered to participate. The group was a mix of students who had identified as having a disability, and those who did not. Results revealed that both groups of students participated in employment, social activities, and family obligations. Perceived ability to balance academic and non-academic activities was associated with higher academic self-efficacy and resourcefulness in all students. Students with disabilities were noted to spend fewer hours participating in non-academic activities and studied as much as their peers, even though they had less course hours. Those students with disabilities who reported difficulties balancing their multiple roles were less able to adapt to university life.

Lombardi et al. (2016) studied 200 students with disabilities from a large college. They were surveyed using the Social Support Questionnaire-Brief (SSQ-B) that assesses the availability of support received from others in their lives. Researchers found that the type of relationship the students have with those who support them makes a difference in academic outcomes; as do the perceived stress, level of self-advocacy, and institutional supports. The role of a positive relationship with a parent, faculty member, and peer all have a meaningful effect on

the college experience. The researchers suggest that healthy and supportive relationships could be emphasized prior to college as a part of the transition and that these social networks need to be a factor that those who support students with disabilities recognize as important within the community. Researchers found that the type of relationship the students have with those who support them makes a difference in academic outcomes; as do the perceived stress, level of self-advocacy, and institutional supports. This is consistent with Schlossberg's Theory of Transition, which includes four key tenants: Situation, Self, Support and Strategies (Evans, 2010). Each of these has a role when a student enters higher education for the first time but may be particularly important to acknowledge for the student who has a disability. While the situation may be similar, the personal characteristics and psychological resources may be vastly different for a student with mental health issues. A plan of support based on Schlossberg's theory needs to consider the best type of support for the student in this situation, past supports that have been helpful and the function of the support provided (Evans, 2010). Strategies implemented can be combined and based upon several of the factors described in the work of Schlossberg and the other researchers, including Lombardi et al. (2016) and Bialka, Morro, Brown, and Hannah (2017).

Bialka et al. (2017) also discuss socialization of students with physical disabilities on college campuses. Similar to Salzer's assessment of students with mental health issues (2012), this qualitative study also indicates the need for student engagement to promote retention. The authors interviewed participants in a program that aims to create accessible social experiences for students with multiple disabilities. Students indicated that this group gave them a much better sense of social partnerships and formation of friendships. Students began socializing with one another and felt the balance between social and academics gave them the confidence to try

new things more confidently. While they felt misunderstood and socially isolated prior to the experience, the integration group really helped them begin to mitigate feelings of discrimination and isolation and helped them feel better about the college experience overall. The supports described above all succeed in assisting with some parts of the student experience, but do not meet all needs expressed. A novel approach may be necessary to offer support, increase ability to self-advocate, and work with the university faculty to better the lives of those living in the culture of disability. Once such option is described in the next section. If faculty can form a group that shares information in a safe space, they may be able to better understand the needs of the student, and perhaps even utilize the strategies learned within the community of practice as a model for working with students who have needs.

Community of Practice

Communities of practice (CoP) are becoming more commonplace in traditional work environments because of their success in allowing engagement in collective learning and “thinking together” (Pyrko, Dorfler & Eden, 2016, p. 391). However, while several models of disability training for higher education faculty are discussed in the literature, community of practice is not one of them. This model may hold an answer for faculty who have the need for learning in a safe environment, where they will not be fearful of retribution from administration or litigious action. This may also provide a model for students to utilize when problem solving about accommodations and other sensitive concerns that they do not wish to discuss in a more public forum. As described by Wenger (2008), the modes of belonging in which social learning can take place are structured and inherent in a community of practice. Organizations depend on social learning systems and learning includes both social competence and personal experience. The framework of elements embedded in a community of practice also include the modes of

belonging utilized for social learning, including engagement, imagination, and alignment (Wenger, 2000). Humans must feel that they fit in and understand their environment in order to feel successful within it.

Wenger (2000) explains that engagement helps individuals learn what they can do, and how the world will respond. He goes on to describe that imagination gives one the ability to construct an image of themselves within a community and orient to the situation, while alignment allows one to make sure activities are aligned with the social norms, and that others accept them as a part of something larger. This provides safety that comes from an understanding of how a person fits in within a peer group and also helps to define what the social norms and culture is within an environment. Wenger states that a community of practice can be the building block for all of these required elements and allows one to go from a member of the community to a leader within it. Another important aspect of a community of practice is that of brokering. Brokering allows both sharing and learning information and can lead to membership and connectivity (Wenger, 2000). This is unique within a community of practice, as there is not meant to be a hierarchy but a mentality of sharing and partnership in order to aide learning.

Summary

While several methods of support have been proposed for students with disabilities, faculty continue to have a lack of knowledge and confusion in how best to provide support. They are fearful of litigation and simply unable to obtain the knowledge needed in traditional sense. This leads to potentially negative interactions with students which can negatively impact the students' entire college experience. Faculty do not fully understand the fear of isolation or stigma that exists within the student population of those with mental health, and other, disabilities.

While it is clear that change must come from the ground up, in a grass-roots and faculty led manner, a community of practice model has not been explored as a mode of support for faculty working with students who have disabilities. Based on the needs identified in the literature, the creation of a CoP for faculty working with students who have mental health issues is justifiable for support. Therefore, the study of the impact of a CoP may lend to solutions for students with mental health issues who need more advocacy and engagement within the higher education arena. As the deficiencies in evidence indicate, many studies examine the reasons why students do not participate, but few- if any- provide opportunities for support.

Deficiencies in the Evidence:

Many studies (e.g. Hutcheon & Wolbring, 2012; Reinschmiedt, Sprong, Dallas, Buono, & Upton, 2013; Wilgosh, Sobsey, Cey & Scorgie, 2008) explore the perception of students with disabilities and why they may not disclose. They state that faculty lack knowledge and do not respond well to top-down instruction or legislation, but do not study variable approaches to allow faculty advocacy and new methods of learning. They interview students to determine their reasons for non-disclosure, experiences with disability services, satisfaction with accommodations and use of on campus supports, but few, if any, study tools to utilize what will help them disclose. Lombardi, Murray, and Kowitt (2016) found that a positive relationship with faculty has a meaningful effect on the college experience and aids the student to gain what they need to be successful. The researchers suggest that healthy and supportive relationships could be fostered through faculty training and social learning groups. These social networks need to be a factor considered important when supporting the student through the transition into higher education.

In most college communities, faculty have limited awareness of URLs from mental health advocacy groups and resources that are general in nature, but do not have direct access to support and help in a safe, and open, environment set up for learning. Most faculty are not fully aware of resources available to them (or to students) and are unable to support, or answer inquiries, from students who are in crisis or in need of simple support. The limitations in research and limitations in services provided to students with mental health issues lead to a lack of understanding about how best to serve and support them on campus. This population of students with mental health issues is in need of guidance, understanding, and a place to feel safe within the larger campus community. Faculty are typically the first ones to engage with students, and therefore need to be as knowledgeable as possible when interacting with them.

Conclusion

Overall, as evidenced in the literature, students with disabilities are unique and somewhat isolated. Many, especially those with mental health issues, are fearful of asking faculty about resources because of the social stigma they may face. They can perform extremely well if given effective support but often do not seek what they need as a result of fear of “looking different” and not fitting into the college mold. A convergent theme of the literature is that GPA improves along with retention as students utilize supports more frequently. Abreu, Hillier, Frye and Goldstein (2016) point out that students who make frequent use of available disability services at their respective college or university will utilize more accommodations. They are also noted to have a higher GPA. The authors also emphasize that the Office of Disability Services can provide a supportive framework from which the student can advance, but often, the office is seen as a last resort. Students who do utilize services are also looking for psychosocial support, which may not be found (Abreu et al., 2016). Faculty are typically closer to students logistically and

interact on a day-to-day basis, but the students tend to be fearful of approaching faculty. Faculty are also reportedly somewhat fearful of not knowing the right thing to say, or the right way to say it.

Madeus et al. (2018) note that limited research has been done to determine proper supports for students with disabilities in higher education, even though much work has been done trying to understand their needs. In their research, Kutscher and Tuckwiller (2018) find that decades of research have been devoted to understanding retention and engagement of students with disabilities, as well as desire to utilize accommodations, but little is known about which supportive practices or inclusive policies can actually help. Faculty, therefore, also have limited information and resources to go to when they need to find help to support a student. This body of research offers a method of providing faculty a method of learning and support of one another around the topic of supporting students with mental health needs on campus. This support system may produce leaders within the faculty who can offer support to peers when facing a challenge for a student with mental health issues. Empowering faculty with knowledge of the law and relevant support options within a safe space may encourage them to engage more with the student who has needs and provide them with a much needed knowledgeable connection on campus. The CoP model may provide a safe space for open discussion about what supports are available on campus and may become a model for cultural change for all involved. Faculty will benefit from their newly found voice and help to advocate for the students more effectively and within the law. Through the support of faculty, students may develop a stronger, more confident, voice throughout the college community. This experience may benefit the faculty, and perhaps broadly affect change to campus perceptions of disability as a whole.

Chapter Three: Research Design

Qualitative Research Approach

Interpretivism is the subjective paradigm of research most commonly utilized in qualitative inquiry (Willis, 2007). It is constructed based on how an experience is interpreted, and not just measured with facts and logic. As Merriam (1991) states, this paradigm is more about beliefs forming the basis of perception. The truths found within this method of qualitative analysis are strongly rooted in social context. Theories and beliefs within the qualitative realm are meant to be dynamic and can shift based on a variety of factors that have impact on the subject.

Historically, this paradigm began with Aristotle who distinguished between practical wisdom and theories about how the world works (Alexander, 2006). Qualitative inquiry is about solving problems in a practical manner and not just observing them theoretically. Knowledge gained from inquiry gives us insight but is not finite (Alexander, 2006). It can be inferred from Alexander's work that reflection and interactive research within the interpretivist paradigm will assist readers to gain deep meaning and understanding of the human condition itself, which can then shape the frame of the environment and conditions that occur around it. Such is the hope of the intended research.

Understanding the experience of those faculty members who work with students with disabilities on a college campus may provide a tool to help shape the practice of faculty members within the campus environment. If the lived experience of those faculty involved in a CoP is understood, the research may help change the models of training offered in universities nationwide and interested parties may use their newfound voice to connect to students and to lead others who are working with students throughout universities nationwide. To study the

perceptions of a shared experience from a group of faculty who participate in a CoP, this study utilized a qualitative approach with a phenomenological design. Phenomenological research tries to describe an experience from the point of view of the individual having the experience, and in the process, it hopes to achieve awareness of different ways of thinking and acting in its search for new possibilities (Hultgren, 1995). This is at the essence of the research design.

Utilizing interpretivism with a phenomenological design shaped the research process in its entirety. It was expected that the personal nature of understanding the feelings of each individual, before, during and after an event shared as a group provided insight into the nature of the phenomenon and its impact. The prompts for discussion at the end of the experience allowed each participant to keep the experience at the forefront. The interpretation of the experience is reflected in the data analysis and collection process. The next section will outline the participants studied and will continue to identify the population and their characteristics.

Participants

The participants who experienced a single phenomenon within this design were full time faculty in a naturalistic sample of undergraduate institution. Convenience sampling, in which the researcher employed volunteers that are easily available (Taylor, R., 2017), was the primary source for recruitment. Snowball sampling, in which the researcher “utilizes initially identified subjects to provide the names of others who may meet the study criteria” (Taylor, R., 2017, p.171) was also utilized because the initial reach did not yield an adequate sample size. Participants were recruited via a flier (Appendix A) sent to full time faculty at the researcher’s institution and snowballed out to other universities through requests made by recipients.

Funk and Drew (2017) indicate that the size of a peer group is not as important as the

level of participation. In studies of groups, typically 5-7 participants is optimal for performance (Woolley, Chabris, Pentland, Hashmi & Malone, 2010 and Kooloos et al., 2011). Initial response was lower than expected, yielding less than 5 participants, so snowball recruitment assisted in obtaining an initial participant response of 12 individuals. These individuals created Gmail accounts and were added to the CANVAS course. Six individuals accepted the invitation into the course, only one was present in the first meeting (which was subsequently cancelled). Five joined the second meeting and continued through to the end.

Therefore, the sample size for the group was decidedly small enough to be purposeful (in order to engage those participants who could best help the researcher understand the phenomenon being examined) (Creswell, 2014) but large enough to allow for saturation (in order to ensure redundancy in responses). The sample size was also minimally commensurate with current studies that used qualitative measures to assess similar phenomena (Wilgosh, Sobsey, Cey & Scorgie, 2008; Hutcheon, Wolbring, 2012; & O'Shea & Meyer, 2016). While sample size is somewhat debatable (Russell and Gregory, 2003) smaller sample sizes can be more effective. Pietkiewicz and Smith (2014) state that an appropriate sample size can depend on several factors, including access to participants and available time. Such was the case in this group. Statements made indicated that the group was reflective of a diverse geographical area with a mix of institution types. While initially unexpected, this led to a more rich discussion about differences in regional supports, approaches and faculty culture.

Procedures

IRB approval was achieved through both Northeastern University and the university where research was primarily conducted. Interested participants were asked to follow a survey link to create an anonymous Gmail account solely for the purposes of the study, without

identifying information (See Appendix A- recruitment flier). Once the survey was received by the researcher, a follow up invitation to a learning platform was sent along with a consent/privacy document (Appendix B). Participant acceptance to the invitation into the learning platform was considered provision of consent for participation in the study. All interested participants were accepted on a first-come first-served basis. Exclusion criteria included only the numeric limit on the study (no more than twelve total) and if the participant was not a full time faculty member in the undergraduate program of a university.

The informed consent document (Appendix B) explained participant rights, potential risks, ability to participate and opt out at any time in easily understandable language (Creswell, 2012; Merriam, 2009). The participants were also informed that participation is completely confidential and has no impact on their employment within the university. No compensation was provided and participants were notified this study was to be completed on their own time. No part of this research could be utilized as faculty credit or professional development.

Each accepted participant was enrolled in the “Faculty CoP CANVAS Course.” CANVAS is a learning platform which allows a community viewing of documents, online discussion, and announcements. It is a password-protected platform that allowed the researcher to restrict access for privacy, as well as moderate the activity to ensure confidentiality. This course was created on a free version of CANVAS which did not require association with any particular institution. CANVAS was accessible through invitation only (see privacy and confidentiality in CANVAS statement). The participants logged into the CANVAS course to read articles on the subject of mental health, post-secondary supports, and other related items. Each week a ZOOM meeting (online virtual communication tool) was created for individuals to

converse and discuss topics related to students with mental health needs on campus. No identifying names were used, and video capability was disabled for the entirety.

An individual familiar with working with college students who have mental health disorders moderated the group. This individual had expertise in the *ADA Section 504 Act* and processes. This individual was able to speak about accommodations, resources, and support available to students on college campuses nationwide. The identity of this individual remained confidential throughout the study. This individual was present to guide discussion and answer any question that the faculty members may have had. The researcher monitored transcripts of the community of practice meetings and took reflexive notes throughout the process.

Initial meeting of the CoP utilized discussion prompts from a knowledge, skills, beliefs and actions survey that was utilized by researchers to study the impact of a community of practice model (Grajo and Candler, 2016). These discussion prompts (Appendix C) were utilized throughout the sessions as prompts to guide participants initially and allow for the development of conversation around the participant's knowledge, beliefs and actions about students with mental health issues and the resources available for them. Transcripts of the discussions were reviewed for convergent and divergent themes by the researcher. The researcher's notes were also used as a guide when reviewing transcripts, to assist with creation of themes and concepts that could be more developed when looking at the transcripts as a whole, instead of independently.

The faculty participants were also guided by readings, discussion boards and opportunities to collaborate and in conference calls anonymously through "Zoom." Moderated and transcribed meetings were held once per week through Zoom with audio only option

enabled. The participants also had the option to communicate through unmoderated Big Blue Button audio in between the planned weekly meetings. This did not occur. The files and URLs were pre-uploaded and participants were allowed to add resources for each other if they felt that it advanced the discussion. None added documents, but participants spent, on average, 30 minutes outside of formal meetings on CANVAS (per activity record within CANVAS) reviewing documents and reading items. No one participated in the online discussion board. Five participants utilized the moderated meeting once per week in full participation. The final week culminated in discussion guided to provide closure to the group. The researcher utilized specific responses from prompts employed in both the first and last meeting to determine any demonstrated change noted from initial meeting. Together with the full transcript review, this detailed review was meant to identify any change that the phenomenon had upon the participants.

Procedures were in place to protect participants, eliminating psychological, physical, and social risks (Butin, 2010). This included having the moderator present in the group discussions to ensure no names or identifying data are used, and researcher ability to override the learning management system to delete any identifiable content. Participants were respected at all times, no discriminatory language was utilized, and confidentiality was maintained at all times (Creswell, 2012). The researcher also maintained confidentiality in data storage (Butin, 2010) through a password protected transcription data stored on an external drive locked in researcher's office, and password protected access to CANVAS. The data was analyzed using qualitative methodology, as described in the next section.

Data Analysis

Analysis of transcripts of the meetings (transcribed through ‘Temi,’ a common and confidential transcription resource) and the notes from journal documentation by the researcher was completed to obtain data that could be utilized for purposes of analysis. The majority of the analysis was achieved through in-vivo coding. Thematic coding was used after the close of the group until saturation was reached (Creswell, 2012). Themes were created and a synthesis of the structure which offers meaning of the experience, was developed, in order to provide a deeper meaning for the concept being studied.

The detailed individual statements about experiences with the CoP were utilized to cluster the group’s common reflections (Creswell & Poth, 2017) and the patterns that emerged are identified as themes in the next chapter. Denzin (1989) identified that one must locate the key phrases and statements that speak directly to the phenomenon in question. The researcher then interprets the meaning of the phrases as an informed reader and inspects the meaning found to determine what they reveal about the features of what is being studied (in this case the CoP experience). In its essence, the phenomenological data analysis examines the interpretations of the participants from beginning to end of the experience itself, and attempts to make meaning and use of their perceptions. If positive, the goal is to replicate the process for future individuals who may also have the same needs.

In-vivo coding clustered the meaningful words and assisted in identifying meaning as the words begin to emerge that mattered to each subject. A word search was also utilized within the document to assist in finding a count of common key words and statements. The theme, at the manifest level, functions to help categorize repeating data in a manner that makes sense (Saldana, 2016). Ethical considerations of all parties involved was at the forefront in both data collection and analysis. The next section will describe the actions taken.

Ethical Considerations

Each participant volunteered with the knowledge that they could remove themselves from the study at any time with no penalties or repercussions. Once interest was demonstrated, the participant were asked to create a Gmail account specifically for this project and applied a pseudonym of their choice to the email, eliminating any issues with researcher awareness of subject identity. The researcher and moderator also remained anonymous in all documentation and interaction. The participants were informed that their participation had no bearing on their status with their university, and the researcher's name was kept confidential in case any faculty member should interact with her in the future.

The participants were invited to join a free CANVAS course, which allowed them to interact and participate in group discussions both verbally and in writing via discussion board. All names were eliminated and only pseudonyms and self-created emails specific to the study were used. No video or images were allowed within the platform. This was a set as an announcement reminder each time they logged in. The CANVAS course was only visible to the researcher and participants. Once the study concluded, the course was deleted from the server leaving no record of responses or participation. All communication archives were stored solely on the CANVAS site for security purposes.

Credibility

The *Knowledge, Skills and Beliefs* document has been utilized successfully for a number of communities of practice associated with the American Occupational Therapy Association (Bazyk, 2015; Grajo & Candler, 2016). Utilization of this document as an initial tool to guide discussion of participants helped to ensure a measure of consistency and a likelihood that the

participants understood the purpose of the community of practice. Since the researcher is both a faculty member and an occupational therapist, using an outside moderator within the group assisted in reducing researcher bias. The journaling helped to develop themes that assisted in determining areas of need within the realm of connectivity, understanding, and utilization of accommodations. Guided discussions were planned in a way that allowed both the participant and researcher to “maintain a sense of focus” (Seidman, 2006, p. 19).

The final closure group was meant to allow the data to become “meaningful and understandable when placed in the context of their lives and the lives of those around them” (Seidman, 2006, p.17). In the case of this research, the depth and richness of the closure group was especially important in understanding human experience. This activity allowed for reflection and discussion that provided more fodder for the researcher to consider. The use of reflexive journaling helped to ensure that the format of the research remained evidently qualitative and not quantitative in nature. It is the human observer as the instrument, which can be flexible and adaptable, that was able to provide the depth that may not have been achieved if this was done in a survey format (Seidman, 2006).

Transferability

If communities can be formed to help faculty better work with students who have mental health issues, this may be replicated for other areas where faculty have needs. This may even be able to transfer to inclusion of students within the community of practice to understand their perspective in a safe space. Once these faculty members are more comfortable with their understanding of the *504 Act*, its implications, and even understanding the students better

themselves, the campus climate may shift to become more accepting of students with mental health issues and disabilities in general.

This experience may help faculty be more open to learning from each other and even the students they serve. This will allow faculty to be more comfortable sharing their knowledge and provide better assistance with meeting student needs overall. If the faculty group helps to reduce their potential fears and negative reactions, the stigma students feel can be reduced. Opening the door to in depth discussion about accommodations and sharing experiences may encourage faculty to employ this information to help the next student they have in class with the same experiences. The goal was to assist in more positive and informed interactions between student and faculty. A better foundation of confidence can shed fears of isolation, embarrassment and simple lack of knowledge on all parts. Better outcomes and faculty advocacy may also affect administrative views on best practice for students with mental health issues, and a change in college policy may result. Replication or advancement of the knowledge gained within this study may help those in other universities. A specific internal audit of processes was kept to allow the researcher to maintain a record of all processes and procedures. That process is described in the next section.

Internal Audit

An internal audit of processes was kept through electronic records maintained in CANVAS. Each email sent and any communication directly with participants, once they were enrolled, was maintained in the history of the system. All discussion board posts were also saved; and all collaborative communication (including any written chat portion of the virtual meetings) were saved and documented, although not transcribed. All transcription and notes

were maintained in a locked file cabinet through the completion and submission of the research. Draft reports were maintained electronically in a folder specifically labeled with the researcher name, "NEU Files" and backed up regularly on a hard drive purchased for the research activity. A member check was also completed via email through CANVAS at the conclusion of the research timeframe to ensure that the researcher captured the essence of the experience properly. Emails were sent through CANVAS to each participant, with a summary statement, to ensure that all parties were in agreement of the phenomenon's impact.

Self-reflexivity and Transparency

While this research is focused on faculty understanding and supporting students with mental health issues, it is evident that it is also related to the more encompassing needs of supporting post-secondary students with disabilities. This is a topic, as you will learn, close to my heart. In order to truly be transparent in my attempt to add depth to my research and enhance the lives of those impacted with disability, I must recognize the need to examine my own biases and background. I note that publicly acknowledging these facets of myself may be difficult, and turning my gaze inward may prove to be more challenging than I once thought (Fennel & Arnot, 2008) but must be done to provide transparency to the reader.

Positionality Statement

While studying faculty, it is important to note that this research is related to the needs of individuals with disabilities, specifically those with mental health issues, which is a primary population that occupational therapists, such as myself, serve. My bias is clear, in this instance, as both a professor and an occupational therapist. I struggle with the dual role and sometimes allow my clinical thinking to invade my vision of the student experience. As a therapist, knowing

what might be possible for these students in need if they simply received support or assistance within the classroom, I become frustrated that I cannot help them, and that no one supported them at any point along their road (or if they did it was not received). As a professor, I recognize that I must abide by the law and not identify, nor encourage the student to self-identify, any disability that I may think they have; therefore, I cannot provide any accommodations until they self-disclose. My peers struggle equally but it always seems that this subject is taboo, and we are either afraid, or uncomfortable, of discussing our concerns publicly. This, I feel, is often to the detriment of the students.

I must, in this research process, ensure that my relationship to the participants is as pure and analytical as possible. To avoid my skill set impacting the research, I was sure not to make myself a part of their community of practice, but rather leave that to an independent party. I also went into this process with an open mind and did not make the assumption that my intervention strategy would be successful; therefore, not biasing my questions and survey in that manner. Setting my ideals and influence aside may assist in reducing researcher bias and make my results more objective and potentially more transferable.

Author Background

I am an only child who grew up in an Italian household where family is embraced readily. In my home, there was always a relative (my grandmother, my aunt, my other grandmother) who became ill and lived with us for an extended time period. In my house at all times, however, was my father's older brother, Eddie. Uncle Eddie was probably born deaf but was considered to be "mentally retarded" in the nomenclature of the system at the time. My grandmother, seeing his potential, decided to put her son in a public school anyway. There, he

was harassed and teased to the point of being forced to defend himself. This earned him the label of “unpredictable” and he was forced to leave school for the “safety of the other children.” His teachers did not support him, even though many liked him. They just didn’t know what to do with him.

He stayed at home and worked on the farm my family owned with his brothers and sisters until, in my recollection, he survived his parents, ended up living with my parents, and got a job. This job was obtained for him by my parents when they heard of an Association for Retarded Citizens (ARC) opportunity for him in a neighboring town. He would go to work daily on a bus, or in my parent’s car to “make boxes” as he would say, earn a paycheck, and have a lot of fun with the new friends he was meeting. They would go on weekend outings, and my parents were happy that he was not home all of the time, but always cautious about how they were treating him. They believed he had potential, and wanted to make sure whoever was supporting him, in any setting, allowed him protected independence.

My recollections of Uncle Eddie, his job, and his stories of the many “adventures” he would have out on the trips would be fodder for laughter and some tears for years to come. While I was not quite old enough to fully understand the strife that he had been through, nor the full weight of responsibility placed on my parents who had volunteered to care for him, I always knew that he loved me and that he was simply a part of the family. We, as a family, often problem-solved together and talked about the best way to support Uncle Eddie. No one shied away from conversations, both positive and negative, and I learned that our family was really a supportive community when it came to him. We withstood struggles and successes and always shared stories as a way of learning and growing in the ways of Eddie.

Some of my earliest memories are of my mission to teach him to write. He could speak well, although he had some issues with articulation, but he wanted to learn to write his name, so I taught him. I would sit with him and make puzzles, color, and do all of the things that he enjoyed while trying to teach him to tie his shoes, or to read the paper. Often people would say that I could speak three languages: Italian, English, and Eddie. He was a friend, an uncle, and one of the first clients in occupational therapy I ever had, until of course I became an occupational therapist!

My experience with him shaped my life in a way I do not think I have fully contemplated until the writing of this dissertation. I recall when my father became ill (with cancer) and my parents, who were both over 60 years old at the time, were torn because they had to consider putting Uncle Eddie in a group home. We talked about it as a family, supported one another through a tough decision, and came to the conclusion that this was the right thing to do. While it was ultimately the hardest decision they had to make for him, it was for the best.

He lived there for several years until passing peacefully about 12 years ago, having met two of my three children, and outlived many of his ten brothers and sisters. This was a man who could have done well in a public school, even a college, and gone on to have a successful planned transition into the work world; yet he passed in a group home, having had a life that touched many of us who knew him in ways he would never understand. His life, and my interaction with him, has fueled my passion for the population of those with disabilities for years, and was the initial inspiration for my career in occupational therapy as well as the desire to make changes within the culture of disability in any way I can. It is also my family's style of communication and problem solving that led me to the thought that a community approach is sometimes the best approach. While we disagreed (many) times, it was the problem solving in a

safe space that always led to the correct solution for Eddie, and many of the other decisions we have had to make along the way.

Passion for the Population

My career as an occupational therapist has led me to advocate for those who need it, and to encourage maximum independence whenever possible. Occupational therapists strive to enhance a client's potential in their world no matter what physical or mental issues barriers they face. This mentality transfers and is embedded in everything I do. My children and family know that I firmly believe "if you can't fix it, you find a way around it" which is my way of exemplifying the occupational therapy ideals of remediation and compensation in rehabilitation.

I know a good amount about the *Americans with Disabilities Act (section 504)* because I have worked in school systems where quite a few children did not qualify for special education but needed occupational therapy. Since occupational therapy services cannot stand alone on an Individual Education Plan, the students were not eligible for any funding for services through Special Education. Often, they went on a 504 plan to get what they needed. *Section 504* offers services and accommodations to those students who have a recognized disability that limits their full participation in school. Most students qualify for full services so the 504 is unnecessary, but in these cases where they could not qualify for a full Individual Education Plan, the law protected them and we were able to provide services in that manner.

It was only when I was asked to write a chapter on post-secondary students and their use of technology for adaptation in the classroom that I learned the full extent of the *504 Act's* impact on post-secondary education. With the adult (over 21) population, the student must be their own advocate and seek what they need independently. Since special education laws no

longer apply to them, this is their only means of accessing accommodations and services to help them access education. The student becomes their own advocate, and the litigious nature around the disability laws often lend to faculty uncertainty, and often unwillingness to step in to help.

When I began in academia, first as a lecturer in an Occupational Therapy Assistant Associate (OTA) Program, then as the Academic Fieldwork Coordinator and Associate Professor in both the OTA Program and a brand new Occupational Therapy (OT) Master's Program, I noticed how few students we had who were registered with accommodations. We had some students with physical limitations throughout the College, but our interaction was limited since those students were not in the occupational therapy department. While I had read in my research for the chapter that schools with occupational therapy programs often helped develop accessibility and accommodation plans for those students within their institutions; that was not the case where I was. As time went on and more students came into our department with a 504 Plan, the only accommodations they typically received were extended test time requests and possibly some extra handouts for note pages. This did not strike me as odd initially, since I just assumed students had what they needed to be successful in our programs. Our faculty taught in a Universal Design model, since we are rehabilitation professionals, so it was almost automatic to make everything as easy as possible for anyone sitting in our classrooms. If we noticed someone struggling, they would usually talk to a faculty member and we would connect them with the appropriate support service, or simply just add their needs to our Universal Design.

As time went on, and I was asked to sit on the Dismissal Appeals Committee at the college, I began noticing a trend of students filing for appeals revealing they had disabilities to us but reporting that they had not told anyone about it before. The trend was disturbing since I hadn't seen it in my department and could not understand it. I assumed that the other

departments must not be as welcoming to the students and began to question more and more what was happening. I learned that these students were mostly unaware that they were even eligible for accommodations and, even if told they were eligible, they stated they were uncomfortable asking for help. In truth, we learned that many of them did not even know what help to ask for. As an occupational therapist with a soft spot for students who should be motivated to achieve their full potential, this did not sit well. I attempted to do a presentation for our annual faculty development day intended to educate the non-healthcare faculty on rights, but soon learned there were more restrictions within the law than I recognized. I was forced to also tell them that they could not talk to the student about the disability (or even a noted issue) unless the student disclosed. Once disclosed we were still not allowed to talk to them further without first sending them to student support services, which would be confidential. Even those of us who knew how to help were restricted by the college, which left little room for open conversation and we found the students that this law was supposed to support were now being hung out to dry.

As I entered the Ed.D program at Northeastern University, I knew it was going to be my mission to help solve this problem of access and acceptance for the student with disabilities. As I began reading literature consistent with my observations, I became more confident that my research in this area would have meaning and impact. Students interviewed and surveyed often stated how isolated they felt and that they did not ask for accommodations because of fear of stigma, lack of trust in faculty, or just simply lack of knowledge in the process (Reinschmiedt, Sprong, Dallas, Buono, & Upton, 2013; Wilgosh, Sobsey, Cey, & Scorgie, 2008). Faculty also state consistently that they do not have the foundation of knowledge required to provide the students with the experience they feel they may need (Sniatecki, Perry & Snell, 2015).

I feel that much of the research has explored the problem, stated the problem, and attempted to understand the problem; but far less of it has tried to fix the problem. Although my focus has changed over the past year and I am now looking more at mental health issues than other types of disabilities (which stems from the increase in mental health within college and university environments), I have grown and changed and modified repeatedly. My initial intent was to study the students, themselves, as they participated in a community of practice. Once again, I learned that this is not as easy as it would seem in a university setting. Restrictions abound and a simple idea took on a life of its own. Therefore, I shifted once again, to studying those who have the most direct impact on the students; the faculty. This was my way of trying to change the world, one student at a time, a goal I must confess.

I recognize that my positionality may impact my objectivity and attempt to counteract it. This was done by both recognizing my bias and acknowledging it transparently. I had to learn to remove my observer bias (Roulston & Shelton, 2015) and minimize subjectivity through use of a clear, objective methodology. Even though I performed a qualitative study, it was my objective to remain an observer and not allow my perspective and biases to interfere with the participant experience.

Researcher Bias

I recognize that my bias as an occupational therapist and a professor puts me consistently in a dual role that can be conflicting. The frustration I feel about not being able to help students and perceiving that they may be lost or confused is, in fact, consistent with the literature. While I know I am in a unique position to have resources to help students, I also know that the law prohibits me from doing so formally in my role as a professor. Therefore, I hoped the use of the

community of practice model would bring assistance to those who needed it by demonstrating best practice for support within the law. I recognized that other professors may not know about universal design, or how to best accommodate for disabilities. I realized that they may not be able to connect as well to students who they do not understand. I needed to try to find a way for them to comfortably, and safely, discuss these concepts with peers in an attempt to improve. I also recognized that no change in perception might occur once the community of practice is over, and that is an acceptable result of my research. My relationship to the participants should be as pure as possible so I was sure not to make myself a part of their support group (or community of practice). Setting my ideals and influence aside assisted in reducing researcher bias and; therefore, made my results more objective.

Acceptance of Bias

My role as an occupational therapist and faculty member should be recognized, or at a minimum acknowledged, to be transparent about potential bias (Roulston & Shelton, 2015). My allegiance is with the disability population, but I also had to learn to remove this observer bias in order to learn a new paradigm. I also note that being transparent assisted me in eliminating some of the bias as I proceeded, since once it was recognized; it was easier to identify and remove (Fennel & Arnot, 2008).

As an occupational therapist, I have watched several individuals with disabilities be treated differently by faculty. I have had experiences of individuals regarding them as not being able to do a task or considering them “less than” the other individuals they were compared against (Briscoe, 2005). If we only look at a problem with one lens of structure and deficits (Jupp & Slattery, 2006), we will not succeed in solving the issue. We must understand the

history and background of the conditions that people live in and what that really means as well as how this relates to our experience (Packer & Addison, 1989). Adding the component of mental health to my problem changes my perspective a bit (since I am a pediatric therapist and not one who practices behavioral health as a specialty) and will possibly help me to open my mind and let go of any preconceived notions a bit more. I am still an occupational therapist at heart, though, so my desire to create a support group for faculty as a resource is firmly grounded in that positionality and paradigm.

Summary

In conclusion, it is important to recognize who I am to understand the rationale for this research as well as any potential bias that may have been exposed. While I think I understand the population, and what an outcome of a community of practice may be, I should not assume that I know their experience. I had to be careful not to allow ableism into the equation and let the experience speak for itself.

I recognize the marginalization that can happen when we try to study a group that we do not belong to (Briscoe, 2005). As in all things, common sense should be employed (Jupp, 2006). A researcher should not simply think that they know something just because it seems obvious, but because they have studied it thoroughly and without influencing participants. I was able to utilize a continuous self-reflection throughout my path of research; shedding some of the biases I faced, which allowed an opening for new learning. I hope my role as a scholar practitioner assists me in grounding theory into practice as I move forward in my career.

Limitations

A researcher must recognize potential bias as well as limitations of a study. In this study, the limitations included its small sample size, initial design of a one-school model, and recruitment challenges. Together, these affect generalizability. Theoretical framework limitations are also evident in that the utilization of Community of Practice as a theory is not as well-accepted as other, more broadly utilized, theories. It is also important to recognize that those who self-select into this study were more likely to engage, or have had a desire to engage in general, which can influence outcome.

Chapter Four: Findings and Analysis

The purpose of this phenomenological study was to discover the value of a community of practice model for faculty and to determine if it assists them in better supporting the needs of students with mental health disabilities on campus. Since it is faculty who work directly with students in the classroom, they need to have a good understanding of methods to provide support for students with disabilities, while protecting the rights of those students. The literature states faculty often report more positive attitudes when referring to students with physical disabilities and the most negative when working with students who have mental health disabilities (Lombardi, Murray & Dallas, 2013). Becker and Palladino (2016) reported that negative interactions with a faculty member could cause a student to withdraw or make them less likely to seek future accommodations. The community of practice was designed to allow for open and safe discussion related to feelings and perceptions of faculty. It also was meant to include a deeper understanding of any pertinent policies, or laws, which applied. Therefore, the use of the CoP was meant to help faculty feel more comfortable with their student interactions overall. This, in turn, was meant to encourage more positive interactions between student and faculty, and lead to more engagement and participation for the student with mental health issues.

Interestingly, the group of faculty members involved in the community of practice stated initially that they did not have different expectations or impressions of students who had physical vs. non-visible disabilities. They felt that they were able to treat everyone in a supportive way. In relation to simple facets of the *ADA 504 Act*, they were all able to provide at least one example of positive interactions and an understanding of the accommodation process at its most basic level. However, upon delving deeper into discussion over the weeks that passed, slight nuances of approach, and some confusion, were noted. Faculty began expressing the differences they did

notice between students who had mental health issues and those who required more easily identifiable accommodations such as extended test time and note takers. Some indicated that they were not even aware of the possibilities that are available for students with anxiety or depression. While faculty felt they were aware of the services offered by their university; as the conversations continued and ideas were shared, they found that they were surprised about aspects of training and support they did not know existed. Faculty freely expressed concerns about mistakes they fear may have been made, and concern for *their* rights within the process.

In-vivo transcription analysis of each CoP session independently generated a multitude of topics for review that were more divergent in nature. A more robust coding of the sessions as a whole; however, using thematic analysis yielded three major themes. Waters (2017) states there are typically two types of themes that may emerge; collective themes that occur across the group, and individual themes that may be unique to one or a few individual participants. Identification of emergent and convergent themes assisted in determining the perceived influence of the CoP experience on their understanding of resources and how best to support students with psychosocial issues.

This chapter will display quotations from the transcripts to illustrate the respective themes that emerged during the data analysis. No personal information was gathered; therefore, each individual is simply referred to as a faculty member. General concepts gathered from reflexive note taking by the researcher are also included to further support the themes generated. The themes that follow provide examples of the depth of conversations during CoP experiences and the lessons learned.

The first theme, *university resources and education*, combines the views of participants regarding what they know about the 504 process and how it is utilized in their university as well as the limitations on student reporting. It includes identified supports and areas of need as well as examples of the many nuances faculty encounter. The second theme that emerged, *faculty rights and responsibilities*, reflects on how faculty handle individual situations and the questions they have in their respective role. Sub-themes of determining perception vs. reality and handling crisis situations emerged as areas of concern that would benefit from further exploration. Finally, *creating an atmosphere of acceptance*, was the theme that seemed to be eminent in all facets of discussion. This includes creating a positive atmosphere for the students, but also for the faculty within the CoP. This theme explores not only the comfort level in the classroom, but also in the learning communities as faculty attempt to engage with one another and learn about challenging topics. The next section provides details of examples shared to support each theme, as well as direct quotations and concepts which emerged over time.

University Resources and Education

Throughout the community of practice, it became evident that there was a shared, perceived, knowledge that faculty knew which supports were available to students. They also felt confident that they knew how to refer students to disability services in accordance with university policy. Student feelings and fears were weaved into the conversation, and it was evident that each participant had supported students while recognizing that both faculty and students were sometimes not comfortable with the process as a whole.

Faculty Knowledge and Training

100% of the faculty members reported they had referred the students to the disability services office in their respective university or college, but were not always sure that the students followed up. It was also clear that mental health issues were sometimes more challenging, even though they knew the process was the same:

Well, my understanding is that it's not supposed to be any different in that I have to make reasonable accommodations for a person with a mental health issue.

With a response:

Yes, exactly. It's not, there's not going to be different. And I have had students with mental health issues.

Some had more details:

I recognize that the ADA is there and I recognize the reasonable accommodation is required for students who have a documented disability. But much of the work that we do, at least at my university, is through our office of disability services. They set out the terms of what's a reasonable accommodation, what students are eligible for, and provide a whole host of resources for faculty.

Others told of specific situations where they had implemented accommodations:

I have had students with, with ADHD, who have let me know that they're on medication and they might need extra time for testing and I usually give a huge block for testing and they're never the ones who were the last ones to finish the testing. I've only had one or two who needed testing in a quiet environment in the testing center, which surprises me.

And:

It's been fairly routine for me to administer the tests in a longer format actually. I just let them know, you know, when I start reminding students that time's up for them to relax because they have their extra time and it's automatic.

Also:

I haven't had any problems implementing accommodations when it is up to me. But, uh, the disability department was constantly full and finding a reasonable time for students to go there based on their schedules to do there to get their extra time. It's almost impossible. And so I just offered them, um, proctored extra time right there in our facility. I'm not going to lie every now and then I would, I would sway the rules a little bit even for those students if they were in process of getting there, their documentation in and processed at the disability center. I would go ahead and accommodate them as well. So I'm, no, I wasn't supposed to do that, but...

Most agreed that they had done the same, but kept it very private. The conversation shifted to handling situations where accommodations could not be made, and how that felt. One said:

We've had some examples in our program, but not in my classes, where students had to do certain lab activities, testing on individuals where they wanted extra time and in the testing situation the instructor didn't allow for the extra time, but sometimes you can't. So you don't. It just isn't possible for all of them.

All indicated they were comfortable with the accommodation process for the most part, but nuances could be confusing, and they notice the need on campus is increasing:

I mean at my institution, I think we have around 24% of the students have a documented disability of some type and it's gotten to be a very routine thing about, you know, maybe

up to a third and a particular class, show up with a documented disability. They ask to speak with you briefly. And most of the time they seem to say, look, I don't, I don't think I'll need all these accommodations. All I'm looking for as a note taker for some extended time on tests or something like that. Or if you know, if you see me get up and walk around for a little bit or step out, please don't think it's disrespectful. It's just I can't sit for that long and it seems a pretty routine thing.

As thoughts were shared over the weeks, faculty reported the various types of training that their institutions offered. Some took part in them, and one said:

I remembered they also offer faculty training for new faculty and usually a workshop, but um, we forget and interest has. But they, they've even, like in the department that I'm in, we have a number of newer faculty, so they've come over and done trainings for our faculty, answered questions like they're really helped.

Another shared that more is needed:

Um, so having other people to share that with, for ideas of how to manage the classroom in general, um, I think will be very helpful for me. The more resources, the better. I mean, it strikes me at my campus, we've had a lot of conversations about this and a lot over the last couple of years have really kind of dealt with this population of students. It's like a, a newer phenomenon or an increasing phenomenon that's been more work for us.

Certainly we've witnessed this getting more and more issues coming in our classroom, and it's not even students with documented disabilities, but students are just extremely anxious in college. And it contrasts so much with what I remember of college, which was, it was largely a sense of freedom. But for so many of these students, freedom is

producing the anxiety, right? So it's, it's such a weird generational shift on this level that you have students that are arriving in college, even ones without documented disabilities that are enormously, enormously anxious and unprepared for living on their own kind of supported environment for the first time.

The faculty member continued:

But I was aware of the resources with the counseling services and had very easy access to counseling services, which are just downstairs from my office and was in contact with them about many students, most with undocumented disabilities. It helped that I had easy access face to face with the individuals.

Others began to share more about what the support looks like on campus and how it can be a “one and done” training, with limited follow up.

We were strongly encouraged to review the policies and I have to admit that the counseling center really reached out to us and we were in a very tiny campus

Less than half of the faculty members within the CoP felt they had significant support from their program directors, less than half felt they had significant support from disability services, and all of them stated they could “use more” support. Saying, “It would be nice to be able to ask specific questions more often” and, “I have only had to deal with disability services when I have had an issue, and the response isn’t always immediate”.

Even one individual who said they felt they used university resources regularly stated that,

“This has been a great refresher. I don’t think I utilize these tools often enough and I forget about all of the details.”

Student Fears and Resistance to the Process

Faculty recognized that even though processes are in place, students do not always feel comfortable, nor do they want to take advantage of the services the university may offer.

As stated by one member:

One of the things we have talked about is what do you do with a significant number of students who are not registering for disability accommodation, but also clearly have mental health issues. And it's proving a challenge for faculty.

This led to another faculty member to state:

Yeah. I actually just last week met with a student, he's actually a pre-professional student in our institution but has PTSD and depression and anxiety and, and we had a quite a long conversation about, um, you know, why he was hesitant to apply for any of the professional programs. And, um, then he disclosed those issues to me and I asked about the disability center and, um, he said, I just, I don't want that label. I don't want that stigma, which is what we heard from so many of our students or that, well, his faculty know then they're going to think I'm, I'm not capable of being successful.”

This led to others stating similar experiences:

Yeah. I've had students confide in me and not want to confide it to the office, but be comfortable the confiding with the department, or the chair of the department. And they say, oh, I'm fine because I don't need any accommodations for academics. And they don't realize there's so many other things that they might need.

Faculty reported they sometimes feel they know how to support a student, and want to give a recommendation, but to do so would “break the rules”:

There are the students that really need to begin to start to speak up for themselves, but it's just even having that support next to them to be able to talk to someone is that everyone understands them better.

Another said:

I know that's always tricky for faculty. If a person doesn't disclose it and they don't request the accommodation, you're not really supposed to give it to them. Right? Like these accommodations come under a law and it's not really fair to just give an accommodation to someone if they don't claim it.

Another gave a specific example of a frustrating experience:

I'll use an example of a student without any names, but I started at my current institution 11 years ago and in the first class I taught, I had this female student and she has had a litany of health problems, medical withdrawal, psychiatric problems and so forth. But like literally I'm in my 11th year at the institution and she is still there. And I think for her it probably would have been a lot better to take a leave of absence. I mean, you know, I see her around and she's still, you know, about six courses away from graduating, it's basically a school full of traditional college age students who live on campus. And so she's been there 11 years. So she started at the school when she was 18 or so and now she's almost 30.

Students come to faculty to report directly, and the faculty know they need to help them navigate the system, but they must also follow the rules:

I actually learned through the disability training at my university that if you give accommodations to someone who doesn't have the name place officially is uh, is discrimination against the rest of the class. So you have to be careful, I had a student that had test anxiety and I let him come into my office and take the test separately from the class and I found out that was a big no, no.

Also stated:

I've spoken to faculty before that really struggled. Someone had called me and said that they had a student that they knew had a disability, but hadn't disclosed. They didn't know what to do because she didn't want to come out and ask. So I asked her later what she ended up doing and what she had done was, on her syllabus, she put the disability service office and she revisited her syllabus with the entire class and went over line by line and talked about the disability service office and to the entire group. Talked about being able to access them and where they are on campus

One faculty member even referenced working with the occupational therapy department on campus. They felt that this offered students an option to disclose in a more comfortable way, and attempt to eliminate the stigma the students may feel:

We're actually working on our campus with the disability center to provide OT services to students who use the disability center for some education and training. Um, refer to them for things like stress management, mindfulness, um, teaching alternative study strategies based on each individual student's capacities and those kinds of things to address the, the, you know, the, the functional challenges that go along with their mental health challenges with there are, again, our institution is really just strapped; and of

course the academic success center doesn't really know how to work specifically with students that have mental health challenges. So that's one thing that makes me nervous.

In addition, one member mentioned that, “the counseling services on campus are so overwhelmed and students could get in so then they'd be waiting for two months.” “Like what does that do to how they feel? And uh, unfortunately that's, that's just inadequate.”

Summary

Emerging directly from the summative conversation, even those faculty members with full support within their universities need a safe space to converse. They are often given general trainings once per year (or less), or written policies regarding students with disabilities; but not time to process or discuss questions or concerns unless it is in the moment- while working with a particular student. These process and policy based forms of education are minimally enough, but as the nuanced discussions demonstrate, confusion exists and faculty are sometimes unsure about what to do with unique or unexpected situations. The open space to share resources and information was a beneficial way of opening faculty eyes to other options, resources, and reenergizing them to look at each situation as an opportunity to grow, learn, and further support students.

Faculty Rights and Responsibilities

Another emergent theme was that of *faculty rights and responsibilities*. In addition to the resources needed to support students, 100% of the participants expressed concern about their rights. Questions were raised about what they were (and were not) allowed to do, and how it might impact their role within the university:

One of those things is I became like a mandatory reporter and all of this and had to go through some different trainings. Okay. But like when you have like a, uh, like an incident where you're concerned and it's after hours, it's like literally at the point where like you either call the campus police or there's a number, like a concern line and it's almost like the old days where you're calling someone and they're paging someone. And then it might be the dean of students, it might be the dean of ...another program... Then they say, we'll call you back and collect any information and then handle it from there. Right? Like it's not like you're dealing with just strict medical health professionals or like, you know, it's basically like an administrative triage and figuring out what needs to be done and where you need to send people.

Another faculty member stated:

Or if an ambulance should be called, you know, like it's really dicey. And then now we are bound by all types of confidentiality. We're pushing that something needs to be done, someone needs to check on this students, they need a wellness check and all of this. And you know, we realized a few years ago that they were actually checking, but they couldn't tell us because it was protected information. So I think there's all types of these little hurdles or weird things that, right, at least for me.

Another shared:

I have a background in teaching mental health. Some coworkers who are frightened or don't know what to do or you, if someone will immediately label someone as bipolar and manipulative, not really know what they're talking about and try to get them some clarification about things a little bit from me and a lot from counseling,

Crisis Situations

This was especially evident in two examples where faculty were violently accosted by students. Each story was similar, but one student had identified mental health issues (with accommodations) and the other different. This led to a detailed discussion of where student rights and faculty rights crossed over. One asked, “What about when students threaten faculty? How much is too much? How much is protected? Where is the faculty protection and who do you go to?” One member said:

I had one student who did come after me screaming and yelling at me and I did have to get security report, is her to tag the security and reported her to lean as students and does that it would not allow her back in my classroom until it was a behavioral contract ‘cause I was really afraid of her. And other students had witnessed... and she never agreed to a behavioral contract. And there were meetings with security and dean of students and I wasn't the only faculty that she had threatened. Um, she ended up leaving the school.

This led to another saying a similar situation had occurred:

I had a student chase me down the hallway. Well, I went right to the campus security and then the city police and found reports. Um, I don't know what became of the student. I thought I saw the student on campus recently, but I did, you know, I went to my immediate supervisor... really, at what rate do we have as faculty to refuse a student in our question in our classroom if we don't feel safe? And she didn't really have an answer for me. She was screaming and yelling at me and chasing me down the hallway speaking vulgarly to me. And I felt intimidated. I don't know. I feel so I feel, I guess I did feel threatened.

Faculty members responded by asking, “What could you really do? You know, like you can't stop and defend yourself because if you do....”

Another said:

There's so many things that are happening this so much change in the, the lives of students at the time for a typical student, not to mention someone with a mental health condition. So making sure that their meds and their emotional health are in order. And like one of you had mentioned the student make, making sure that they're just emotionally prepared and having the, having their, knowing themselves and knowing what they need is so important.

The moderator was able to point faculty in the direction of two resources, one for students (which included a PDF on student mental health rights on campus) and two faculty resources by national counseling programs which provided information about how faculty might respond to students in crisis and how to manage behavioral situations positively. This was well-received by the group in general and 100% of them said they would use this resource in the future, or show it to their program director.

Faculty then discussed the need to know when to report a student's behavior to someone outside of the classroom without breaking any confidentiality rules. Procedures were discussed generally, with most faculty referring to the student or faculty manual for handling referrals to counselors. Nuances, however, were challenging.

What do I do if the student says they might 'die' if they fail a test? Do I ask if they are just kidding? Do I ask probing questions? Do I send them right to student services?"

And:

Well, I guess, how serious is it? Do they have a history of mental health issues? What if I don't know?"

This engagement was left open and the moderator was able to indicate that they do need to follow university policy, but that the first step should always be to engage with the student (known mental health issue or not). Some online resources were provided, again, received well by all faculty who stated that they would utilize these documents in the future. Confusion remained; however, when it came to students who may or may not disclose their issues and what that means to the faculty interaction.

A simple line by a member summed up much of the conversation:

“I don't know. It struck me that we're kind of on the front line for this stuff in college”

The Challenging Student: Perception vs Reality

Faculty members were asked about what they would do if a student looked like they needed help, but hadn't reported. Before the conversation even started, one faculty member stated,

“Actually, I had a student who faked cancer!”

This led to many questions and discussion about what that meant. The faculty member indicated that the student told everyone she had cancer to attempt to gain accommodations for time off. Faculty members in the department attempted to accommodate in the immediate while the student was 'waiting for disability services' to step in. As it turned out, “the student was lying and could not produce authentication.” This “really bothered” the faculty member and left him wondering who else would do something like this? The other faculty in the CoP were supportive

and shocked, but one other stated that they think. “Every one of my students has test anxiety!” and how to effectively deal with that instance. “Is it the same as saying you have a disability when you don’t?” Others chimed in that it did not seem fair. When asked if they were able to talk about these things the faculty said that they only talked about the specific instances of concerns. The student who lied about cancer was disciplined according to school policy; the test anxiety issue was reportedly spoken about generally in class but not followed up with anyone, etc. The faculty member who worked with the student who faked the cancer demonstrated an overall sense of appreciation for empathy and support from the other members of the group. The test anxiety statement was not discussed further during that meeting.

The lack of trust that can occur once a challenging situation has been unearthed was also discussed:

I’ve also run into a few students over the years, um, at my current institution that have tried to fake disabilities ranging to mental health issues or even using concussions. That’s been a really tricky thing to deal with and those kinds of things. And it could easily lead folks or even lead myself to, to be more suspect of those things. But most of the students that have them or that had actually have the documentation are so upfront about it and just they, you know, recognize this as part of their academic life journey.

The opposite is also true. The consensus of the group was the frustration of the faculty when students have an obvious disability or are struggling, but do not report. Some of the faculty said, “I know what I can do to help,” and “I offered some support but I was told by my program director that I was wrong for doing it, even though I tried to offer it to the whole class” (referring to allowing ear buds or sound dampening items) there have been times where students don’t

report yet we know they need help. One asked, “What is the right thing to do when you see a student struggle? “

A faculty member responded:

So I, you know, there's been a couple of students over the years that have really pushed the boundaries of their accommodations, like maybe even tried to go beyond or not use them properly. Like not even say they need an accommodation until the day after the midterm, but you know, our school's pretty upfront that the accommodation only begins what after you meet with the professor and you have to agree on it with the professor and there's no going back and redoing things or getting credit, you know, or extra time once the test is already over, if you haven't already put the documentation out there.

This can lead to other frustration:

I have one who just came to me and told me she had PTSD. She needs to leave class 45 minutes every single week to go to her therapy group. And I had a long discussion with her about other therapy groups making the decision about is this the right class at this point in time, what's best for her for her care? I, you know, I couldn't literally the last 45 minutes early every week, but I needed her to take care of herself and it was a little awkward because she really want it to leave early every single week. 45 minutes is a long time.

Summary

When working with students, many factors play in to the decisions made by faculty. All faculty reported feeling the need to support students, but were challenged by the stress put upon them in the classroom and feeling like they are on the ‘front line’ without constant support.

When working with students, faculty expressed frustration about knowing when and how to help properly, and how to ensure that they, themselves, were protected. It is a balancing act of trying to do the correct thing for students, while following the rules, and ensuring the safety of the learning environment for all. Fairness is also a factor, and as student needs change, faculty service delivery may need to change as well. For this, they will need support.

Creating an Atmosphere of Acceptance

Classroom Atmosphere

“I create an atmosphere of acceptance, and it seems to work.” This was one of the faculty member’s responses to a discussion related to keeping students engaged within the classroom. Most of the members on the call reiterated the importance of this statement and how important it is to remember this as they work with all students, not just those with disabilities of any kind. One faculty member said, “I feel like the students are all very accepting, even more than years ago, of students who have mental health issues.” It is “so prevalent now, they just seem to get it”. Another said, “I think it is even easier for the students than the faculty.”

Still more:

“It really depends on the background of the faculty member too, like if they are in a field that is more understanding, I think they get it more.”

“I don’t know if it helps or not, but if you know people with mental health issues, you understand it more I think.”

One faculty member offered a specific method of assisting her class:

I've been in a scenario where they're all doing their own classroom work, so they're all working and I've had students just, you know, say 'I can't do this' and 'This is freaking me out', that type of a behavior all over and I sit with them and you know, calm down and you know, some students, I say maybe it would be best if you go take a walk. Or let's pick this up another day if they're really distraught. But for the one just reacting, you know, situationally, um, I get them to do the yoga breathing and talk to them in a calm, soothing voice. And that's, that's worked quite well with several students. So that's similar to an accommodation for that youth or, uh, in a, in a really just falls under the universal design.

Another stated that a simple, consistent phrase at the beginning of each semester has helped.

We use the same phrase of: what can we do that make you most successful in this course? And I think when I first started out by mindset was, okay, what do *I* have to do for *you*? And I think during my years of teaching, I kind of realized that wasn't the right way to approach things. Now it is more about how we can work together to be successful with the whole class. They seem to respond better to that.

Generational differences in the classroom was discussed:

It seems like they are all stressed out so they are willing to stop and support each other, or they are looking for, um, help. So any way that we can assist them in, like you said, how you did some breathing exercises or you could sit and really just read to them at the beginning. That's helpful. I'll get students that are saying, 'I can't do this.' 'I don't understand it.' You know, 'I'm going to give up... And I'm like, well, wait a minute. Let's just sit down for a second. Why don't I read them to you? And at the end of the lesson, it's

amazing to see. They feel accomplished. They are often smiling because of they did understand it and now we are not quitting anymore.

Another shared:

I've just found there's been like kind of a creeping uncertainty among students, like a lack of confidence for a lot of things that they're perfectly capable of doing. So in a lot of my classes, especially like a class, like a senior seminar or something like that, I've worked in like from the very beginning like confidence building exercises like in showing past student work when they were at this stage of a project and they rip it apart and point out all these flaws.

The students seem to rely on one another more:

[She] confided to me that she confided to two of her classmates and another constantly, it's really didn't seem to be a bit deal, I mean people were concerned that she had been out and just kind of asked her how she was doing so casually.

Another said, "It is like they all get it, like an 'it takes a village approach.'"

Faculty indicated they think it is a generation that understands each other and is; therefore, inherently more supportive. They feel that the students know that anxiety and stress are the norm:

The millennial children, they are so full of anxiety and yeah, and just, I'm overwhelmed by the amount of anxiety there is in that age group.

Continued by another:

I was actually surprised in one situation where one of my students was hospitalized and she reached out to another student in two other students in the class actually before contacting me. And I was surprised at the amount of support that people showed her when she returned to class and how she was, um, there was a whole presentation thing that had to be done and she had missed it. So she had to do hers at another time. And I told students, you know, that I hope some of them would be able to come for the presentation and almost the entire class came, which really impressed me in terms of them supporting her. It was in their last semester, they'd been together for four semesters. So it's not like, do you know, they didn't know each other well, but it impressed me. Then they were able to show support for this woman.

And:

I find with, um, students that I guess, I mean some of this ties back into my own memories of college and then just over the years teaching, but I find students over the last five, seven, eight years, I don't know, somewhere in that range that students seemed a lot more tolerant and accepting of students who are struggling due to mental health or mental illness. And I guess, I mean, if I had to, you know, in con, you know, in a setting like this, I'd say it's almost like they're normalized to it. So many of them feel they have their own issues or their friends or their family have issues in this regard that Yep. To them. It's nothing out of the ordinary or someone to be in this boat and they just see it as naturally supportive.

Two faculty members expressed agreement and one said:

I think that, um, that it's such an accepting generation of so many things, right. So many diversity issues that, that, that these mental health issues really kind of fall into that, under that same umbrella.

Faculty are also realizing it:

It seems like that there's a recognition among faculty that there has been any increasing number of students with mental health issues, documented or not. And that we have to come up with ways to work with students like that, whether their disabilities or documented or not. And in some cases, you know, it is hard. I've heard plenty of faculty express frustration that, you know, they're not a counselor; they are not trained for this, that they just want to be able to teach their courses and it's up to the student to do well. But that's more in the abstract than the individual. And the only people I guess I've seen that maybe haven't been on the same level of accommodation would be like very junior faculty who are new to teaching or have just come from Grad school and this is their first teaching job. And they have a little bit more of a rigid set of expectations of how things should be. But over time that changes pretty quickly.

One faculty member said a “no judgement zone” is created in her classroom:

I think I'm learning to create a culture of acceptance in the classroom and, and let students know that, that, you know, they're in a no judgment zone with me. They're more likely then to be able to and willing to discuss these kinds of issues even if they don't have a disability center acknowledged or documented disability. Um, that I think that that opens the opportunity for more conversation. I think it's really important - just changing that culture within your classes. We want our students to succeed, we know we want to,

to really facilitate that success. It would be great if everyone felt that way, or even for us as faculty to feel that way around each other.

Acceptance Within the CoP

Another theme of acceptance was discovered within the transcripts and reflexive journaling from the group of the CoP as well as in the final notes from the end of session prompt and member checking. It was clearly noted by 100% of the participants that they felt the safety, and anonymity, of the CoP allowed them to be a bit freer in discussing their concerns and asking questions. They also found they could express frustration without, “it going to administration and seeming like an issue.” In many ways, the fact that the group did not know each other was very beneficial and they expressed that they felt “comfort” and “safety” in knowing that the people they reported to, or worked directly with, were not in the conversation.

They also expressed that they really enjoyed hearing from people who were outside of their region and area of practice. It was the differences of opinion as well as the different solutions that brought about actions of change. Faculty were noted to say, “I feel like I never thought about it that way” and “I think I learned some new things even though I thought I understood it.” One indicated:

It seemed like I knew a bunch of stuff in my own university, but there is so much more out there. I felt like everyone was so nice and willing to offer opinions and help to me. It was great.

Another encouraging and honest reflection was:

Well I guess I would say like starting out, this just felt like another commitment on top of other commitments that I have in this regard. Um, I found it really interesting because I'm

talking with colleagues at other institutions. Um, it made me rethink some things that have, maybe I become too focused on the way my own institution does things. And also it, I don't know, it's like I feel like a community of this is the first time I really been part of a larger community of practice like this where it hasn't been headquartered at my own institution and it's just a nice feeling to be able to talk about these things and not have everybody know who you are. Where you are from on campus or expect you to lead conversations or at least facilitate discussion. So it's been nice to just hang out, listen and learn and um, I really appreciate it.

Still another stated:

I wasn't aware of the differences between universities, what the options are and how at a national level it seems so obvious that this is a huge issue for all students. It is just so great to hear how different universities are tackling and addressing the issues. It's interesting to me that they're not approaching it more united way.

And lastly:

I think I feel more comfortable asking questions about what services students might need and I think I feel more comfortable approaching students that I feel might be experiencing difficult things. It felt like a better environment to actually talk about this stuff because there was no burden of knowledge. And I kind of like revisited a lot of things I've learned and thought about. So it was more of a perception shift than anything else.

This was the overall theme of the member checking, and all but one participant (who stated he was retiring) said they wanted to continue with a CoP either in their own programs or

nationwide, so they could “continue to learn,” “continue to grow and develop new ideas,, and “be there for each other.”

Summary

As the theme itself suggests, creating an atmosphere of acceptance extends not only to the students the faculty serve, but also each other. The CoP itself opened the group up to the idea of learning from each other, and teaching each other, in a safe space. The CoP was thought, by the group, to be accepting and open which allowed for better conversation and directed action by the group at large.

The idea that members of certain groups within faculty are more accepting, and that those who live with mental health issues (or know people who do) might be more accepting ties directly to the literature, which will be discussed in depth in Chapter 5. Some divergence was noted when faculty thought that certain members of health care fields were less likely to be as caring or considerate of students with mental health issues. The concept of the next generation of students being better prepared and ready to accept students with mental health differences was a newer concept and one that can be explored further.

Conclusion

Given the initial research question:

Can a community of practice (CoP) increase faculty ability to support students with mental health issues on a college campus?

- Will the CoP enhance faculty understanding of the resources available for themselves?
- Will use of a CoP increase faculty understanding of how best to support students with psychosocial needs on campus?

The questions are fully answered through analysis of data described above and explored in chapter five.

As the themes suggest, it was discovered that the use of a community of practice can create an environment of acceptance and sharing that lends to improved faculty comfort. Faculty were able to better understand resources available to them, and utilize peers to learn more about alternate sources of knowledge that they did not expect. The community of practice also began to strengthen faculty understanding of how to best support students with needs on campus, but more time, training, and shared examples would have been helpful.

The time limitations on the study and the restrictions imposed to enforce confidentiality led to some reduction in sharing details about on-campus resources that may have been beneficial. More specific descriptions of campus structure and resources for disability services may have been helpful for comparison within the group. Details about faculty roles, departments, and student body culture may have been helpful for a more rich discussion and appraisal about how each faculty member could imbed some of the learning shared. The moderator; however, was able to share a national perspective of supports which both intrigued and excited the participants. Each stated that they would attempt to find similar resources within their university. They also felt that the general diversity in perspectives opened their minds to alternative options for students.

This community of practice, while limited in time and nature of discussion, does indicate that faculty respond positively to shared experiences and an individual who guides them, not in university policy, but in the process and opportunities. The findings of this research are valid as they utilize themes developed from subjects who experienced the same phenomenon and each had a change in perception about the benefit of the experience itself, as well as comfort in discussing challenging experiences. They each learned about new resources through the shared experience, and emerged with a better knowledge base than they had upon entering. These

findings were confirmed in the member checking process which also reinforced the feeling of growth, development, and understanding as aided by their peers. The convergence and divergence with the literature as well as new ideas for practice implications based on the phenomenon studied will be discussed further in chapter 5.

Chapter Five: Discussion and Implications for Practice

The purpose of this phenomenological study was to understand how a community of practice model for faculty may assist them in better supporting the needs of students with mental health disabilities on campus. For the purposes of the research, a community of practice is defined as a group of individuals who will come together to learn and support one another. The goal of the study was to discover the impact a faculty CoP has on improving the experiences of students with mental health issues within a university.

At the heart of the research is the need to develop a sense of and to learn from the community. The framework of elements within the community of practice model also includes the modes of belonging we utilize for social learning, including engagement, imagination, and alignment (Wenger, 2000). The theoretical foundation that humans inherently reject isolation and seek the comfort of a community, as described in relational ontology and community of practice model, provided a strong foundation for this research. It is within the developed relationships with one another that participants may experience change and growth. Each human's interaction with one another is more beneficial than a relationship to any potential outcome (Jackson, Smith, & Hill, 2003.) Using relational ontology as a "kind of medicine" (Reddekop, 2014, p.54) allowed the participants to think in ways that are richer and more dialogic. Further, engagement led to enlightenment. The engagement they experienced helped participants learn from the group and according to the member checking, inspired the majority to continue a search for resources and ways to improve their skills and make positive change. The safe support they experienced can be replicated and continued with other faculty models to help support each other through challenges they may face.

Seidman (1998) suggested that each researcher needs to demonstrate what is learned about subjects through presentation of profiles and connecting those to the experience of others in the sample. Seidman (1998) also stated that one the researcher can connect threads and patterns among the data, thus creating a picture for the reader. It was the intention of this researcher to present a 'picture' of the life of the participants before and after the CoP activity and utilize the data to support the need to include them in post-secondary educational institutions. Utilizing Seidman's methods to determine the usefulness of the intervention, connections between the participants were emphasized more than their divergence. Commonalities about the collective impact on the participants indicates the success of the group and the desire for them to continue this type of endeavor. The knowledge translation is what is most important to inspire and enable others to employ the same, or similar, experience opportunities for faculty, with an end goal of positively influencing students.

As identified by Pyrko, Dörfler, and Eden (2016), the more people dwell in knowledge areas, the more it becomes a part of their identity. This indwelling can be shared but requires trust, which comes with the formation and evolution of the group over time (Pyrko, Dörfler, & Eden, 2016). The research identified ways that this has happened within the group, even in the short period of time they had to dwell in their common areas of knowledge within the CoP. Trust and connections were formed and meaning can now be found within data analysis.

This chapter examines and discusses the study in four sections. The first section will integrate previously examined literature with the themes and sub-themes determined by data analysis. The second will address the convergent findings that existed within the study and their implication to practice. The third will discuss reflections on the use of the methodology and the implications for the higher education practice. The fourth section will explore the study

limitations and suggestions for future research. Specific examples of how the findings can be integrated into future programming and lead to further research will also be discussed.

The Phenomenon and the Literature

In this section, the results obtained through this study will be examined alongside the existing literature. Specifically, the data analysis demonstrated convergence and divergence in the literature regarding student perceptions, faculty practices and understanding, and utilization of the processes related to *504 Act* regulations within higher educational institutions. The following section summarizes the findings of the research as compared to current and relevant literature in the area of post-secondary education and disability.

Acceptance versus Marginalization

The literature indicates that students are often uncomfortable sharing their mental health needs with others because of the stigma and marginalization it can create (Flink, 2017; Padron, 2006). This was especially significant for students with non-visible disabilities who could continue in an academic program without obvious disclosure of their disability. The research; however, found participants felt that the current generation of students do anything *but* reject their peers who have expressed mental health issues. Participant stories indicate tremendous support between students and the willingness of students with non-visible experiences to share those lived experiences with others. This also includes sharing their issues with faculty.

O'Shea and Meyer (2016) found that students with less visible disabilities preferred not to report them to faculty or share with administrators. Within this research, participants indicated that students disclose to them directly, while feeling uncomfortable seeking help from their institutions' disability services. This comfort in disclosure is inconsistent with the literature, but

consistent with student need for acceptance and understanding in times of transition and stress (Evans, Forney & Guido-DiBrito, 1998). When students open the door to relying on one another, it enhances an atmosphere of acceptance. Students must also; however, follow guidelines and rules set forth by the *504 Act*, and formally request accommodations. When they do not, it sets up another layer of decision-making for faculty, who must also follow the *ADA Law*.

Faculty Perception and Support

The most consistent theme of the research with regard to the literature is of participant perception, understanding, and utilization of and need for education. While most participants understood basic information about the *504* process, the nuances and different scenarios that leave room for interpretation and judgement were the challenge. This is consistent with the literature, which states that faculty members are not always educated enough in the *ADA* to guide students through the process. Sniatecki, Perry, and Snell (2015) found that faculty often express they are not prepared enough when students with varying levels of disability enter the classroom. This is consistent with this research in terms of participant discussion of concerns and examples of confusion they experienced when trying to support students. Sniatecki, Perry, and Snell (2015) further state that faculty are sensitive to the needs of students and would be interested in learning more, but inaccurate beliefs prevailed. This is again consistent with the expressions of participants in the CoP. Ambiguity exists and can create turmoil for students, faculty, and administration as everyone attempts to sort out optimal ways to support each student and provide appropriate supports.

The calls within the literature for faculty to support students and embrace the population of disability (Becker & Palladino, 2016) appear to have been achieved by the CoP as studied by

this researcher. The study indicated that CoP members had a strong desire to support students, sometimes to the extent that they did not follow the rules and supported students outside of the accommodations process. It was also apparent that CoP members who had friends and personal knowledge of mental health issues had a stronger understanding of the students who reported psychosocial issues. This is consistent with Brockelman, Chadsey, and Loeb's (2006) finding that faculty with personal experience with mental health issues understood and supported students better than those who did not.

While Lombardi et al. (2013) found that certain faculty, including females, tended to have a more effective approach to students with disabilities, the males (as evidenced by vocal inflection) in the current CoP study were found to be equally as supportive. The faculty in this CoP were from a variety of backgrounds and expressed equal support for students across academic disciplines. Statements made during the CoP about students in crisis situations was also consistent with Brockelman, Chadsey and Loeb (2006). They reported that faculty wished to support students but were sometimes confused by what might be a temporary issue, and what needed campus support from disability services. This finding was of particular interest because it was one of the nuances that faculty in the CoP study expressed most difficulty with discerning and managing. This may lend to future exploration, since both sets of students need support, faculty education is required in both scenarios in order to determine the level and type of support given.

The Culture of Disability

As discovered within this CoP, faculty felt student feelings of marginalization were minimal. This was emphasized by the students' ability, as reported by faculty, to rely on their

peers, who seem to understand and support them. This is somewhat in contrast to the literature, which states that students with mental health issues feel isolated, are fearful of stigma and negative social reactions, and have a fear of future ramifications if others are aware of their disability status (Lyman, et al., 2016). The culture of disability, according to the research findings within the CoP, is more accepting than initially anticipated. This is potentially due to current campus culture which is more accepting of students with mental health issues as a result of the sheer number of them on campus. The faculty in the CoP felt that it was a cultural norm to have identified and unidentified mental health issues; therefore, is not leading to as much isolation and negative stereotyping. This is inconsistent with the literature but may provide anecdotal evidence that change and acceptance is on the horizon with the new generation of students. This support and acceptance will be of utmost importance as a new generation of students begins to think of disability as a part of a person's identity instead of an obstacle. The time may be ripe for communities and peer groups to be formed and for support to be provided by larger campus organizations (outside of just disability services) who can open the doors to communication and acceptance as a whole.

Convergent Findings Implications in Practice

An exciting finding of the study is that the CoP model is a viable, easily accessible, and replicable format for faculty members in post-secondary education. Communities of practice were originally developed and facilitated with a variety of people who wished to examine the learning that happens in a social environment, with varied interpretations since their inception (Li et al., 2009), yet its utilization in post-secondary education has not been fully explored. This study demonstrates how the virtual connections formed by the CoP can connect a national community of educators who share a common goal to support student success. This also provides

this researcher with hope that the CoP model can be used to explore other pertinent topics, as well as perhaps being employed for students themselves.

Reflections on Methodology

The use of phenomenology to guide this study was beneficial for the data collection and thematic development. Not only did the methodology allow for rich data and analysis, the format itself led to the researcher considering programmatic change and development of communities of practice for utilization in the future. The researcher developed an in-depth understanding of the lived experiences of each individual, before, during and after the phenomenon of the community of practice. As a result, the richness of discussion not only led to data which could be analyzed, but a bond that developed between the community members. The anonymity of the community and the diversity of institutions present led to comfort, a feeling of safety, and a broadening of views of those involved. From the outset, this was the researcher's goal.

Limitations

The research design was not without limitations. Since the experiences were subjective, and shared from a small group of individuals who self-selected to volunteer, findings may not be as generalizable as other, more comprehensive studies. Within the context of the research, much was learned that could be used as a foundation to create future CoPs to facilitate and study various topics within higher education.

Using non-identifying methods to maintain participant confidentiality was required through IRB procedures for the study. However, this led to limitations during discussions. Participants were unable to share resources from their universities or detailed policies or procedures that they may have had in place. Sharing these resources, in addition to the ones

presented by the moderator, may have further advanced the CoP. Communities of practice work best when social engagement and knowledge sharing is prevalent (Lave & Wenger, 1991). It is within these environments that solutions can be found to common problems. While common problems were shared, and resources were discussed, it may have been more beneficial to the participants if resources from their home universities could have been shared freely with open access. This sharing may have also enhanced discussions.

Another limitation brought forth by the need for confidentiality was lack of visual connection between the participants. Although the participants stated there was a comfort in anonymity, the researcher noted awkward pauses in conversation and accidental interruptions, which broke the flow of conversation. This led the researcher to question the use of video and how it may have influenced the natural connections and cadence of conversation. While the CoP can certainly be done with voice only, it would be interesting to see if a visual connection adds to the flow.

A small sample size and self-selection of participants led to limitations in generalizability. This is consistent with other small qualitative works, but important to recognize. The addition of geographical and institutional diversity helped assist in coming closer to a more generalizable sample, but it can be said that the participants who joined the study did so because they had an inherent interest in the topic. The excitement they shared and the stories told, along with the researcher's observations, led to many considerations for practice and for future research, which will be described in the next sections.

Recommendations for Practice

Similar to what Marquis et al. (2016) indicated, the best foundational component to the success of any program for faculty comes from a grass roots effort. When faculty feel empowered and acknowledged in a safe space which allows for collaboration and discussion, true change happens. This is evidenced in the results of this research study, which indicates faculty did feel empowered with more knowledge and a desire to continue their learning and implementation of their knowledge with students. The next steps; however, are perhaps the most important. Faculty in higher educational institutions need to be encouraged and empowered to speak their truth, tell their stories, and share experiences in a way that is supportive and supported by administration. Not only do faculty thrive in safe spaces that offer a chance to communicate and make change, they need to have the opportunity to do so before issues arise. If a community of practice can be created for support around students with mental health issues, one of the products could be policy or procedural changes that help the campus community to be more in tune with what the generation of students is feeling. If a community of practice can include students with mental health issues, along with faculty, even more learning may be able to be accomplished. This is an exciting time for communities of practice, and higher education can be a leader in their use for professional development along with achievement of interdepartmental and intercollegiate goals and objectives.

Recommendations for Future Research

Given the relative success of the community of practice in a short, four week, period; the researcher feels that future research should consider a much longer timeframe. While commitment of the individuals can be difficult, success may be found in a larger sample size with more meeting time options. One concept, which has worked successfully, is using a longer time frame and holding monthly meetings. This decreases the burden on the individual to attend

weekly, but keeps them connected for a longer period. This model has also been found to allow individuals more time to explore the resources put forth on the learning platform and utilize those as a point of reference more frequently in the CoP (Simon, Krug & Grajo, 2019). Program evaluation may also be completed if this is monitored by the institutions involved, and the community of practice can be expanded to topics of interest generated by faculty at various programs. Demonstration of success of a CoP in this manner may encourage administration to view it as a valuable form of professional development and enhancement of programming.

Another avenue for future research is to study the value of a community of practice for students, themselves. As evidenced in the research as well as in the statements made by the participants that the engagement component of the CoP was beneficial. Confusion that exists within faculty also occurs within the student population. Their inexperience with the university disability system as well as fears of isolation and stigma lend very well to the utilization of a safe space for learning and bonding with others who have similar shared experiences. Salzer (2012) found that students with mental health have challenges integrating into campus life, which influences retention and engagement. Peer groups can improve retention and integration within the community (Salzar, 2012). A community of practice could prove to be such a group for the students who need it most.

Conclusion

As evidenced by the comparison of findings within this study to the literature, much of what was discovered within the phenomenon of the community of practice is true to the lived experiences of others in higher education. A review of faculty expressions as related to students with mental health issues and observation of the nuances in stories told, leads the researcher to

believe the community of practice experience did help support faculty. It aided them in becoming more aware of resources, and how to utilize best practice to support students in need. 90% of the faculty interviewed indicated they would continue this community of practice if it existed at their university and 100% indicated a positive response to the safe learning environment the community of practice provided.

The success of the community of practice is indicative of the need for more discussion and exploration of the depth and breadth of faculty needs, and exploration about how to utilize peers as an educational resource that is free, easily accessible, and a catalyst of positive change. While each theme in the literature was reflected in the findings, more work can be done to reinforce the need for change; not only for faculty, but also for the students they serve.

References

- Abreu, M., Frye, A., & Goldstein, J. (2016). Student experiences utilizing disability support services in a university setting. *College Student Journal, 50*(3), 323-328.
- Alexander, H. A. (2006). A view from somewhere: Explaining the paradigms of educational research. *Journal of Philosophy of Education, 40*(2). 205-221.
<https://doi.org/10.1111/j.1467-9752.2006.00502.x>
- Asch, S. (2009). *Relational Ontology: An Exploration through the Work of M. Foucault* (Master's thesis, University of Victoria, Victoria, BC). Retrieved from
<https://dspace.library.uvic.ca/handle/1828/1610>
- Bazyk, S., Demirjian, L., LaGuardia, T., Thompson-Repas, K., Conway, C., & Michaud, P. (2015). Building Capacity of Occupational Therapy Practitioners to Address the Mental Health Needs of Children and Youth: A Mixed-Methods Study of Knowledge Translation. *American Journal of Occupational Therapy, 69*(6), 1-10.
<https://doi.org/10.5014/ajot.2015.019182>
- Becker, S., & Palladino, J., (2016). Assessing faculty perspectives about teaching and working with students with disabilities. *Journal of Postsecondary Education and Disability, 29*(1), 65-82.
- Bialka, C.S., Morro, D., Brown, K, & Hannah, G. (2017). Breaking Barriers and Building Bridges: Understanding How a Student Organization Attends to the Social Integration of College Students with Disabilities. *Journal of Postsecondary Education and Disability 30*(2), 157-172.
- Bridges, W. (2004). *Transitions: Making sense of life's changes (2nd ed.)*. USA: Da Capo Press.
- Briscoe, F.M. (2005). A questions of representation in educational discourse: Multiplicities and

- Intersections of identities and positionalities. *Educational Studies*, 38(1), 23-41.
- Brockelman, K.F. (2011). Faculty members' ratings of the effectiveness of academic strategies for university students with psychiatric disabilities. *Journal of Postsecondary Education and Disability*, 24(1), 43-52.
- Brockelman, K. F., Chadsey, J. G., & Loeb, J. W. (2006). Faculty perceptions of university students with psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 30(1), 23-30. doi:10.2975/30.2006.23.30
- Brockelman, K. F., & Scheyett, A. M. (2015). Faculty perceptions of accommodations, strategies, and psychiatric advance directives for university students with mental illnesses. *Psychiatric Rehabilitation Journal*, 38(4), 342-348. doi:10.1037/prj0000143
- Bronfenbrenner, U. (1994). Ecological models of human development. *Readings on the Development of Children*, 2(1), 37-43.
- Brothers, K. W. (2001). Introduction to the garrett history brief. *Journal of Disability Policy Studies*, 12(2), 68-69. doi:10.1177/104420730101200202
- Butin, D.W., (2010). *The Educational Dissertation: A Guide for Practitioner Scholars*. California: Corwin.
- Capp, M. (2017). The effectiveness of universal design for learning: A meta-analysis of literature between 2013 and 2016. *International Journal of Inclusive Education*, 21(8), 791-807.
- Christ, T.W., Stodden, R., (2005). Advantages of developing survey constructs when comparing educational supports offered to students with disabilities in postsecondary education. *Journal of Vocational Rehabilitation*, 22(1), 23-31.
- Cole, E.V. & Cawthon, S.W., (2015). Self-disclosure decisions of university students with learning disabilities. *Journal of Postsecondary Education and Disability*, 28(2), 163-179.

- Creswell, J. W. (2012). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (4th ed.). Boston, MA: Pearson.
- Creswell, J. W. (2014). The use of theory. In *Research design: Quantitative, qualitative, and mixed methods* (pp. 49-71). San Francisco, CA: Sage.
- Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Los Angeles, CA: Sage.
- Dallas, B. K., Sprong, M. E., & Upton, T. D., (2014). Post-secondary faculty attitudes toward inclusive teaching strategies. *Journal of Rehabilitation*, 80(2), 12-20.
- Davies, P.L., Schelly, C.L., & Spooner, C.L., (2013) Measuring the effectiveness of universal design for learning intervention in postsecondary education. *Journal of Postsecondary Education and Disability*, 26(3), 195-220.
- Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). (2013). Arlington, VA: American Psychiatric Association.
- DiPlacito-DeRango, M. (2016). Acknowledge the barriers to better the practices: Support for student mental health in higher education. *Canadian Journal for the Scholarship of Teaching & Learning* 7(2): 1-12. <http://dx.doi.org/10.5206/cjsotl-rcacea.2016.2.2>
- Education for All Handicapped Children Act, Pub. L. No. 94-142, Stat. (1975).
- Erikson, E.H. (1968). *Identity: Youth and Crisis*. New York: Norton.
- Evans, N. J., Forney, D. S., & Guido-DiBrito, F. (1998). *Student development in college: Theory, research, and practice*. San Francisco: Jossey-Bass.
- ACHA-NCHA II: Fall 2016 Reference Group Executive Summary*. (2016). Retrieved from American College Health Association website: https://www.acha.org/NCHA/ACHA-NCHA_Data/Publications_and_Reports/NCHA/Data/Reports_ACHA-NCHAIIC.aspx

- Fennel S., & Arnot, M. (2008). Decentering hegemonic gender theory: The implications for educational research. *Compare: A Journal of Comparative and International Education*, 38(5), 525-538. doi:10.1080/03057920802351283
- Flink, P.J., 2017. Invisible Disabilities, Stigma, and Student Veterans: Contextualizing the Transition to Higher Education. *Journal of Veterans Studies*, 2(2), pp.110–120.
<http://doi.org/10.21061/jvs.20>
- Funk, M. & Drew, N. (2017). WHO Quality Rights: Transforming mental health services. *The Lancet Psychiatry*, 4(11), 826-827. doi:10.1016/S2215-0366(17)30271-7
- Grajo, L.C. & Candler, C. (2016). An Occupation and Participation Approach to Reading Intervention (OPARI) part I: Defining reading as an occupation, *Journal of Occupational Therapy, Schools, & Early Intervention*, 9(1), 74-85.
doi:10.1080/19411243.2016.1141082
- Griffen, A. K., Risley, K., Petros, M., & Welter, C. R. (2018). Inclusion Wheel: Tool for Building Capacity and Public Health Leaders to Serve People with Disabilities. *Health Promotion Practice*. <https://doi.org/10.1177/1524839918788578>
- Hultgren, F. H. (1995). The phenomenology of "doing" phenomenology: The experience of teaching and learning together. *Human Studies*, (18)4, 371-388.
<https://doi.org/10.1007/BF01318618>
- Hutcheon, E.J., & Wolbring, G., (2012). Voices of “disabled” post-secondary students examining higher education “disability” policy using an ableism lens. *Journal of Diversity in Higher Education*, 5(1), 39-49.
<http://dx.doi.org.jwupvdz.idm.oclc.org/10.1037/a0027002>

Individuals with Disabilities Education Act, Pub. L. No. 101-476, Stat. (Oct. 30, 1990).

Jackson, A. P., Smith, S. A., & Hill, C. L. (2003). Academic persistence among Native American college students. *Journal of College Student Development, 44*(4), 548-565.

doi:10.1353/csd.2003.0039

Jansen H.. (2010). The logic of qualitative survey research and its position in the field of social research methods. *Forum Qualitative Social Research, 11*(2).

<http://dx.doi.org/10.17169/fqs-11.2.1450>

Janson, A., & Howard, L. (2004). The odyssey of Ph.D. students becoming a community of practice. *Business Communication Quarterly, 67*(2), 168-181.

doi:10.1177/1080569904265421

Jupp, J.C., & Slattery, P. (2006). White male teachers on difference: Narratives of contact and tensions. *International Journal of Qualitative Research in Education, 23*(5), 199-215.

<https://doi.org/10.1080/09518390903107499>

Kimball, E., Friedensen, R. E., & Silva, E. (2017). Engaging disability: Trajectories of involvement for college students with disabilities. In E. Kim & K. C. Aquino (Eds.) *Disability as diversity in higher education: Policies and practices to enhance student success* (61-74). New York, NY: Routledge.

Kooloos J., Klaassen T., Verijken M., Van Kuppeveld S., Bolhuis S. & Vorstenbosch M. (2011). Collaborative group work: effects of group size and assignment structure on learning gain, student satisfaction and perceived participation. *Medical Teacher, 33*(12), 983-988.

doi:10.3109/0142159X.2011.588733

Kutscher, E. L., & Tuckwiller, E. D. (2018). Persistence in higher education for students with

- disabilities: A mixed systematic review. *Journal of Diversity in Higher Education*. Advance online publication. <http://dx.doi.org/10.1037/dhe0000088>
- Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge, England: Cambridge University Press.
- Li, L. C., Grimshaw, J. M., Nielsen, C., Judd, M., Coyte, P. C., & Graham, I. D. (2009). Evolution of Wenger's concept of community of practice. *Implementation Science, 4*(11).
- Lombardi, A., Murray, C., Dallas, B., (2013). University faculty attitudes toward disability and inclusive instruction: Comparing two institutions. *Journal of Postsecondary Education and Disability, 26*(3), 221-232.
- Lombardi, A., Murray, C. & Kowitt, J., (2016). Social support for academic success for college students with disabilities: Do relationship types matter?. *Journal of Vocational Rehabilitation 44*(1), 1-13. doi:10.3233/JVR-150776
- Lyman, M., Beecher, M.E., Griner, D., Brooks, M., Call, J., & Jackson, A. (2016). What keeps students with disabilities from using accommodations in postsecondary education? A qualitative review. *Journal of Postsecondary Education and Disability, 29*(2), 123-140.
- Madaus, J. W., Gelbar, N., Dukes, L. L. III, Lalor, A. R., Lombardi, A., Kowitt, J., & Faggella Luby, M. N. (2018). Literature on postsecondary disability services: A call for research guidelines. *Journal of Diversity in Higher Education, 11*(2), 133-145. <http://dx.doi.org/10.1037/dhe0000045>
- Mamiseishvilli, K., & Koch, L.C., (2011). First-to-second year persistence of students with disabilities in postsecondary institutions in the United States. *Rehabilitation and Counseling Bulletin, 54*(2), 93-105. <https://doi.org/10.1177/0034355210382580>

- Marquis, E., Schormans, A.F., Jung, B., Vietinghoff, C., Wilton, R., & Baptiste, S. (2016). Charting the landscape of accessible education for post-secondary students with disabilities. *Canadian Journal of Disability Studies*, 5(2) 42-71
<https://doi.org/10.15353/cjds.v5i2.272>
- McGregor, K.K., Lagenfeld, N., Van Horne, S., Oleson, J., Anson, M., & Jacobson, W., (2016). The university experiences of students with learning disabilities. *Learning Disabilities Research & Practice*, 31(2), 90-102. doi:10.1111/ldrp.12102
- Merriam, S.B. (1991). How research produces knowledge. In P. Peters & P. Jarvis (Eds.), *Adult Education: Evolution and achievements in a developing field of study* (pp. 42-65). San Francisco: Jossey-Bass.
- Murray, C., Lombardi, A., Seely, J.R., Gerdes, H., (2014) Effects of an intensive disability-focused training experience on university faculty self-efficacy. *Journal of Postsecondary Education and Disability*, 27(2), 179-193.
- National Survey of Student Engagement. (2018). Retrieved from NSSE Home website:
<http://nsse.indiana.edu/>
- O'Neill, J., Kang, H., Sanchez, J., Muller, V., Aldrich, H., Pfaller, J., & Chan, F., (2015). Effect of college or university training on earnings of people with disabilities: A case control study. *Journal of Vocational Rehabilitation*, 43(2), 93-102. doi:10.3233/JVR-150759
- O'Shea, A., & Meyer, R. H. (2016). A qualitative investigation of the motivation of college students with nonvisible disabilities to utilize disability services. *Journal Of Postsecondary Education and Disability*, 29(1), 5-23.
- Packer, M. J., & Addison, R. B. (1989). *Entering the circle: Hermeneutic investigation in psychology*. Albany: NY: State University of New York Press.

- Padron, J. M. (2006). Experience with post-secondary education for individuals with severe mental illness. *Psychiatric Rehabilitation Journal*, 30(2), 147-149.
<http://dx.doi.org/10.2975/30.2006.147.149>
- Perry, A. (2012). Graduates' experiences of the post-university transition. (Unpublished doctoral dissertation). University of Canterbury, Christchurch, New Zealand.
- Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Psychological Journal*, 20(1), 7-14. doi:10.14691/CPJ.20.1.7
- Pyrko, I., Dörfler, V., & Eden, C. (2016). Thinking together: What makes communities of practice work?. *Human relations; studies towards the integration of the social sciences*, 70(4), 389-409. doi:10.1177/0018726716661040
- Reddekop, J. (2014). *Thinking Across Worlds: Indigenous Thought, Relational Ontology, and the Politics of Nature; Or, If Only Nietzsche Could Meet A Yachaj* (Doctoral dissertation, Western University, London, Ontario). Retrieved from <https://ir.lib.uwo.ca/etd/2082/>
- Reed, M.J. & Kennett, D.J. (2017). The importance of university students' perceived ability to balance multiple roles: A comparison of students with and without disabilities. *The Canadian Journal of Higher Education*, 47(2). Retrieved from <https://search.proquest.com/docview/1947019637>
- Rehabilitation Act of 1973, Pub. L. No. 93-112, 87 Stat. 394 (Sept. 26, 1973)
- Reinschmiedt, H.J., Sprong, M. E., Dallas, B., Buono, F.D., & Upton, T.D. (2013). Post-secondary students with disabilities receiving accommodations: a survey of satisfaction & subjective well-being. *Journal of Rehabilitation*, 79(3), 3-10.
- Roberts, G. (2015). Communities of practice: Exploring enablers and barriers with school health

- clinicians. *Canadian Journal of Occupational Therapy*, 82(5), 294–306.
doi:10.1177/00084174166576776
- Rodrigues, S., Bokhour, B., Mueller, N., Dell, N. Osei-Bonsu, P. E., Zhao, S., Glickman, M. .V., Eisen, S., & Elwy, A. R. (2014). Impact of stigma on veteran treatment seeking for depression. *American Journal of Psychiatric Rehabilitation*, 17(2), 128–146.
doi:10.1080/15487768.2014.903875
- Rothstein, L. (2015). The Americans with disabilities act and higher education 25 years later: An update on the history and current disability discrimination issues for higher education. *Journal of College and University Law* 41(3), 531-590.
- Roulston, K., & Shelton S. (2015). Reconceptualizing bias in teaching qualitative methods. *Qualitative Inquiry*, 21(4). 1-11. <https://doi.org/10.1177/1077800414563803>
- Russell, C. K., & Gregory, D. M. (2003). Evaluation of qualitative research studies. *Evidence Based Nursing*, 36(6), 36-40. <http://dx.doi.org/10.1136/ebn.6.2.36>
- Ryan, S., (2014). An inclusive rural post-secondary education program for students with intellectual disabilities. *Rural Special Education Quarterly*, 33(2), 18-28.
<https://doi.org/10.1177/875687051403300204>
- Saldana, J. (2016). *The coding manual for qualitative researchers*. Thousand Oaks, CA: SAGE Publications.
- Salzer, M. (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. doi:10.1080/07448481.2011.552537
- Scott, S.S., Mcguire, J.M., & Shaw, S.F., (2003). Universal design for instruction. *Remedial and Special Education*, 24(6), 369-379. <https://doi.org/10.1177/07419325030240060801>

- Seidman, I. E. (1998). *Interviewing as qualitative research: A guide for researchers in education and the social sciences (2nd ed.)*. New York: Teachers College Press.
- Sniatecki, J.L., Perry, H.B., Snell, L.H. (2015). Faculty attitudes and knowledge regarding college students with disabilities. *Journal of Postsecondary Education and Disability*, 28(3), 259-275.
- Snyder, T.D., de Brey, C., and Dillow, S.A. (2016). *Digest of Education Statistics 2014* (NCES 2016-006). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Washington, DC.
- Spenceley, L.M., & Wheeler, S., (2016). The use of extended time by college students with disabilities. *Journal of Postsecondary Education and Disability*, 29(2), 141-150.
- Simon, R.L. , Krug, G., & Grajo, L. (2019). Developing a Mentorship Program for New Educators and Academic Fieldwork Coordinators Using a Community Approach. *SIS Quarterly Practice Connections: A Supplement to OT Practice*, 4(2), 11-13.
- Taylor, R.R. (2017). *Kielhofner's Research in Occupational Therapy: Methods of Inquiry for Enhancing Practice* (2nd ed.), Philadelphia, PA: F.A. Davis.
- Taylor, T. Y. (2017). *Perceptions of peer group interactions on self-efficacy and academic identity of African-American students in advanced placement classes* (Doctoral dissertation, University of Louisville, Louisville, KY). Retrieved from <https://ir.library.louisville.edu/etd/2743/>
- U.S. Department of Education, Office of Civil Rights. (2017). Protecting students with disabilities: Frequently asked questions about section 504 and the education of children with disabilities. Retrieved from <https://www2.ed.gov/about/offices/list/ocr/504faq.html>
- U.S. Department of Education, Office of Civil Rights (September, 2011). Students with

- disabilities preparing for postsecondary education: Know your rights and responsibilities.
Retrieved from <https://www2.ed.gov/about/offices/list/ocr/transition.html>
- U.S. Department of Education. (2007). *Disability Employment 101: Appendix IV*. Retrieved from <https://www2.ed.gov/about/offices/list/osers/products/employmentguide/appendix-4.html>
- Varkula, L.C., Beauchemin, J.D., Facemire, S.D., & Bucher, E.C. (2017), Differences between students with and without disabilities in college counseling. *Journal of Postsecondary Education and Disability*, 30(2), 173-184.
- Vocational Rehabilitation Act, Pub. L. No. 90-98, Stat. 250 (Oct. 3, 1967).
- Wenger, E. (2008). *Communities of Practice* (Reprint. ed.). Cambridge [u.a.]: Cambridge University Press.
- Wenger, E. (2000). Communities of practice and social learning systems. *Organization*, 7(2) 225-246. <https://doi.org/10.1177/135050840072002>
- Wenger E. (1998). *Community of practice: Learning, meaning and identity*. New York, NY: Cambridge University Press.
- Wenger, E., McDermott, R.A. & Snyder, W. (2002). *Cultivating Communities of Practice: a Guide to Managing Knowledge*. Boston, MA: Harvard Business Publishing.
- Wenger, E. C., & Snyder, W. M. (2000). Communities of Practice: The Organizational Frontier. *Harvard Business Review*, 78(1), 139-146. Retrieved from <https://hbr.org/2000/01/communities-of-practice-the-organizational-frontier>
- Wildes, M. (2016). A community of practice focused on resiliency in graduate nursing students (Order No. 10120164). Available from ProQuest Dissertations & Theses Global. (1805868334). Retrieved from <http://ezproxy.neu.edu/login?url=https://search-proquest-com.ezproxy.neu.edu/docview/1805868334?accountid=12826>

- Wildman, W. J. (2006). An Introduction to Relational Ontology. In J. Polkinghorne & J. Zizioulas (Eds.), *The Trinity and an Entangled World: Relationality in Physical Science and Theology* (pp. 55-73). Grand Rapids, MI: Eerdmans. Retrieved from: <http://www.wesleywildman.com/wordpress/wp-content/uploads/docs/2010-Wildman-Introduction-to-Relational-Ontology-final-author-version-Polkinghorne-ed.pdf>
- Wilgosh, L., Sobsey, D., Cey, R., & Scorgie, K. (2008). Life management of post-secondary students with disabilities. *Developmental Disabilities Bulletin*, 36(1&2), 199-224.
- Willis, J. W. (2007). *Foundations of qualitative research: Interpretive and critical approaches*. Thousand Oaks, CA: SAGE Publications, Inc.
- Woolley A.W., Chabris C.F., Pentland A., Hashmi N. & Malone T.W. (2010). Evidence for a collective intelligence factor in the performance of human groups. *Science*, 330(6004), 686-688. doi:10.1126/science.1193147
- Zboralski, K. (2009). Antecedents of knowledge sharing in communities of practice. *Journal of Knowledge Management*, 13(3), 90-101. doi:10.1108/13673270910962897

APPENDIX A

Full-time Faculty

From <enter name of sender>

Date <Date of Memo>

Re Volunteers Needed for a Research Study

I am writing to ask for your help in supporting the research of fellow faculty member who is also a doctoral candidate at Northeastern University.

As college students with disabilities including mental health disorders are increasing nationwide, the researcher is looking to form a peer group (community of practice) for faculty interested in discussing methods of supporting students and learning more about pertinent laws and methods of working with these students. Participation in this study will be anonymous and will not affect any aspect of your employment.

Study will require registration using a non-descriptive Gmail account created specifically for the study (to protect confidentiality). The requirements will be participation in a discussion board utilizing an online platform for meetings **once per week for 4 weeks**. *(Total participation time will be less than 10-12 hours).*

The XXX IRB has reviewed and approved the research. This research is conducted by a professor at XXX to assist in completion of her Education Doctoral Dissertation under the direction of principal investigator, Adriel Hilton, Northeastern University. Identity of professor will remain anonymous. Questions about the research may be directed to Dr. Hilton (724-830-1076). This research is solely for the doctor of education thesis and not for direct use at XXX.

If you are interested in participating, please [click this link](#) on or Feb 10, 2019

Your assistance is greatly appreciated and valued!

APPENDIX B

Northeastern University, Department of Education (EdD)

Name of Investigator(s): Principal Investigator, Adriel A Hilton

Title of Project: Using a Faculty Community of Practice to Support College Students with Mental Health Needs

Request to Participate in Research

We would like to invite you to take part in a research project. The purpose of this research is to determine if a faculty peer group has an impact on improving understanding of applicable laws and methods of supporting college students with mental health needs.

You must be at least 18 years old to be in this research project.

The study will take place online through a CANVAS course and will take about 4 weeks (no more than 10 hours).

If you decide to take part in this study, you will participate in an online peer group and respond to an email which asks about your experience.

There are no foreseeable risks or discomforts to you for taking part in this study, however your identity could be revealed if you provide your name or other identifying information during any discussion. You will also be participating in calls during the peer group, which may allow colleagues familiar to you to recognize you by voice.

There are no direct benefits to you for participating in the study. However, your participation may help us to learn more about using a peer group to support students with disabilities and other issues that impact faculty.

All shared stories will be required to be provided in non-specific, confidential manner and no specific names or descriptions of students will be used during the discussions. If a name is accidentally used, it will be redacted from any transcripts. Your identity will remain anonymous to the researcher and other participants. No images or visual depiction of yourself will be allowed on Canvas. Any names or

identifying information will be immediately redacted from Canvas. Any reports or publications based on this research will use only group data and will not identify you or any individual as being a part of this project. This will be a closed group monitored by the researcher, as an observer. A moderator, unknown to the university and its participants but familiar to the subject matter, will be present to guide discussions.

Your participation will not affect your employment, nor will it be able to be used as any part of your faculty credit hours or professional development.

The decision to participate in this research project is up to you. You do not have to participate and you can refuse to answer any question. Even if you begin the study, you may withdraw at any time.

You may print this form for yourself. You will receive an invite to a CANVAS course in approximately one week. Your acceptance into the CANVAS course indicates your agreement to participate.

If you have any questions about this study, please feel free to contact Dr. Adriel Hilton, a.hilton@northeastern.edu, the Principal Investigator.

If you have any questions about your rights in this research, you may contact Nan C. Regina, Director, Human Subject Research Protection, Mail Stop: 560-177, 360 Huntington Avenue, Northeastern University, Boston, MA 02115. Tel: 617.373.4588, Email: n.regina@northeastern.edu. You may call anonymously if you wish.

CANVAS WILL PROVIDE PRIVACY BY:

- Logging Off Inactive Users: automatically logout the user after a period of inactivity.
- Browser Session Logout: Once a browser session is closed and a new browser is opened, Canvas will require the user to login again.
- Names, not potentially sensitive contact information, are displayed in Canvas*
 - Canvas displays students' names in the course; however students' emails will not be displayed to other students. Users enrolled in the same course can contact one another, but the communication will be mediated through Canvas and users' actual contact information will not be disclosed. The audit and record of communication is accessible by administrative accounts with appropriate permissions.

**Therefore subjects have been asked to enroll by providing a preferred user name that is not their own (pseudonym) and use an unidentifiable Gmail account created for the purposes of this study, which can be deleted immediately following. NO media (photos, images, etc) can be uploaded to Canvas during the time of the study; they will be immediately deleted by researcher.*

APPENDIX C

Initial Discussion Prompts

1. Explain a bit about your understanding of the Americans with Disabilities Act Section 504 as it relates to students with mental health issues.
2. How comfortable are you using accommodations in the classroom for students with mental health issues?
3. Does this differ from your comfort level with accommodations in the classroom for students with physical limitations?
4. Do you feel “connected” to the students who identify with disabilities and discuss their needs?
5. Are you able to explicitly articulate how I would work with students with mental health issues on campus.
6. Do you know how to use a variety of approaches to support the needs of students with mental health issues on campus?
7. Do you regularly use resources within the university about best and effective practices related working with students with any disability.
8. Are you aware of resources for faculty regarding best and effective practices related working with students who have mental health issues on a college campus.
9. Do you currently collaborate with an interprofessional team and other stakeholders to address this topic?
10. Are you able to articulate to others that you work with about how to best support/address methods of working with students who have mental health issues in the classroom?
11. Are you able to articulate to others that you work with about how to best support/address methods of working with students who have physical disabilities in the classroom?
12. Do you feel you have sufficient knowledge and ability to influence others to support them in problem solving strategies to support students with mental health issues on campus.
13. Do you feel you will be a more effective educator if you are connected to a network of people who care about this topic?

Final Group Guideline Questions

Tell me a little bit about your experience with the peer group this past month.

Has this experience changed you/your perceptions in any way?

Describe...

Do you feel that your level of understanding about working with students with mental health issues has changed?

How?

Do you feel your ability to support these students has changed?

If yes, why?

Have you learned anything about the accommodations process or 504 law that you didn't know before?

Has this affected you at all?

If so, how?

Do you feel that you would like to continue this peer group?

What were the best things about this group?

What were things you wish you could change?

Is there any other way this group has influenced you?

Other comments?

Please describe how, if in any way, this group has changed your perceptions about students with mental health issues