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Christopher Taylor Lakes

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Dr. Justin Bathon, Director of Graduate Studies

RESPONDING TO STUDENTS EXPERIENCING EMOTIONAL DISTRESS: AN  
ACTION RESEARCH STUDY OF PROFESSIONAL LEARNING EXPERIENCES  
FOR FACULTY AND STAFF

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DISSERTATION

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A dissertation submitted in partial fulfillment of the  
requirements of the degree of Doctor of Education in  
the College of Education at the University of Kentucky

By

Christopher Taylor Lakes

Berea, KY

Director: Dr. Beth Rous, Professor of Educational Leadership Studies

Lexington, Kentucky

2020

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## ABSTRACT OF DISSERTATION

### RESPONDING TO STUDENTS EXPERIENCING EMOTIONAL DISTRESS: AN ACTION RESEARCH STUDY OF PROFESSIONAL LEARNING EXPERIENCES FOR FACULTY AND STAFF

Students entering college are increasingly presenting with complex mental health conditions that negatively affect their college experiences. This mixed methods action research study was designed to assess the current level of faculty and staff member's abilities with respect to, comfort with, and role in identifying and responding to students who exhibit signs of emotional distress (e.g., anxiety, depression, suicidal ideation). Specifically, this study was designed to evaluate faculty and staff understanding of skills, techniques, and resources that can support them in this work, identify an appropriate professional learning experience (i.e., intervention) to increase the level of comfort in this area, and evaluate the professional learning experience to determine its effectiveness to inform any changes that could be made to the experience to better meet the outcomes.

Faculty and staff on college campuses provide an important resource for students, often serving as natural helpers in identifying and responding to students who may be experiencing emotional distress. These faculty and staff are often familiar with student's behaviors, and can readily recognize changes in those behaviors and provide a direct response to the student, and important referral to clinical professional staff when necessary.

This dissertation is a report of a mixed methods action research study that explores professional learning opportunities for faculty and staff aimed at positively impacting their ability to support students experiencing emotional distress. Findings indicate positive changes were made with regard to faculty and staff knowledge of strategies, understanding of their role, and perceived preparation for working with students experiencing emotional distress. Findings also suggest these professional learning opportunities may be useful in equipping faculty and staff to be better prepared to support these students and reduce the likelihood that these issues become more severe.

KEYWORDS: Mental Health, Faculty Development, Gatekeeper Training, Academic  
Success, Poverty

Christopher Taylor Lakes

April 22, 2020

Responding to Students Experiencing Emotional Distress: An Action Research Study of  
Professional Learning Experiences for Faculty and Staff

By  
Christopher Taylor Lakes

Dr. Beth Rous

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Director of Dissertation

Dr. Justin Bathon

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April 22, 2020

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Date

## DEDICATION

*This dissertation is dedicated to the thousands of college students each year whose mental health inhibits their ability to fully engage in their collegiate experience. If any of the work from this project benefits even one single student or helps provide someone a measure of comfort in a critical time of need, then all the time spent will be worth it, and I will count it as a success.*

## ACKNOWLEDGEMENTS

A dissertation requires the investment many people. I first want to express my deepest appreciation to my three children, Davis, Dawson, and Hannah, who showed maturity beyond their years with their concern, compassion, interest, and patience throughout this entire process. Thanks to all three of you for allowing me the opportunity to take on this often-overwhelming endeavor. And to my parents who have been encouraging of my educational endeavors from the very beginning. Thank you for your support all these years.

Without question the most important person in this process for me has been my committee chair Dr. Beth Rous. At our very first meeting (where I was running late, somewhat frantic, and ready to leave the program), I was struck by her calming presence, steady hand, and absolutely perfect blend of challenge and support. Her advising approaches fit perfectly with my needs, and it is not an exaggeration to say that I would not have completed this project without her. Thank you for your encouragement, your patience, your guidance, and for taking such an enormous process and consistently breaking it down into manageable steps for me throughout.

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## **Chapter 1**

### **Introduction**

Students entering college are increasingly presenting with complex mental health conditions that negatively affect their college experiences. This Mixed Methods Action Research (MMAR) study was designed to increase faculty and staff understanding of their role, comfort level, and ability to identify and respond to students who exhibit signs of emotional distress (e.g., anxiety, depression, suicidal ideation). Specifically, through this study, three professional learning experiences were implemented and evaluated to determine the level to which they increased faculty and staff understanding of skills, techniques, and resources, thus increasing their level of comfort in working with this population of students.

In this chapter, the context of the organization in which the study will take place is presented, along with key stakeholders in the study and the researcher's role. The overall study design and mixed method action research phases will be briefly introduced, followed by a detailed description of the diagnosis of the problem of practice addressed through the study. Finally, the general study plan will be presented. I present my case for conducting this action research study, a synthesis of relevant literature that informed the design of the study, and the potential actions to address the problem of practice.

### **Study Context**

This study took place at Berea College. Berea College is a private, residential liberal arts college which serves approximately 1600 students. The College offers 34 majors and 38 minors in areas such as business, the natural sciences, the arts, social sciences, technology and applied design, and others. Founded in 1855 on principles of

coeducational interracial education, the first of Berea College's eight "Great Commitments" states that the mission of the institution is "To provide an educational opportunity for students of all races, primarily from Appalachian, who have great promise and limited economic resources" (Appendix A). Berea College sought to establish itself as an institution serving men and women, black and white, in a region long repressed by poverty. Berea continues to deliver that mission by exclusively admitting and graduating students who come from low-socioeconomic backgrounds, many of whom are the first in their families to attend college. Ninety-eight percent of students are Pell Grant eligible, and the mean family income of a first-year Berea College student is \$30,000. This is lower than the national median family income for first-generation first-year students at other two- and four-year institutions (\$37,565), and well below the median family income of the nation's non-first-generation first-year students (\$99,635) (<http://pnpi.org/first-generation-students/>). To help alleviate this inequity, no Berea College student pays tuition, but are provided with a Tuition Promise Scholarship which covers full tuition costs. A portion of the room and board fees may be the responsibility of the student based on the Expected Family Contribution (EFC), as reported on the Free Application for Federal Student Aid (FAFSA), which all students are required to complete. Additionally, Berea College is designated as a Federal Work Study Institution, and all students are required to hold a job on campus and work between 10 – 20 hours per week. Most of the income is used to help directly offset the cost of tuition, with students paid a small portion of the income directly (\$5.55 - \$6.95 per hour). Many of the 197 teaching faculty and 554 staff also serve as student labor supervisors in the College's Labor Program.

## Stakeholders

Like many colleges and universities struggling to keep up with increasing numbers of student mental health concerns, Berea College has several of key stakeholders on campus who play a critical role in supporting students experience emotional distress. The first is the first-year academic advisor. Berea College has a first-year academic advising model wherein the instructor of each student's required GSTR 110 course (*Writing Seminar I- Critical Thinking and the Liberal Arts*) serves as the student's Academic Advisor for their first year. This allows advisors to see students on a regular basis throughout the week, become familiar with their academic work, goals, and personalities, and more quickly recognize potential concerns.

In addition to faculty, staff members throughout the institution have close relationships with students and the student experience. The first of these is the labor supervisors who work in the Labor Program at Berea. The Labor Program is integral to Berea College and allows students the opportunity to develop hard and soft skills as part of their educational experience through a competency-based model of learning.

The Berea College Counseling Services office employs four full-time therapists with varying specialties who provide emotional, psychological, and developmental support for students on campus. This includes individual and group counseling, referrals to campus and community resources, and programming. The Counseling Services office works with faculty and staff to provide consultation and training regarding student concerns. However, this training typically comes during the busiest times of the year (beginning of the term), is brief, and often not required, particularly for faculty.



Other campus constituents include key campus response agencies such as the Campus Christian Center and Student Life team. The Berea College Campus Christian Center provides emergency response and confidential pastoral counseling for students in distress through the work of three professional College Chaplains. The Student Life Team is often on the frontlines of student emotional health concerns through their work in the residence halls and serve as the primary on-call professionals who provide initial assessment and response to situations involving students. Having partners in the academic realm of campus equipped with a more well-developed skill set to address issues earlier could be extremely beneficial to anyone tasked with responding to student mental health emergencies.

The number of hours committed on campus to even one student who exhibits signs of extreme emotional distress can be high. Conducting a Mixed Methods Action Research (MMAR) study of this problem can provide the opportunity for a holistic examination of increasing student mental health concerns at Berea College and help identify a viable solution to help address the problem.

### **Researcher Role in the Organization**

As Director in the Office of First-Year Initiatives, I am responsible for providing campus leadership in the areas of first year and transfer student transition, engagement, and success. This includes programming and initiatives aimed at introducing students to college life prior to their arrival, proactively engaging them in the campus culture once they arrive and intervention programs to help support students who struggle.

Through this position, I am responsible for working closely with all parties who will be involved in this study, including first-year students, faculty academic advisors,

and key emergency response personnel on campus such as those in Counseling Services, the Campus Christian Center, and the Student Life Team. For the academic advising faculty, I work closely with the Dean of Curriculum and Student Success and the Coordinator of GSTR 110 to organize the beginning of term training for faculty and am in regular communication with faculty throughout the academic year to address concerns related to student progress and well-being. I serve on the College's Students of Concern Team, a cross-divisional collection of professional staff whose job is to facilitate early identification of students who exhibit evidence of troubling behaviors and to intervene with support and resources before problems escalate into a crisis that jeopardizes the student's chance of success or safety or interferes with the success or safety of other students.

Additionally, I was appointed co-chair of the Task Force on Trauma and Resilience, which was charged by the President of the College with creating a set of comprehensive institutional responses to the increased mental health concerns of students on campus. This task force reviewed existing institutional data, literature, and national best practices and identified a series of recommendations to the community on how to better support our student population.

### **Problem of Practice**

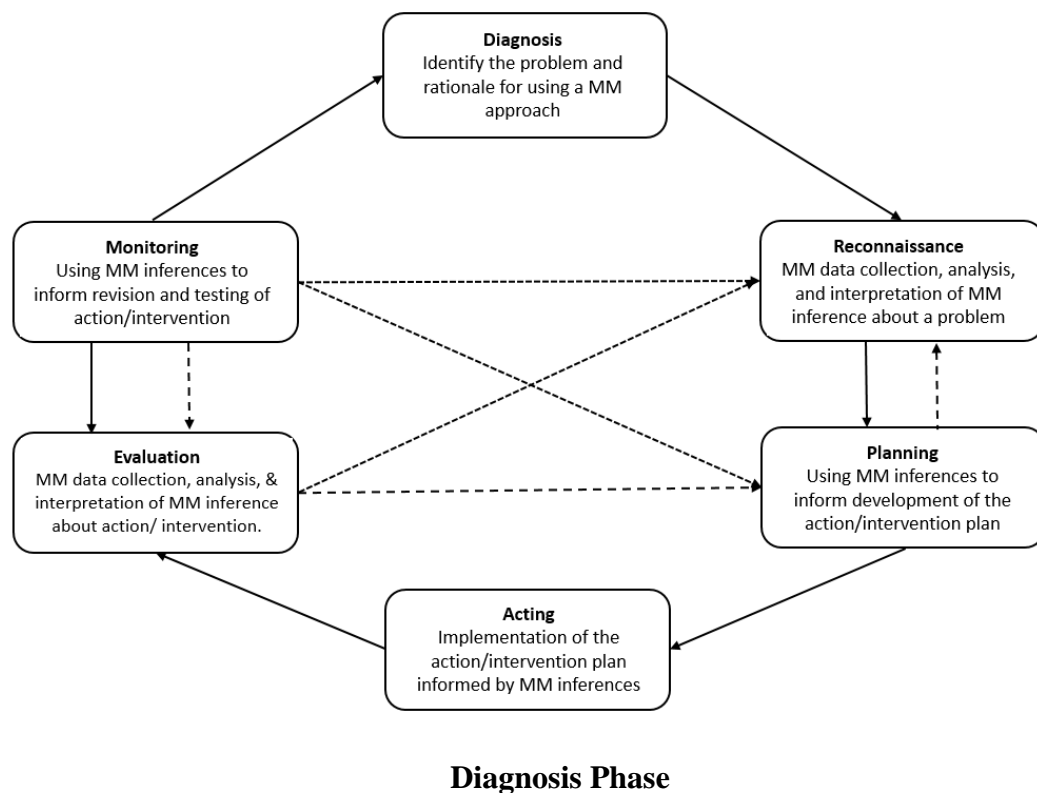
#### **Overall MMAR Design**

For this study, a Mixed Method Action Research (MMAR) framework proposed by Ivankova (2015) is used. The sequence of action research is divided into six phases: diagnosis, reconnaissance, planning, acting, evaluation, and monitoring. The first phase, diagnosis, requires the identification of a problem of practice at the institution. The

second stage, reconnaissance, involved collecting, analyzing, and interpreting data related to the problem. In the planning phase, the researcher or team develops an intervention to impact the problem and implements the plan in the acting phase. Data on the impact of the intervention on the problem are collected, analyzed, and interpreted during the evaluation phase. In the final phase, monitoring, information will be presented on data sharing with campus partners and planning for future iterations of related professional learning experiences.

**Figure 1.1**

*General Mixed Methods Action Research (MMAR) Study Design*



The diagnosis phase of this study included three primary sources of information. First, institutional data included information collected through the Berea College Office of Institutional Research. The second was conversations with members of Task Force on

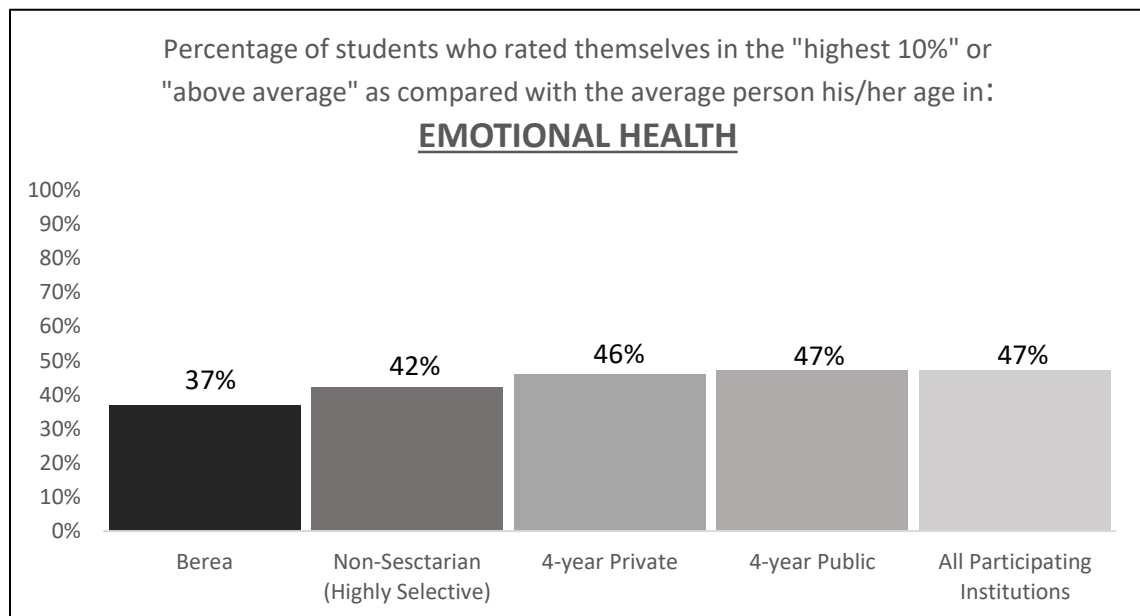
Trauma and Resilience initiative at Berea. Finally, a review of relevant literature related to addressing emotional distress among college students. The literature review covers college student mental health, the role of colleges and universities on the student experience, and strategies for responding to student mental health concerns.

### **Institutional Data**

Students are coming to college campuses with increasingly prevalent and complex mental health conditions. Poverty negatively impacts an individual's mental health, increasing the likelihood they will experience mental health issues (Simon, Beder, & Manseau, 2018).

**Figure 1.2**

#### *Emotional Health Comparison*



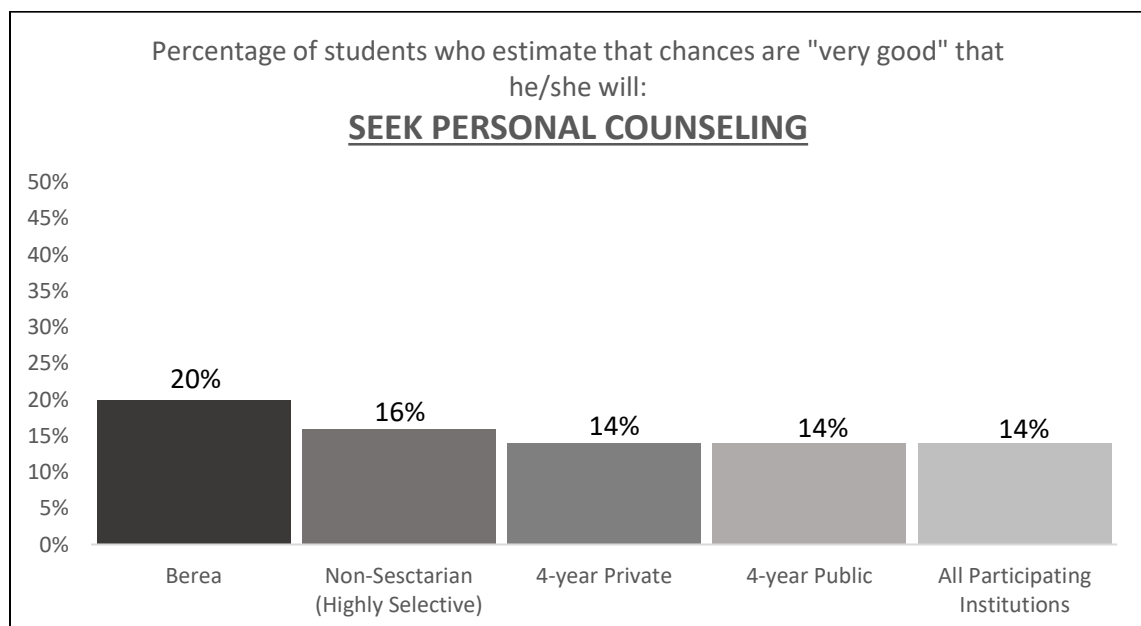
Berea College is an institution committed to exclusively admitting and graduating students from low-socioeconomic backgrounds, many of whom are the first in their families to attend college, which presents a scenario where the population of college students served may likely be more susceptible to increased mental health concerns; an

unfortunate scenario supported by organizational data. In the most recent administration of the Higher Education Research Institute's CIRP freshmen survey (2016), which collects data from 1,568 higher education institutions, students from across the country were asked to rate their emotional health in comparison with the average person his or her age. Thirty-seven percent of Berea College students rated themselves "above average" or in the "highest 10%" compared to their peers, as opposed to 47% at all other participating institutions (Figure 1.2).

Similarly, when asked to estimate the chances, they would seek personal counseling; 20 % of Berea College students indicated that the chances were "very good" compared to 14% from all other participating institutions (Figure 1.3). This six-percent difference represents a significant number of Berea College's 1600 students who believe it is likely they will need to seek personal counseling during the year and put additional strain on the already strapped clinically trained counseling staff.

**Figure 1.3**

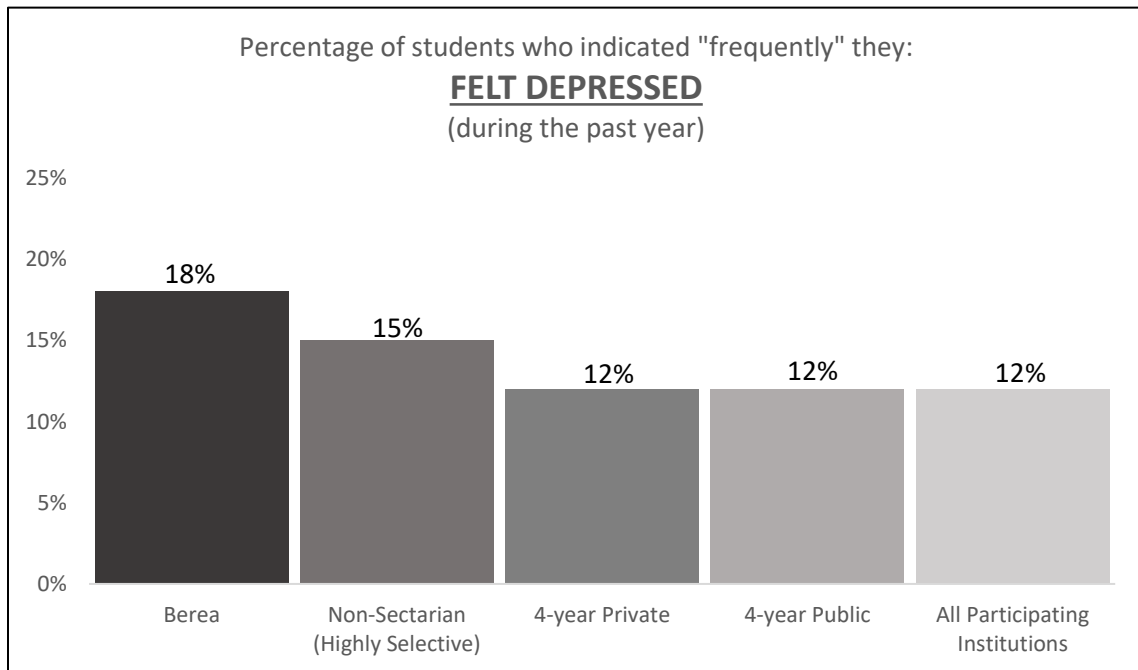
*Likelihood to Seek Counseling*



When asked whether they had felt depressed in the past year, 18% of Berea College students indicated they had “frequently” felt depressed, compared to 12% at other participating institutions (Figure 1.4). This reality has played out consistently for more than a decade, with Berea College students identifying themselves as having “frequently” felt depressed between two- and seven percentage points higher than their peers at other participating institutions in every administration of the survey since 2002. (Figure 1.5).

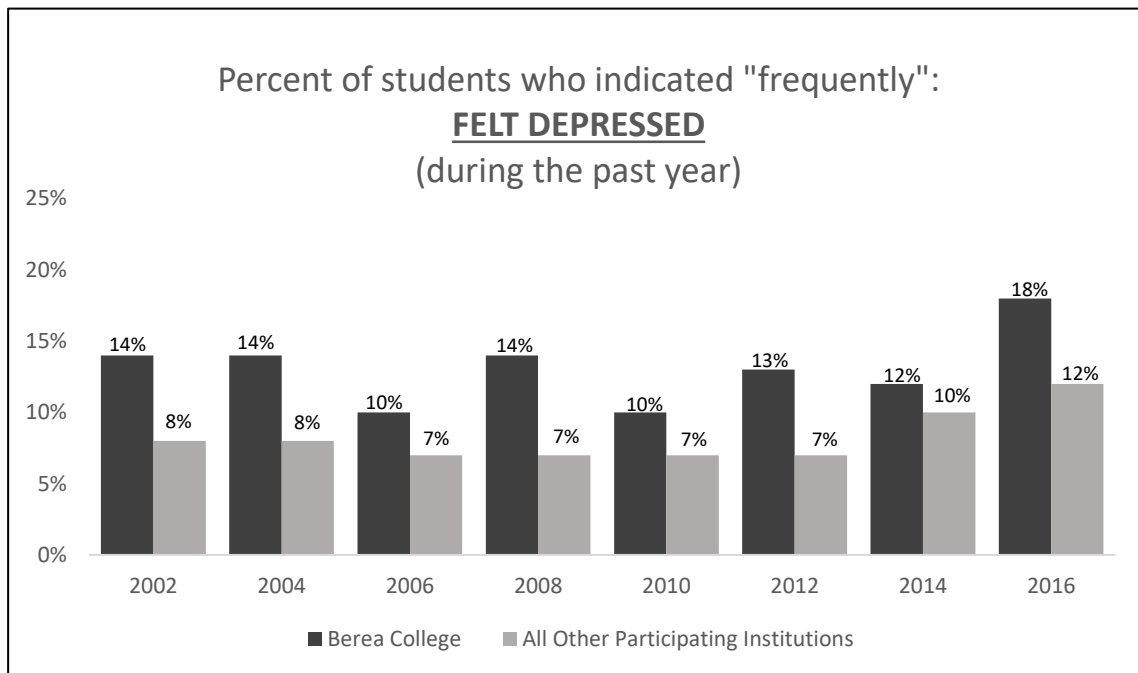
**Figure 1.4**

*Felt Depressed During the Past Year*



**Figure 1.5**

*Felt Depressed in the Last Year Longitudinal*



### **Task Force on Trauma and Resilience**

In response to the rising numbers of students arriving on campus with preexisting mental health conditions as a result of Adverse Childhood Experiences (ACE's) or other traumatic events prior to their time in college, the President and Academic Vice President convened a Task Force on Student Trauma and Resilience. The charge of the task force was to examine the literature and national best practice related to identifying, assessing, and responding to student trauma and increasing resilience, and address several key questions such as *How can the Task Force assist the College as a whole in being more proactive with students who have suffered acute traumatic experiences prior to coming to Berea or even once they are students at Berea?* and *How can the Task Force help faculty and staff know more about the range of traumas that students have experienced and how faculty and staff might respond?* The Task Force was chaired the Director of the Office of

First-Year Initiatives (the primary researcher in this study) and Vice-President for Student Life. The work was conducted through three separate subgroups, the first examined institutional structures and systems that impact student resilience, the second focused on strategies for positively influencing student resilience, and the third explored strategies for educating faculty and staff about trauma and resilience. The task force was convened in November 2018 and completed their work in June 2019 with twenty-one campus recommendations. Of these twenty-one recommendations, nine were directly related to increased training, preparation, or education of faculty and staff on topics related to student trauma, resilience, and responding to students in moments of distress (Figure 1.6). Other recommendations from the Task Force addressed institutional structures, staffing, programs and resources for students, increased data sharing, and ongoing oversight for implementation (Appendix C).

**Figure 1.6**

*Related Recommendations from the Task Force on Trauma and Resilience*

Recommendation 1	Gatekeeper Training for Natural Helpers
Recommendation 10	Increased Training for Labor Supervisors
Recommendation 13	Summer Professional Learning Opportunities
Recommendation 14	Visual Campaign to Increase Awareness
Recommendation 15	Increase Calm Classroom Trainings
Recommendation 16	Increase KORU Training
Recommendation 17	Faculty Reading Groups & Film Review
Recommendation 18	Invite Nationally Recognized Speakers to Campus
Recommendation 20	Inclusion of ACES's Awareness in New Employee Orientation

## **Literature Review**

The literature review focuses on student mental health, the impacts of poverty on mental health, and ways colleges and universities can respond to the increasing mental health concerns of students on campus. Searches for literature were conducted using



Proquest Education Database, and EBSCOHOST. The following search terms were used: college student mental health; gatekeeper training; low-socioeconomic; faculty development; responding to emotional distress. Institutional data were gathered through the Berea College Office of Institutional Research and Assessment website (<https://www.berea.edu/ira/>).

### ***College Student Mental Health***

Colleges and universities across the nation have found themselves facing an epidemic of student mental health concerns, which appear to be increasing in both frequency and severity on college campuses (Lipson et al., 2015; Yorgason, Lincille, & Zitzman, 2008). Higher numbers of students are arriving on campus with a history of depression, anxiety, and poor mental health treatment (American College Health Association, 2015), and as reported in the 2017 Annual Report from the Center for Collegiate Mental Health, the rates of students exhibiting characteristics classified as “threat-to-self” (non-suicidal self-injury, serious suicidal ideation, and suicide attempts) increased for the seventh year in a row among students seeking treatment. And while college can be a challenging environment for any student, mental health concerns have an adverse effect on student learning and development (Douce & Keeling, 2014). The links between mental illness and academic distress, or even failure, are significant, and a student faced with deteriorating mental health can experience crippling depressive states, extreme anxiety, suicidal ideation, and other severe conditions that can make learning all but impossible (Jones, Park, & Lefevor, 2018; Keyes, Eisenberg, Perry, Dube, Kroenke, & Dhingra, 2012). First-year college students are particularly susceptible to feelings of stress, anxiety, and psychological distress over their upper-division student peers

(Bayram & Bilgel, 2008), and as many as 50% of all first-year college students will be exposed to new potentially traumatizing events (PTE) in their first year on campus (Galatzer-Levy, Burton, & Bonanno, 2012). Their ability to adjust to and cope with the stresses of their first-year have important implications for everything from emotional well-being to academic achievement and persistence, and the failure to make adequate adjustments can put students at risk of academic distress or worsening social-emotional well-being (Andrews & Wilding, 2004; Leary, 2012; Pritchard & Wilson, 2003; Zajacova, Lynch, & Espenshade, 2005).

One longstanding and significant influencer of an individual's mental health is poverty (World Health Organization, 2014). Unfavorable economic conditions are associated with lower school achievement, increased depression and anxiety, and other related mental health concerns, symptoms which are particularly severe for individuals who experience poverty early in life (Simon, Beder, & Manseau, 2018). Likewise, first-generation students report a lower sense of belonging and on college campuses than their non-first-generation peers, which is associated with increased levels of depression and stress (Stebbleton, 2015). Given Berea College's commitment to serving students with limited economic resources, a large number of whom are first-generation, it stands to reason why Berea students report higher levels of depression, anxiety, lower self-perceived emotional health, and an increased likelihood of needing to pursue personal counseling than their peers at other 4-year institutions (Wellness, Health & Fitness Report, 2016).

Students who grow up in poverty are also more likely to be exposed to adverse childhood experiences (ACE), which have been associated with a range of physical

health issues and poor mental health (Edwards, 2003; Mersky, 2013). ACEs refer to the number of adverse experiences such as parental alcoholism, neglect, sexual assault, or food insecurity that an individual encountered before the age of 18 (Appendix B). Higher ACE scores have been linked with depression, substance abuse, and increased suicidal ideation and other serious health concerns among college students and other adults (Forster, Grigsby, Rogers & Benjamin, 2018; Horan & Widom, 2015; Smyth et al., 2008), as well as decreased academic performance (Shonk & Cicchetti, 2001). Research suggests that colleges and universities would benefit from their intervention programs being informed on the pervasiveness of ACEs and the negative health behaviors and outcomes associated with them (Windle et al., 2018).

### ***Role of Colleges and Universities on the Student Experience***

Colleges and universities stand at an important intersection for students in their growth and development and can play a critical role in addressing these concerns (Pascarella & Terenzini, 2016). Astin's (1993) Input-Environment-Outcomes (I-E-O) model of college impact suggests that student's college outcomes are greatly influenced by the combination of their pre-college characteristics such as parental education, demographics, and other high school characteristics, with the college environment in which they engage in, such as interactions with faculty and peers, mentoring opportunities, and residential experiences (Fink, 2014). This I-E-O model of college impact indicates that while pre-college issues of poverty and mental health play an obvious role in achievement, institutions are capable of influencing student success through living and learning environments that intentionally support students.

One of the most well documented positive influences on college student outcomes throughout the literature is the role of faculty advisors (Drake, Jordan & Miller, 2013; Gordon, Habley & Grites, 2008; Grites, Miller, & Voller, 2016). Their mentorship, guidance, and early identification of potential problems provide students an important scaffolding early in their college careers. However, this can present an interesting challenge to academic advisors as they work to develop important supportive relationships with students – are they fully prepared to appropriately respond to the wide range of issues or concerns that their students will present? College students are complex beings with lives and experiences that impact them well beyond the classroom walls. They have competing issues between school, home, work, relationships, understandings of self, and more. These competing agendas can often overwhelm students, and the wide range of issues – academic, social, or personal – that they bring can often be similarly overwhelming to the academic advisor (Butler, 1995; Kuhn 2006; Shane, 1981).

Even the terms ‘advising’ and ‘counseling’ can sometimes be confusing and are often used interchangeably (Kuhn, 2006). The primary roles of an academic advisor reside in helping support student’s academic progress that ultimately leads toward graduation. This can include decisions on registration, major declaration, guidance on special learning opportunities, identification of academic support resources, and other administrative tasks. But what about when a student’s personal life, emotional well-being, or mental health begins to have a serious negative impact on their performance? If a trusting relationship has been developed, the academic advisor could find themselves as the institution’s ‘front line’ when it comes to supporting these struggling students (Hobfoll, 2002; McWhirter, 1997). Therefore, it becomes an important part of the

academic advisor's role to be able to appropriately identify and respond to the emotional and mental health situations that students may present.

Kuhn (2006) proposed an Advising and Counseling Continuum that identifies a range of typical issues students bring to academic advisors, ranging from course selection and time management to sexual harassment and suicidal ideation (Figure 1.7).

**Figure 1.7**

*Kuhn's Advising Counseling Continuum*

Issue	Suggested Primary Responsibility as		
	Advisor	Either/Or	Counselor
Course selection			
Register for classes			
Advanced placement			
Drop oa class			
Exit institution			
Degree requirements			
Academic probation			
Unfair grade from professor			
Death in family			
Time management			
Underachievement			
Mid-life career change			
Decision making			
Academic goals			
Personal goals			
Career goals			
Interpersonal relationship			
Family relationship			
AD/HD			
Substance abuse			
Eating disorder			
Physical/emotional abuse			
Sexual orientation			
Sexual harassment			
Racial discrimination			
Suicide			

The continuum suggests which issues are appropriate to be handled by the advisor, which issues should be referred to a counselor, and which issues could potentially be handled by

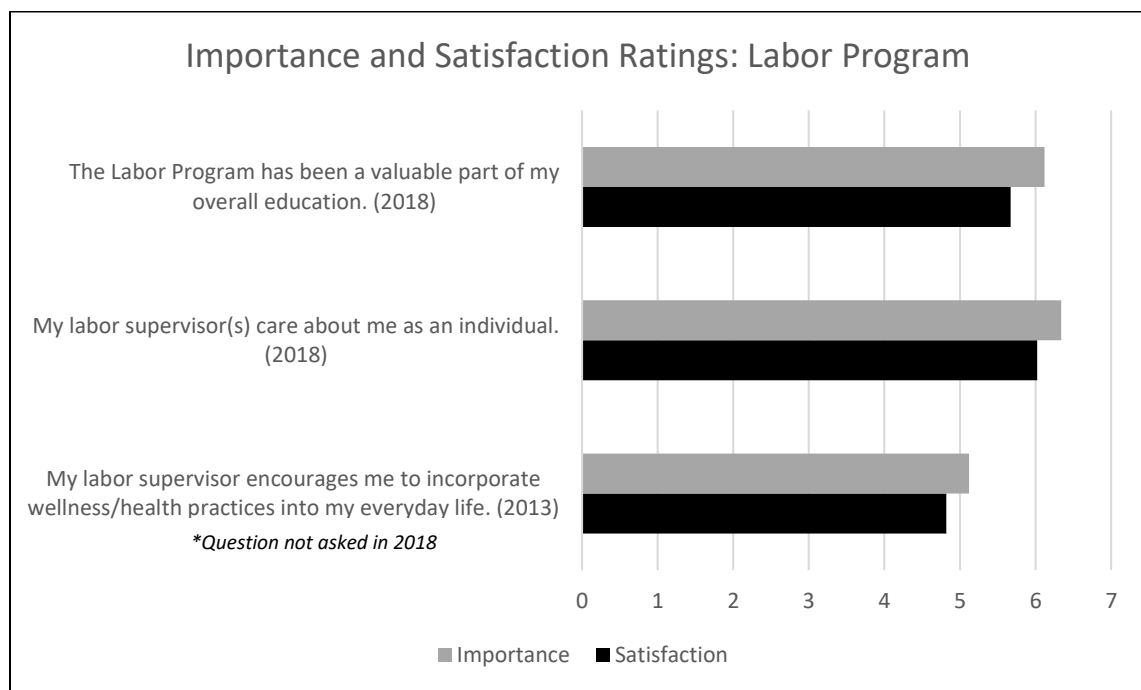
either entity. Any of the issues presented in the continuum could require the need for guidance and mentoring from the academic advisor, and while some of the issues are straightforward and direct, others could be considerably more layered and interconnected. For example, if a student is considering withdrawing from the institution, that is a process that, on the surface, an academic advisor is clearly capable of handling independently. However, if the student's decision to withdraw from the institution is related to interpersonal relationships on campus, and those relationships have included physical/emotional abuse, sexual harassment, or substance abuse issues, there are more complex factors at work. This is where it becomes important for academic advisors to appropriately identify the wide range of issues and have the confidence and comfort to make the correct referrals. As Kuhn (2018) stated, "Advisors must be alert to all input, formal and informal, verbal and nonverbal, to provide the best possible advice" (p.28).

There is a gap in the literature related to the role of work supervisors, whether in the Federal Work Study program or in Berea's unique Labor Program, and their impact on the student experience. However, at an institution like Berea College, where the Labor Program is an identified part of the educational mission of the institution, the supervisor could play an integral role in the lives of students. Students spend from 10 – 20 hours per week in their positions, longer than the typical contact hours in a college course, often working side-by-side with these supervisors. This can create an inherent bond between students and staff, similar to that of students and their faculty or academic advisors. In the 2018 administration of the Noel-Levitz Student Satisfaction Inventory (SSI) and Berea-Specific Student Satisfaction Survey (Berea College Institutional Research and Assessment, 2018), students identified the Labor Program as a valuable part of their

overall education and indicated a strong belief their labor supervisor(s) care about them as an individual (Figure 1.8). In a 2013 administration of the survey, students reported a slightly lower sense of satisfaction with the level to which labor supervisor encouraged them to incorporate wellness/health practices into their everyday lives (no comparable question in the 2018 survey; Berea College Institutional Research and Assessment, 2018).

**Figure 1.8**

*Importance and Satisfaction of Labor Program Supervisor*



These data strongly suggest students at Berea College create a strong relationship with their labor supervisor, yet labor supervisors may not be fully equipped to provide support or guidance to students on issues of personal health and wellness.

***Responding to Student Mental Health Needs***

Knowing some students come to college with life experiences, trauma, and concerns that may negatively impact their mental health and emotional well-being, and

understanding colleges can play an important role in the growth and development of these students, it's important for institutions to intentionally prepare campus agents who interact with this population of students. Units such as Counseling Services and other clinically trained professionals on campuses provide an obvious contact for student support; however, some students, particularly first-generation students, are resistant to seeking out professional mental health support even when they are aware they could benefit from those services (Barnes, 2001; Gallagher, 2009; Stebleton, 2014).

Additionally, on a small liberal arts college campus such as Berea College where the number of professional counselors is limited, students can face a delay in being seen unless the distressed is deemed severe. Institutions can identify and prepare 'natural helpers' on campus to reduce or prevent emotional and mental health concerns from elevating such that it puts students at-risk, particularly of suicide. Wyman (2008) defines natural helpers as those "who already have close communication with students either through their ongoing job role or by virtue of personal qualities...and are trained to recognize students-at-risk of suicide and respond" (p.114). Equipping college staff to appropriately identify and respond to the suicide risk of students they regularly interact with and have a relationship with provides an important avenue for students suffering from emotional distress, and increases the likelihood the student receives the support or treatment necessary (Barnes, 2001; Gallagher, 2009; Shannonhouse, 2017).

While much of the current research focuses on direct suicide prevention, there is significant evidence that "gatekeeper" training such as QPR (Question, Persuade, Refer), Mental Health First Aid, Kognito, and other professional development trainings can have a positive impact on schools when delivered to natural helpers (Cimini, 2014; Gibbons



and Studer, 2008; Idelicato, Mirsu-Paun, & Griffin, 2011; Rein, Mcneil, Hayes, Hawkins, Ng, & Yura, 2018; Shannonhouse et al., 2017; Walsh, Hooven, & Kronick, 2012).

Gatekeeper training typically refers to programs, training, or professional development that develops an individual's "knowledge, attitudes, and skills to identify those at risk, determine levels of risk, and make referrals when necessary" (Gould et al., 2003). This training increased participant's self-perceived knowledge, preparation, and confidence in their ability to directly respond to students experiencing emotional distress or suicidal thoughts (Indelicato, 2011; Walsh, 2012; Wyman, 2008). Additionally, these effects sustain over time post-training (Indelicato, 2011; Tompkins & Witt, 2009; Wyman, 2008).

While faculty academic advisors and other staff cannot be expected to play the role of counselor for students experiencing emotional distress, their proximity to the students and their experience creates an important opportunity for early identification and response. When a student is experiencing emotional distress, they are most likely to reach out to individuals with whom they have developed a positive and supportive relationship (Barnes, 2001), and if the relationship is built correctly, that individual could be the student's academic advisor or labor supervisor.

The purpose of this MMAR study was to implement professional learning experiences for faculty and staff to positively impact their ability to identify and respond to students who exhibit signs of emotional distress. In this study, professional learning experiences (PLE) are defined as opportunities for faculty and staff to receive training, coaching, information, or resources in order to increase their professional capacity and understanding in the area of supporting students experiencing emotional distress. Further,

for this study, exhibiting emotional distress included student's responses to depression, anxiety, suicidal ideation, and other related conditions. This action research study was guided by the overarching question: *how can targeted professional learning experiences provided to faculty and staff positively influence their preparedness to identify and respond to students who are experiencing emotional distress?*

### **Mixed Methods Action Research Study Plan**

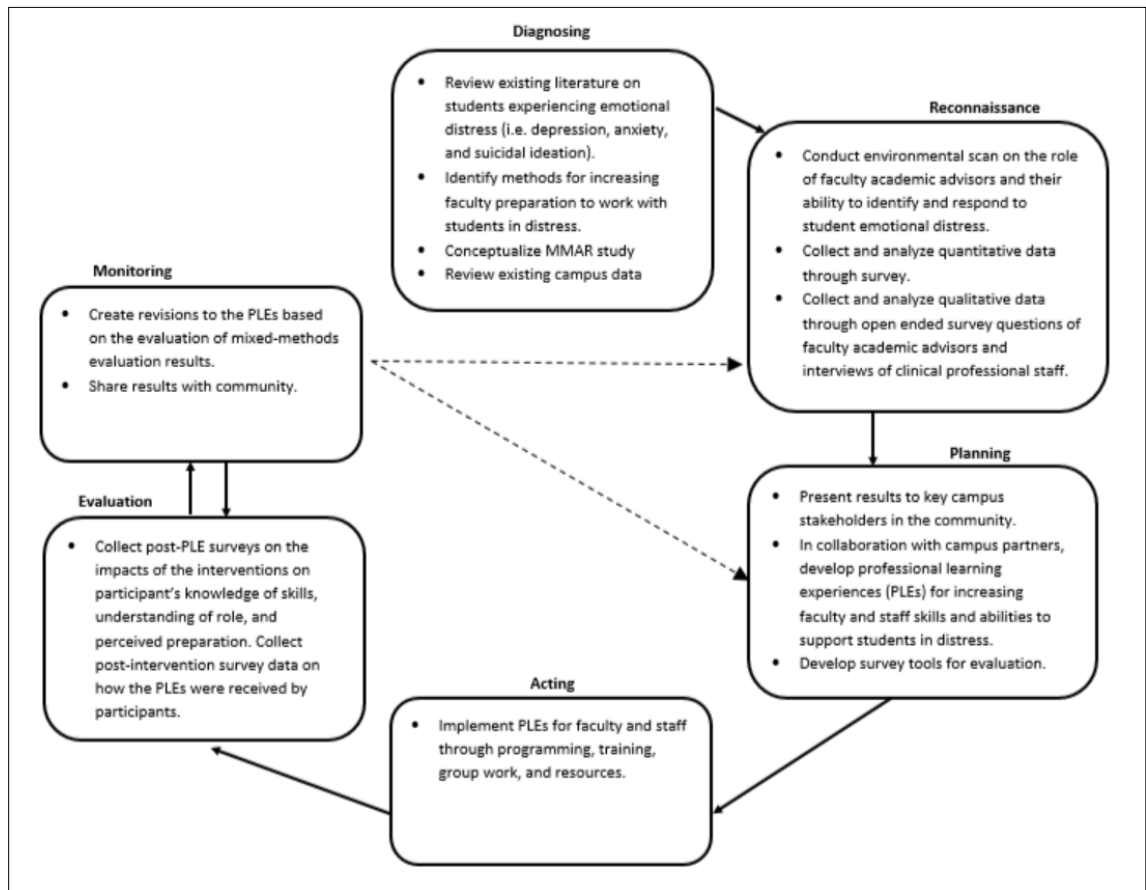
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The goal of the reconnaissance phase of the study was to identify the degree to which faculty academic advisors of first-year students felt adequately prepared to identify and respond to students experiencing emotional distress. Based on these data, three professional learning experiences were developed, and implemented. The goal of the evaluation phase of the study was to identify the effectiveness of professional learning experiences on faculty and staff understanding of skills, techniques, and resources, and

their level of comfort in working with students experiencing emotional distress (Figure 1.8). Both the reconnaissance and evaluation phases employed a concurrent quantitative + qualitative design using a purposeful homogenous case sampling.

**Figure 1.9**

*Guiding Mixed Methods Action Research Framework*



**Ethical Considerations**

Ethical considerations for veracity, justice, beneficence, fidelity, and were considered at each stage of the process (Ivankova, 2015; NIH, 2009). Due to the participatory nature of action research, participants were regularly informed of project progress and activities to ensure transparency (Stringer, 2014). Additionally, because of the researcher's role in the institution, professional colleagues and collaborators were

repeatedly asked to pay attention to possible bias, prejudice, or partiality on the part of the researcher.

### **IRB Application Process**

Because the study was conducted at Berea College, all participants are Berea College faculty and staff, and data gathered were utilized to create an intervention implemented at Berea College; thus, Berea College served as the reviewing IRB. The appropriate reliance paperwork was submitted to the University of Kentucky Office of Research Integrity (ORI) Reliance Manager who coordinated with the Chair of Berea College's IRB (Appendix D). Therefore, all IRB approvals were granted by Berea College and shared with the University of Kentucky for this dissertation.

### **Quality Assurance**

A variety of quality assurance measures were implemented throughout this study. I conducted checks with (a) my dissertation advisor, (b) the stakeholder team on-site at Berea College, and (c) conducted participant review with members of the first-year student academic advising community at Berea College. Findings were shared with administrators and staff at Berea College, including the Academic Vice President, Dean of Curriculum and Student Success, and Director of Academic Assessment, to verify the collection and interpretation of data. Survey data were collected through the password-protected Qualtrics (Qualtrics, Provo, UT), and extracted data were secured in an encrypted folder on a secure online system and backed up on a private flash drive that was stored in a locked file drawer. Minimal printed materials were kept in a locked file drawer.

## **Summary**

This chapter focused on the context in which this MMAR study took place and a detailed account of how the problem of practice was diagnosed. This was followed by an overview of the general study plan. In Chapter 2, the reconnaissance phase of the study will be presented, including the overall design, data collection, and analysis of data. The chapter will include a description of how the findings from the reconnaissance phase were used to determine which professional learning experiences would be implemented.

## **Chapter 2**

### **Introduction**

This chapter provides an overview of the purpose and setting for this study and a description of the research design. The reconnaissance phase is described in detail, followed by a summary of the planning for the proposed intervention, three professional learning experiences for faculty and staff.

Despite increases in institutional support for students with mental health concerns, colleges and universities still struggle to adequately identify and respond to students who are experiencing periods of extreme emotional distress (Lipson et al., 2015; Eisenberg, Gollust, Golderstein, & Hefner, 2007). Berea College, an institution with significant support and resources, is not immune to this issue. All students who attend Berea College are from low-socioeconomic backgrounds, many of them the first in their family to attend college, and many are predisposed to mental illness and emotional distress (Stableton, 2015). Berea College students report higher levels of depression, anxiety, lower self-perceived emotional health, and an increased likelihood of needing to pursue personal counseling than their peers at other 4-year institutions (Wellness, Health & Fitness Report, 2016).

Faculty academic advisors who work closely with students at Berea College are well-positioned to identify and respond to student emotional distress due to the frequency with which they interact with students and connections created through positive advisor/student relationships. However, these advisors have reported feeling overwhelmed by the sheer number and severity of student emotional health issues they are presented with each year. Academic advisors play a critical role in the transition and

ongoing development of students on campus, are charged with supporting students through their transition to college and responding appropriately in situations where the student might be at risk. The premise for the design of this action research study was that faculty academic advisors of first-year students can play a critical role in quickly identifying and responding to students experiencing emotional distress if provided with appropriate and targeted professional learning experiences. By increasing faculty academic advisor's ability to identify a student's emotional distress, their comfort in responding, and their familiarity with strategies and resources to support these students, natural helpers can be created to better support student success in and out of the classroom.

### **Research Setting**

At Berea College, the instructor of GSTR 110: Writing Seminar I course serve as advisors to first-year students. In this role, advisors can see a student multiple times per week and familiarize themselves with the student's academic ability, work style, personality, goals, and get to know them as individuals. It also positions academic advisors to identify when students are struggling, and their academic success is jeopardized. As discussed previously, the range of issues students bring to academic advisors can go well beyond academic concerns (Butler, 1995), and advisors are often on the institutional 'front lines' when it comes to supporting and assisting students who are struggling (Hobfoll, 2002; McWhirter, 1997).

The Berea College Guidelines for Academic Advisors (2019) states that advisors are charged with 'helping students make the transition to fully engaged college students' and leading, 'interventions with the student to help him/her reach goals and be successful

in collaboration with [campus partners] as appropriate in response to performance checks, early feedback, mid-term and final grade reports, and other indications of academic difficulty.” Thus, faculty academic advisors should facilitate student transition and lead interventions when the student gives indications they are facing difficulty, which requires knowledge, understanding, and preparation on the part of the faculty advisor.

Academic advising at Berea College is a strength of the institution, and students readily identify their academic advisor as someone with whom they feel connected. Berea students consistently rate their academic advisors as highly approachable, helpful, and concerned about their goals as individuals (National Survey of Student Engagement, 2014; Noel-Levitz Student Satisfaction Inventory, 2018). Graduates of Berea indicate they are more satisfied with their academic advisor's concern for them as individuals than their peers at other institutions (ACT, 2011). While these are extremely positive outcomes, this connection, and approachability increase the likelihood students may share significant personal, emotional, or mental health struggles with their advisors. Therefore, academic advisors need to be prepared to identify and respond to students in need appropriately.

Many of Berea College’s faculty academic advisors of first-year students report feeling comfortable teaching writing and critical thinking skills as part of a first-year seminar, as well as guiding students through critical institutional processes. However, they also report feeling overwhelmed by the wide range of personal and emotional concerns students bring to them. The Task Force on Trauma and Resilience found faculty feel overwhelmed by the severity and number of emotional and mental health concerns



students bring to them and would benefit from increased professional development in identifying and responding to these students (Appendix C).

In addition to the Task Force on Student Trauma and Resilience, a team of key stakeholders played a critical role in this study. It included representatives from Counseling Services, Curriculum & Student Success, Campus Christian Center, General Education, Department of Psychology, Institutional Research and Assessment, and Academic Advising. Working in collaboration with these campus stakeholders, this study was designed to: (a) gather and analyze data related to the status of academic advising and student emotional and mental health concerns; (b) provide input and guidance to institutional teams responsible student concern oversight and the creation of professional learning experiences for faculty academic advisors; (c) plan and implement professional learning experiences to help improve campus services; and (d) evaluate the professional learning experiences in these areas. This stakeholder team met with me throughout the academic year and provided input throughout the reconnaissance, intervention, and evaluation phases of the study.

### **Reconnaissance Phase**

The second phase of this MMAR study was reconnaissance. In this phase, data were collected, analyzed, and interpreted to determine the preparedness of faculty to address the mental health concerns of students and to inform the planning of professional learning experiences. The diagnosis phase of this study revealed that students are coming to college with increasing emotional and mental health concerns, and faculty academic advisors are often underprepared to adequately address the wide range of concerns that may emerge. The goal of the reconnaissance phase of the study was to: (a) assess faculty

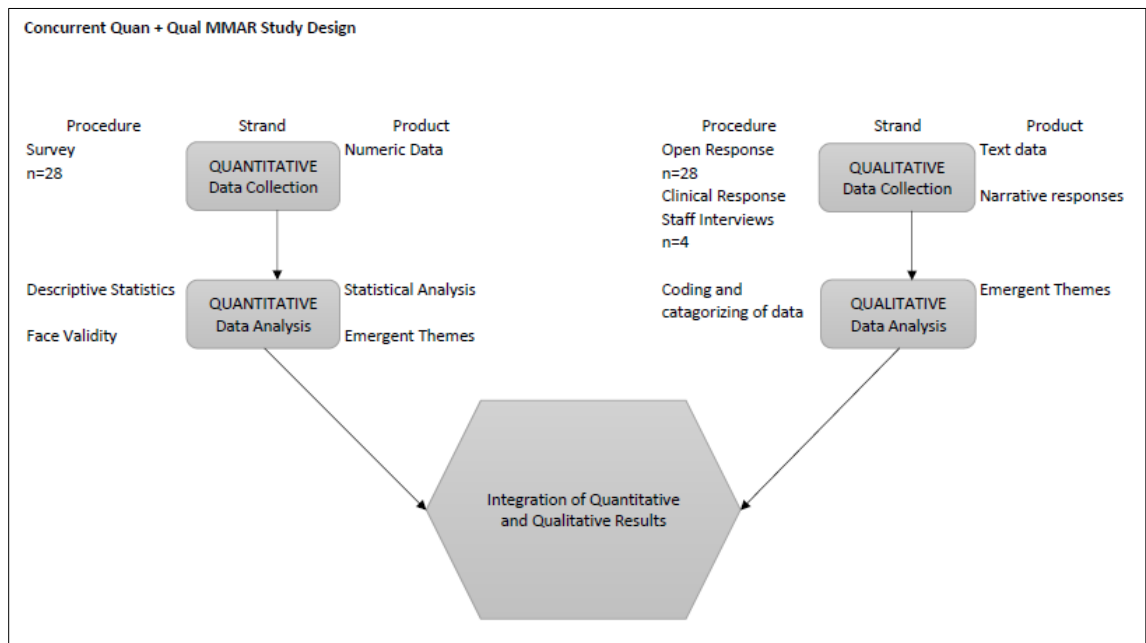
academic advisor's self-perceived abilities, comfort, and knowledge of strategies and resources to support students experiencing emotional distress; (b) gather information on the perceived role of faculty academic advisors as viewed by faculty and by clinical professionals on campus; and (c) identify what professional learning processes, formats, and structures would best meet the needs of faculty to support them in advising students experiencing emotional distress.

## Research Design

A concurrent quantitative + qualitative design was used for the reconnaissance phase of the study (Figure 2.1). The overarching research question that guided the reconnaissance phase was: *To what degree do faculty feel adequately prepared to identify and respond to students experiencing emotional distress?*

**Figure 2.1**

*Concurrent Quantitative + Qualitative MMAR Reconnaissance Design*



The simultaneous review of quantitative and qualitative data allowed for a more well-rounded review of the problem of practice and provided a more informed intervention.

### ***Quantitative Strand***

The following research questions guided the quantitative (Quan) strand.

1. Can faculty identify the signs of an emotionally distressed student?
2. Are faculty familiar with the strategies for responding to students experiencing emotional distress?
3. Are faculty familiar with the resources available to students who are experiencing emotional distress?
4. Do faculty understand their role as it pertains to students experiencing emotional distress?
5. Do faculty feel adequately prepared to serve in their role as an academic advisor?

**Sample.** A total of 28 faculty academic advisors of first-year students participated in the reconnaissance phase of this study. Berea College uses the instructors of GSTR 110, students first-term writing seminar and critical thinking course, as the academic advisors for the students in their course. Faculty in this role represent a wide range of disciplines throughout the institution, and all are employed full-time. These faculty members are charged with teaching students the basic skills of college-level writing, as well as guiding them through their first-year at this institution. Because of the frequency of contact and additional responsibilities involved with advising, faculty are often presented with a wide range of issues, both academic and personal.

**Instrument.** Faculty academic advisors were asked to complete a survey (Appendix E) consisting of five questions related to participant demographics (Table 2.1). The

remaining 8 questions used a Likert-scale of 5 = strongly agree; 3 = neutral; 1 = strongly disagree. The focus of the questions was on faculty members' ability to identify emotional distress in students (Q1 and Q2), respond to students with emotional distress (Q3 & Q4), knowledge of strategies and resources for addressing emotional distress (Q5 & Q6), and their role and preparation for academic advising (Q7 and Q8). To increase the face validity of the survey, the stakeholder team, Berea College Office of Institutional Research, and Director of Academic Assessment provided input into its design and content.

**Data Collection Procedures.** The survey was created in Qualtrics and distributed electronically to faculty academic advisors. An email containing an anonymous link to the survey was sent to 28 faculty from the lead researcher, which resulted in 15 responses.

**Table 2.1**

*Characteristics of survey respondents (N=28)*

Participant Characteristic	% (N)
Years at Berea College	
1-5	21.4% (6)
6-10	25.0% (7)
10-20	32.1% (9)
20+	21.4% (6)
Tenure Status	
Untenured	35.7% (10)
Tenured	64.2% (18)
Years as an Academic Advisor	
1-5	21.4% (6)
6-10	25.0% (7)
10-12	42.9% (12)
20+	10.7% (3)
Served as an Academic Advisor at Another Institution	
Yes	50% (14)
No	50% (14)

Six weeks later, a follow-up invitation was sent from the Associate Vice-President responsible for academic advising, which resulted in an additional 13 responses for a total of 28 respondents, a response rate of 90%. Demographic information on respondents is provided in Table 2.1.

**Data analysis and findings.** Survey responses were extracted from Qualtrics and analyzed in Excel using descriptive statistics (i.e., means and percentages). Identifying information was removed before analysis and coded for confidentiality and organizational purposes.

Overall, responses to the survey by faculty indicate that a majority agreed or strongly agreed with all statements included (Table 2.2). Most faculty indicated they recognize the importance of their role as it pertains to students experiencing emotional distress. When identifying the importance of their role in being able to identify students experiencing emotional distress, 85.7% of faculty agreed or strongly agreed that it was important ( $M=4.39$ ;  $SD=.92$ ), and the same percentage (85.7%) felt confident in their ability to identify these students ( $M=4.00$ ;  $SD=.61$ ). Similarly, 92.8% of faculty agreed or strongly agreed it was important in their role as an academic advisor that they be knowledgeable about the appropriate response to a student who is experiencing emotional distress ( $M=4.71$ ).

However, when asked about their knowledge of the appropriate response, a smaller percentage of faculty (82.1%) indicated that they were knowledgeable ( $M=3.93$ ;  $SD = .90$ ) about the appropriate response. Further, 64.2% of faculty indicated they were knowledgeable about strategies designed to help support students experiencing emotional distress ( $M=3.61$ ;  $SD = .88$ ), yet 64.2% agreed or strongly agreed that they understood

their role as an academic advisor as it pertains to supporting students experiencing emotional distress (M=3.79; SD = 1.13).

**Table 2.2**

*Participant responses to role and knowledge when working with students with emotional distress*

(N = 28)

Question	Mean (SD)	Range	% Agree or Strongly Agree
I am able to identify a student who is experiencing emotional distress.	4.00 (.61)	2 - 5	85.7%
It is important in my role as an academic advisor that I be able to identify a student experiencing emotional distress.	4.39 (.92)	2 - 5	85.7%
I am knowledgeable about the appropriate response to a student who is experiencing emotional distress.	3.93 (.90)	1 - 5	82.1%
It is important in my role as an academic advisor that I be knowledgeable about the appropriate response to a student who is experiencing emotional distress.	4.71 (.60)	3 - 5	92.8%
I am knowledgeable about the <u>strategies</u> designed to help support students who are experiencing emotional distress.	3.61 (.88)	2 - 5	64.2%
I am knowledgeable about the <u>resources</u> available to students who are experiencing emotional distress.	4.21 (.69)	2 - 5	92.8%
I understand my <u>role</u> as an academic advisor as it pertains to supporting students who are experiencing emotional distress.	3.79 (1.13)	1 - 5	64.2%
I feel adequately <u>prepared</u> by the institution to serve as an academic advisor.	3.71 (1.15)	1 - 5	67.9%
<b>Overall Mean</b>	<b>4.04</b>		<b>79.4%</b>

Ultimately, 64.9% of faculty agreed or strongly agreed that they felt adequately prepared by the institution to serve as an academic advisor as it pertains to supporting students

experiencing emotional distress ( $M=3.71$ ;  $SD = 1.15$ ). The area with the most agreement was related to faculty feeling knowledgeable about the resources available to students (92.8% agree or strongly agree;  $M=4.21$ ;  $SD = .69$ ).

Overall, findings from the survey revealed that faculty recognized the importance of being able to identify and respond to students who are experiencing emotional distress but are comparatively less confident in their ability to identify and respond to those students. That lack of confidence is more pronounced when asked about their knowledge of specific strategies for supporting these students, specifically when contrasted with their knowledge of resources available for referral. There also appeared to be room for development in faculty's understanding of their role in these situations, which could be related to the lower scores regarding their feelings of adequate preparation for serving as an academic advisor.

### ***Qualitative Strand***

The following research questions guided the qualitative strand.

1. What should the role of faculty academic advisors be in identifying and responding to students experiencing emotional distress?
2. What are the primary concerns related to faculty responding to students who are experiencing emotional distress?
3. What professional learning experiences would best help faculty advise students who are experiencing emotional distress?

**Sample.** The 28 faculty academic advisors of first-year students outlined above also participated in this strand of reconnaissance. Additionally, two professional staff members in the Berea College Counseling Services office and two professional staff

members in the Campus Christian Center were included in the study for a total of 29 participants. The College Counseling Services office employs a staff of full-time therapists with varying specialties who provide emotional, psychological, and developmental support of students on campus. The Campus Christian Center employs a staff of college chaplains who are certified in Clinical Pastoral Education and provide pastoral counseling to the college community. These two offices provide the primary campus response to students who are experiencing severe emotional distress.

**Instrument and Data Collection Procedures.** Faculty academic advisors of first-year students were asked to respond to three open response questions on the survey outlined in the section above. These questions focused on their role, their concerns, and their suggestions for professional learning experiences as it pertains to students experiencing emotional distress (Appendix E). In addition, semi-structured interviews were conducted with clinically trained professionals on campus charged with providing direct counseling and treatment of students experiencing extreme emotional distress. Three questions guided the conversations with clinically trained professional staff.

- What should the role of faculty academic advisors be in identifying and responding to students who are experiencing emotional distress?
- What strategies would you suggest being employed by faculty advisors of first-year students who are exhibiting signs of emotional distress?
- What professional learning experiences (processes, formats, or structures) should faculty academic advisors be provided with to better support students experiencing extreme emotional distress?



The goal of the open-ended survey questions and interviews was to gain an understanding of the desired role of natural helpers on campus – in this case, faculty and staff – and to collect their ideas on the format, structure, and processes to be included in a professional learning opportunity/ gatekeeper training for faculty academic advisors.

**Data Analysis.** For the 26 of the 28 participants responded to each of the three open-ended questions, for a response rate of 93%. This resulted in 107 unique comments provided by the respondents across the three open-ended questions. Open-ended questions were extracted from Qualtrics (Qualtrics, Provo, Utah) into Excel, and comments for each open-ended question were synthesized by question. The four interviews with professional clinic staff were transcribed into a Word document and synthesized based on each interview question.

**Findings.** The first open-ended question focused on the faculty role in identifying and responding to students who are experiencing emotional distress. A total of 41 unique comments were provided related to faculty role, and responses fell into three categories. The largest group of comments (39%) saw their primary role as recognizing the behavior and addressing the immediate crisis or providing light “triage” before possibly making a referral to a trained counselor or professional. The second largest group of comments (34.1%) saw their role as merely referring students to trained counselors or other professional resources. A few comments (12.2%) indicated that their role should be “nothing,” or “limited to academics” or stated that the college had never clearly explained their role to them.

For the group of faculty comments indicating their role was that of recognizing, assessing, and triaging, they often noted the familiarity they have with the students and

their experiences as being helpful in early identification of behavior changes and response to student concerns. “They are the first line of defense,” one faculty noted in regard to the advisor role. “If they notice and respond quickly, then serious problems can be avoided.” Another stated, “It is the role of the freshman advisors to get to know students well enough to notice changes in behavior that indicate intervention is necessary.” According to another faculty respondent:

Academic advisors are often the ‘face’ most familiar to students seeking help. It is my role to facilitate the academic success of my advisees. Their success hinges on emotional and physical health. For this reason, I am cognizant of the emotional health of my students and will make appropriate inquiries and offer assistance and referrals when needed.

Another said,

Faculty and labor supervisors are typically the people with most face to face contact with the students, especially over extended periods of time. This means that we are in a position to notice behavioral or emotional changes, risky behavior, or other indicators of distress.

Faculty in this group also noted their role as being a listener or empathetic with students who are experiencing distress or asking questions as appropriate. Additionally, the seriousness of the distress was also noted in faculty responses regarding their role in responding. One faculty member recognized the spectrum of response available to advisors, like Kuhn’s *Advising Counseling Continuum* referenced earlier in the review of literature,

It depends on the level of distress. Most students experience some of this, and, if it is mild, my role is to be a person to talk with and offer some advice. In more extreme cases, I view my role as recommending students to counselors on campus and other resources.

The second group of comments indicated that their primary role is to simply refer students experiencing emotional distress to professional counselors or other professional

resources who can most appropriately address the student's situation. When asked about their role in these circumstances, some faculty simply responded, "Directing students to available resources" or "Faculty should refer such students to professionals who are trained to deal with students with emotional distress." Other comments indicated that they are prepared to walk students directly to the offices for support, if necessary. Some faculty provided deeper reflections on these role concerns, such as, "I see my role as referring students to the appropriate resources on campus such as the counseling center, the CCC, first-year office, or in extreme cases the hospital...but I am not a trained mental health professional." Another faculty member stated,

My job is not to try to fix the situation for the student, but to send the student towards resources that might help them move forward. I do not react outwardly to what I hear, I listen and I refer. There are others on campus much better able to help the student move forward with specific needs.

The third group of comments centered on faculty indicating their response remained nothing, limited strictly to academics, or that they were unclear of their role. As a faculty member noted, "I am not eager to see academic advisors/faculty members charged with an enhanced duty of care in regard to the identification/referral of students experiencing emotional distress" while another stated,

"I see my role, as an \*academic\* advisor, as only slightly greater than any other faculty/staff member who interacts with a student...The word 'academic' is crucial here. I take it then that the role is one who advises on academics, though if emotional distress is affecting a student's academics, then it falls within the role of the academic advisor."

As recognized in the literature (see Chapter 1), faculty should not attempt to take on the role of counselors or other clinically trained professional staff. The perspectives of these faculty reinforce the concern that faculty are not always confident in engaging with a

student experiencing emotional distress, something that may, at times, be entirely unavoidable in their position.

The second open-ended question inquired about faculty member's most significant concerns when responding to students experiencing emotional distress, resulting in 31 unique comments. The largest number of comments related to concerns focused on their ability to provide an appropriate response in the moment and/or correctly assess the severity of the situation (38.7%). The second largest group of comments focused on the safety of the student (16.1%) or described concerns about their follow-up with the student regarding personal well-being or course expectations (11.1%). Finally, the faculty discussed the amount of time it would take to get the student seen by a trained professional (9.7%).

For the faculty comments related to their biggest concern as their ability to provide an appropriate response in the moment, some faculty worried about making the situation worse. Faculty responded with "Is any notice or action I take likely to exacerbate the situation," or "My biggest concern is that I will respond in error," or "Am I responding in the correct manner? I have no counseling degree." Some recognized the delicate balance required handling the situation, noting concerns such as, "How to gently refer them elsewhere without seeming disinterested in their problems." Additionally, faculty identified their concerns with appropriately interpreting the severity of the situation. Comments included "My biggest concern is distinguishing more severe and/or chronic issues from momentarily feeling upset," and "How to identify a truly urgent situation vs. healthy/normal distress," or "Missing the magnitude of the distress is my greatest concern." These responses indicate they recognize that there are circumstances

where faculty are at times faced with students experiencing emotional distress but highlights their concerns in providing the appropriate support to the situation.

The second largest group of comments to this question focused on the student's safety. Comments on concerns such as "That they will hurt themselves," or "That they will commit suicide or hurt themselves before they feel better," and "That one of the students finds themselves in a deep cavern of sadness and responds by taking his or her own life," all speak to the potential seriousness of the situation when engaging students experiencing emotional distress. They also highlight the extreme level of concern that faculty can experience in these situations, particularly if they are unsure about how to respond or are unclear about their role when faced with a student who may be experiencing significant emotional distress.

The third group of comments to the question about concerns focused primarily on follow-up, such as "How do I support them over the weeks or months they need help," or the practical aspect of adjusting course expectations while maintaining the course integrity and fairness. A smaller number of comments related to concerns about the potential delay in getting the student to professional help in a timely manner, with faculty noting the shortage of counselors on campus or concerns about counselor availability during evenings or weekends.

The third open-ended question focused on the kind of professional learning experiences faculty believed would be beneficial in helping them feel more equipped to identify and respond to students experiencing emotional distress. A total of 31 unique comments were provided. The comments fell into three primary categories: suggestions on a style of professional learning experiences (36.1%); the focus or format they would

like to see in the delivery of a professional learning experience (27.8%), and; technical procedures they would like to be more aware of, or products they would like to see in a professional learning experience (16.7%). A smaller number of faculty (8.3%) indicated that they did not want any additional training on this topic.

As it related to the style of professional learning opportunities faculty wanted to see presentations or workshops from trained professionals, opportunities for question and answer with experienced faculty and staff, brief informational announcements during faculty meetings, or reading groups. Regarding the focus or format of the professional learning experience, it was suggested that the experiences be oriented toward practical application, problem-based, containing concrete examples or scenarios and that they provide the opportunity for discussion. For example, “I would appreciate more formal training on how respond to emotional distress among college students,” and “It would be nice to know how to respond when students share (specific) traumas.” Procedures or products faculty would like to see included a clear statement from the institution on faculty’s role as it pertains to the topic, and flow-charts, decision trees, or reference guides that would provide clearer guidance on responding to students experiencing emotional distress

For interviews with professional staff from Counseling Services and the Campus Christian Center (CCC), several findings emerged relative to the desired role for faculty working with students experiencing emotional distress. During these interviews, the conversations often widened in their focus to include both faculty and staff, a theme that will be explored later in this chapter. Therefore, reporting of the interview data will speak to the role of both.

The first question addressed the role faculty should play in supporting students experiencing emotional distress. Similar to comments from faculty, Counseling Services and CCC staff almost universally pointed to the role of faculty as being on the front lines and of the benefits that can come from getting to know students and their natural behaviors. These close relationships provide opportunities for faculty, as well as staff, to observe changes in student behavior and to assess potential concerns. Two interviewees used the word “gatekeeper” in their responses, a phrase common throughout the literature when discussing the role of natural helpers on college campuses. Counseling and CCC staff indicated a belief that this early identification of serious concerns was a vital role for both faculty and staff, and having these individuals prepared for an appropriate response was extremely important.

The second question addressed strategies that should be employed by faculty when faced with these circumstances. The staff indicated it was most important for faculty and staff to be prepared for having a conversation with students about their emotional distress and understanding boundaries related to their positions. In the words of a Counseling Services staff,

We need people (faculty and staff) to be able to talk to people. To be informed. We don’t need them to treat the issues – they have to understand their boundaries – but to be able to at least have a conversation with a student who is struggling with their emotional or mental health is really helpful for the student and for us.

Another Counseling Services staff member said,

I want them to have an awareness of ways to talk to students, ways to approach them when there is an identifiable issue manifesting. We also need them to know how NOT to talk to students. That’s almost just as important.

Interviewees suggested specific strategies such as understanding what questions to ask (and not ask), validating the emotions of students, actively listening, and understanding how to support a student seeking additional support as being key to their being able to best support the work of Counseling and the Campus Christian Center.

### **Data Integration**

Data analysis in a concurrent quantitative + qualitative study involves merging multiple strands of data to provide more credibility to the overall study and achieve valid meta-inferences to inform the intervention (Ivankova, 2015). The reconnaissance data indicated that while faculty recognized the importance of being able to identify and respond to students who are experiencing emotional distress, they were less confident in their ability to perform these duties. This was particularly true as it relates to knowing how to respond when faced with one of these situations. Faculty reported understanding of the resources available and were comfortable making the referral to clinical professional staff, but uncertain about specific strategies for how to respond in those critical moments when confronted with a situation and providing students the appropriate support. These points were supported by clinical professional staff who identified faculty as front-line responders (gatekeepers) and their ability to recognize changes in student behavior and have at least an initial conversation with the students as an essential step in providing appropriate support and preventing situations from escalating.

Faculty reported concerns with knowing how to respond, and some faculty questioned whether it was part of their responsibility to respond. This might highlight an underlying sense of role confusion among the faculty at large. Uncertainty about role can create situations where faculty are left on their own to identify to the best course of action



during critical moments when engaging with a student experiencing emotional distress. Professional learning experiences focused on practical, specific strategies for responding to and engaging with students, clearer role definition, and education were identified as possible options for implementation.

### **Planning Phase**

The development of the professional learning experiences (PLEs) as an intervention was guided by the information gathered through the reconnaissance phase and with input from campus constituents. In the reconnaissance phase of this study, the faculty noted that one of their essential roles is to be knowledgeable about the appropriate responses to students experiencing emotional distress. However, they identified they were less knowledgeable about precisely how they should respond. Faculty were considerably more aware of the resources available to students than they were about strategies to help support students. They do not have a clear understanding of their role in supporting these students or feel adequately prepared to serve in their role as an academic advisor in this area. Faculty academic advisors can develop a close relationship with students and are often on the institutional “front line” in identifying and addressing concerns that might arise with students (Hobfoll, 2002; Kuhn, 2006; McWhirter, 1997). Some of the most at-risk students are often the least likely to report their feelings to mental health professionals (Barnes, 2001). So institutions are encouraged to consider training “natural helpers,” those “...who already have close communication with students either through their ongoing job role (Wyman, 2008)” or in identifying and intervening with students who are suffering from extreme emotional distress (Shannonhouse, 2017). Gatekeeper training has been identified as an effective method in increasing the knowledge, appraisal

of preparation, efficacy to perform, and commitment to assist students over a sustained period (Indelicato, 2011; Quinnett, 2007; Walsh, 2012).

The planning phase was initiated with the creation of an implementation team consisting of key campus stakeholders whose professional responsibilities focused on areas of student mental health and who were part of the Task Force on Trauma and Resilience. This implementation team included me, as the primary researcher, and members of Counseling Services, the Campus Christian Center, the Psychology Department, and the Office of First-Year Initiatives. We convened a two-day retreat in July, the purpose of which was to share data gathered during the reconnaissance phase, review the results, and discuss possible PLEs for implementation. This process was in keeping with recommendations from Ivankova (2015) on the critical need to share study results with stakeholders to “solicit their input into the action planning, implementation, and evaluation (p. 303).” This gathering of campus stakeholders proved crucial to coalescing the data, solidifying the research questions for the evaluation phase of the study, and setting the direction for the design and implementation of the PLEs, which served as the interventions in this study.

The group spent day one of the retreat focused on the primary research question *How can changes in the professional development of faculty advisors of first-year students positively impact their ability to identify and respond to students who are experiencing emotional distress?* Using the reconnaissance data and information gathered through the Task Force on Trauma and Resilience, the group determined it was essential that faculty understand their advisor role includes an ability to identify a student experiencing emotional distress and be knowledgeable about the appropriate way to

respond. They identified the other critical focus of the professional learning experience as a need for faculty to have a solid understanding of the resources at their disposal for referring students (Counseling Services, Campus Christian Center, etc.). Five goal areas were identified as the focus of the professional learning experiences to be developed: (a) clarify faculty role in supporting students experiencing emotional distress; (b) increase faculty knowledge of practical strategies for supporting students experiencing emotional distress; (c) increase awareness of faculty on the impacts of college student mental health; (d) positively impact faculty perceived preparation for supporting students experiencing emotional distress and; (e) increase awareness of the impacts of mental health on college students.

The implementation team spent day two of the retreat exploring and developing professional learning experiences for faculty and staff. Three PLEs were identified for the Fall term. The first PLE would use a training format for faculty and staff with a specific focus on their role in supporting students experiencing emotional distress and strategies for appropriately responding to these students. The second PLE would use a brown bag format with a focus on establishing and maintaining personal and professional boundaries as an important strategy for faculty who may find themselves in situations where they are engaging with students who are experiencing emotional distress. The final PLE would use a reading group format with discussions focused on educating and informing faculty and staff on the root causes and strategies for reacting to student distress.

In addition to the identification of areas of opportunity for professional development, the implementation team debated the rationale of focusing solely on faculty academic advisors. As noted in Chapter 1, all students who attend Berea College hold a

labor position on campus where they work 10 – 20 hours per week and are supervised by an employee of the College (the Labor Supervisor). During a week or a term, the labor supervisor often sees the student more regularly than the faculty or the student's academic advisor. Similar to the relationships students form with faculty, the relationship between a student and their labor supervisor can play a significant role in the student's experience throughout their college career. Also like faculty, labor supervisors are in a position to regularly observe, assess, and respond to changes in student's behaviors, or be approached by students who are experiencing some form of emotional distress. While some labor supervisors have been trained to work with students, such as those in the Student Life division or academic support areas, many have not received formal training to prepare them for this kind of work. The Labor Program does provide some training for labor supervisors. However, at the time of the study, there was no training focused explicitly on supporting students who might be experiencing distress. For these reasons, the implementation team decided to open the professional learning experiences to any member of the community who works directly with students. This aligned with Recommendation 10 from the Task Force on Trauma and Resilience, calling for "Increased Training for Labor Supervisors" (Appendix C) . The implementation team believed data gathered from faculty academic advisors (many of whom serve as labor supervisors as well) during the reconnaissance phase of this study was representative of the perspectives of labor supervisors in general. Based on this decision by the implementation team, the scope of the study was broadened to include the larger population of general faculty and staff.

## **Chapter 3**

### **Introduction**

The purpose of this mixed methods action research (MMAR) study was to identify professional learning experiences that could increase faculty and staff member's ability to support students who are experiencing emotional distress. As presented in Chapter 1, students are arriving on college campuses with mental health concerns that appear to be increasing in both frequency and severity, and which can negatively impact their ability to succeed. Students who grow up in poverty or are first-generation are at particular risk for higher levels of anxiety, depression, suicidal ideation. They are also more likely to have been exposed to adverse childhood experiences (ACEs) which have been associated with a range of physical health issues and poor mental health.

Many students, particularly first-generation students, are hesitant to seek out professional mental health support for these concerns, even when they know the services exist. Institutions should identify and prepare "natural helpers" on campus (e.g., college faculty and staff) to reduce or prevent emotional and mental health concerns from elevating to a level that puts students at-risk (Barnes, 2001; Stebleton, 2015).

Findings from the Reconnaissance Phase of this study indicated many faculty and staff at Berea College do not feel knowledgeable about specific strategies for supporting students experiencing emotional distress, do not feel adequately prepared to support these students, and are not clear on their role in these situations. During the Planning Phase of the study, three professional learning experiences were identified as promising for addressing these needs. This chapter outlines the Acting Phase, which provides details on the professional learning implemented. This is followed by the Evaluation Phase, which

focused on assessing the degree to which the professional learning events addressed the problem. The chapter ends with a discussion of the Monitoring Phase, which includes recommendations for improvements and changes in future iterations of professional learning offered at Berea College.

### **Acting Phase**

Three professional learning experiences were developed and implemented in the Fall between August – November 2019 (PLE I, PLE II, PLE III). For each, a description of the experience is provided, including goals, the implementation process, and the target audience.

#### **Supporting Students Experiencing Emotional Distress Training (PLE I)**

Each year, faculty and some professional staff engage in a series of training sessions the week before the beginning of classes. Traditionally, one of the training sessions included an introduction from the staff of Counseling Services and/or the Campus Christian Center, information about their services to students, and encouragement to faculty to contact them with issues or concerns. While this referral information is critically important, the reconnaissance data indicated faculty did not feel adequately informed of actual strategies or methods for handling a student who is currently experiencing emotional distress. Some faculty noted they would prefer to stick solely to the “academic” side of academic advising, but were rarely given a choice when a student introduces a difficult personal topic or finds themselves in emotional distress. Thus, having the necessary information to allow them to respond appropriately would be important for natural helpers on a college campus.

To address needs identified through the Reconnaissance Phase, the content of the training session was revised and entitled *Supporting Students Experiencing Emotional Distress*. Increased attention was given to (a) providing faculty and staff with a set of practical skills and strategies for responding to students, (b) helping them better understand their role when working with students experiencing emotional distress, and (c) more information on resources provided for a referral. This professional learning experience aligned with Recommendation 1 from the Task Force on Trauma and Resilience, calling for “Gatekeeper Training for Natural Helpers.” The redesigned training (PLE I) addressed four areas.

1. Information about the current increase in mental and emotional health concerns impacting college students nationally and at Berea.
2. Ways these concerns can manifest themselves in the classroom or a work setting with students.
3. The role of faculty or staff members when engaging students experiencing distress.
4. Strategies that could be employed while working with these students.

The *Supporting Students Experiencing Emotional Distress* training was delivered twice. The first session was held during Launch Week activities on August 13, 2019. Attendance was expected for new faculty and encouraged among others, particularly those teaching first-year students. Coordinators of the Launch Week planning were contacted and asked to retitle the regular Counseling Services introduction session and extend the time to one-hour as opposed to the standard 15- 20 minutes. The second session was offered as a lunch session on Thursday, October 10, targeted primarily to

faculty and staff who teach first-year students in courses (e.g., GSTR 110: Writing Seminar I – Critical Thinking and the Liberal Arts, WEL 101: Principles of Wellness I, and GST 101: Strategies for Academic Success), and staff who provide support to students. For this experience, lunch was catered for all attendees.

A critical component of PLE I was the redesign of an accompanying emotional distress response guide for faculty and staff that provided them with clear and direct information on identifying, responding to, and supporting students experiencing emotional distress. Comments from faculty in the reconnaissance phase indicated a desire for a flowchart or guide focusing on the practical side of engaging with students experiencing emotional distress. The staff of Counseling Services had produced a “Helping Students in Distress” Resource Guide that was nearly 40-pages in length, covered an extensively wide range of behaviors, topics, and responses, but was generic in format and had not been updated or distributed in years.

Based on reconnaissance data, faculty indicated a desire for more explicit guidance on ways to respond to students, possibly through quick reference materials. To meet this need, the implementation team opted to redesign the “Helping Students in Distress” Resource Guide. Criteria for the redesign of the original guide included a need to be brief and direct (no more than four pages in length), eye-catching and well-designed to increase use by faculty and staff. The guide would include information on faculty and staff members’ role in responding to and supporting students experiencing emotional distress, and practical information and applicable guidance on what to do (and not do) when engaging with them.



The implementation team and printing services collaborated on the creation of the new emotional distress response guide. Several examples of resource guides were reviewed, and information from the old version of the guide extracted and condensed to create a more streamlined and focused resource. After multiple rounds of revision, the final product included a four-page, color, glossy printed document titled “*Supporting Students Experiencing Emotional Distress*.” (Appendix F). The first page answers the question, “Is this guide for me?” and provides a narrative on knowing when and how to act. The middle pages help faculty and staff recognize potential signs of distress and guidance on how to speak to students experiencing distress. The last page provides instructions for how to refer or report a situation to members of the Students of Concern Team and outlined the “4R’s of Responding to a Crisis Situation” promoted by the Counseling Services office. The resource guide also includes two callout boxes that provide clear statements on the role of faculty and staff when dealing with students experiencing emotional distress. Page one states, “*Faculty and staff are not asked to take on the role of trained counselors, but the ability to identify and respond to students experiencing emotional distress is an important part of our role.*” The interior page states, “*Your primary role is to listen, care, provide your informed perspective, and offer resource referral information as needed.*”

This newly designed response guide was provided at each of the *Supporting Students Experiencing Emotional Distress* training sessions. However, due to high interest in the guide, it was also distributed to staff in the Student Life Division, presented at the September meeting of the Staff Forum, made available at the October Faculty Meeting, and provided to faculty and staff at other events on campus.

## **Brown Bag on Personal and Professional Boundaries (PLE II)**

The second professional learning experience (PLE II) was a *Brown Bag on Personal and Professional Boundaries* to support faculty needs related to setting appropriate personal and professional boundaries when working with distressed students. A need to address boundaries was also expressed by staff in Counseling Services and the Campus Christian Center. As one counselor stated, “Some faculty have sandpaper tissues that they hand to students when they’re upset, while others want to take the students home with them. It’s about finding the right balance.” This need was additionally supported by the personal experiences of stakeholders across campus who felt practical information about appropriate boundary setting could help faculty and staff support students better and prevent potentially compromising situations.

This PLE was designed as a one-hour brown bag style interactive experience for faculty and staff with a focus on the importance of setting boundaries, dealing with boundary objections, and critical reflection about working with students as humans while maintaining boundaries. The term “brown bag” was used to set a more informal tone, and the PLE was envisioned as a participatory event. The goals of PLE II were to provide (1) an overview of mental health statistics of Berea College as context on why this may be particularly important and challenging at our institution, and (2) information about campus resources available for individual consultation or student referral. The *Brown Bag on Personal and Professional Boundaries* was led by the Director of Counseling Services and a Psychology faculty member who were both members of the implementation team.

The *Brown Bag on Personal and Professional Boundaries* was offered once on Monday, September 23, 2019, at 3 pm. Invitations were sent to all faculty and staff. While the experience was designed to include interaction with and between participants, the actual implementation included primarily structured presentation. During the Brown Bag, the session leaders introduced participants to mental health data on Berea College students, presented ways faculty and staff could engage with students in various contexts, outlined strategies for setting boundaries that are “just right” for each individual and consistent with the standards of the College, and presented information on how to handle boundary objections by students. Interactive engagement of participants was limited to a few questions asked of participants by the presenters during the session, and a brief time allotted for Q&A at the end of the experience.

### **Reading Groups (PLE III)**

The third professional learning experience (PLE III) was a set of two *Reading Groups*, offered in the Fall term focused on helping faculty and staff better understand the underpinnings of student emotional distress and help prepare them to respond appropriately. This PLE aligned with Recommendation 17 from the Task Force on Trauma and Resilience, which called for Faculty Reading Groups & Film Review as part of the College’s ongoing faculty and staff development. The *Reading Groups* were included as an option as they offered an appealing alternative to traditional training or workshop sessions. Each of the two *Reading Groups* was facilitated using an open discussion format, with facilitators asking questions, guiding discussions, and ensuring the conversation stayed on track.

The two *Reading Groups* were held at different times during the term, so they did not overlap, and ample time was given between the two groups in case faculty or staff wanted to participate in both. For both *Reading Groups*, invitations to participate were sent via emails to all faculty and staff. Invitations included information on the topic and book for the session. Participants were encouraged to sign up in advance, and groups were capped at 18. Participants were provided with a copy of the book two weeks before the first group meeting.

*Reading Group I*, used the book *The Upside of Stress: Why stress is good for you, and how to get good at it*, by Dr. Karen McGonigal, which focused on practical strategies for understanding, embracing, and ultimately managing stress. This group was led by a faculty member from the Psychology department who was a member of the implementation team and an additional faculty member from the Sociology department who was a member of the Task Force on Trauma and Resilience. The group met from 3 – 4 pm on three Fridays – September 6, 20, and 27 in a classroom in one of the academic buildings on campus. This group was fully enrolled, with 18 participants. All 18 participated in the first two sessions, and 11 participated in the final session.

*Reading Group II* used the book *The Deepest Well: Healing the long-term effects of childhood adversity*, by Dr. Nadine Burke Harris, which focuses on the science behind why ACE's have such a profound and lasting impact on people well into adulthood. This reading group was coordinated by the Director of Counseling Services and the Director of the Office of First-Year Initiatives (the primary researcher). This group was scheduled to meet from 12 – 1 pm on two Wednesdays (October 9 and 23) in the campus dining hall. Lunch was provided for all participants, and the group was fully enrolled at 18

participants. The first session was attended by all participants; however, competing campus events during the second session resulted in lower attendance of eight of the 18 enrolled participants. A make-up session was scheduled for the following Wednesday (October 30) from 12 – 1pm for those unable to attend session two. Five additional participants attended this session.

### **Evaluation Phase**

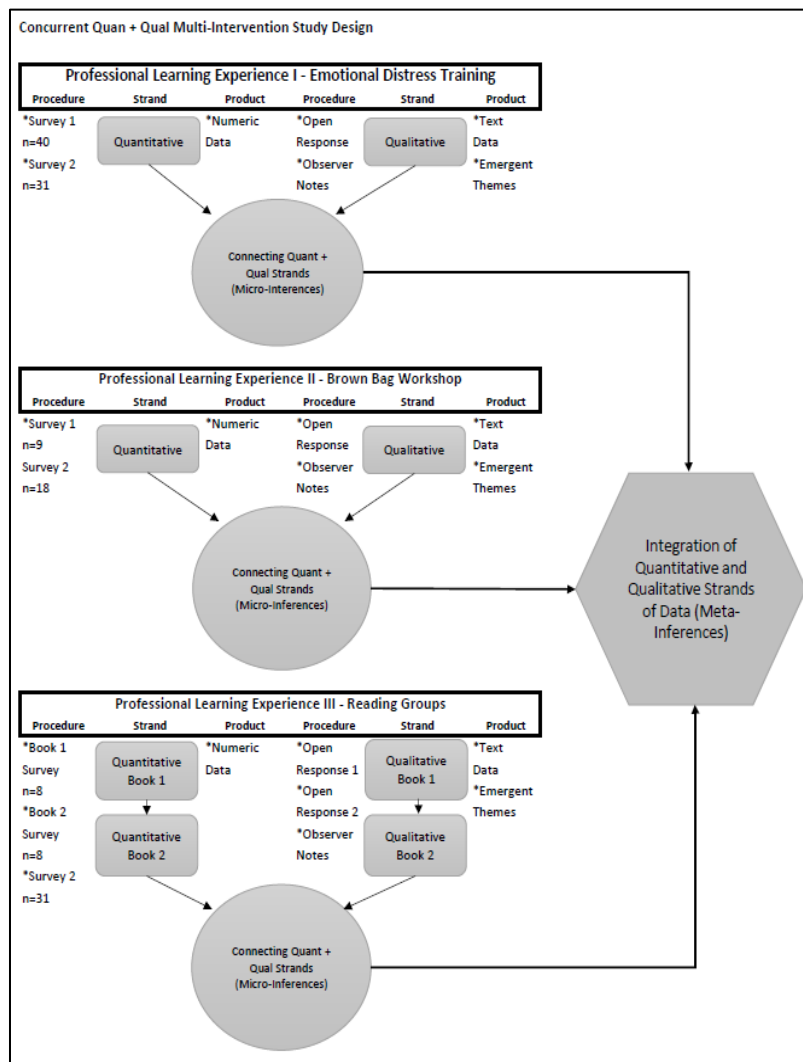
Because the number of professional learning experiences (PLEs) increased from one to three during the planning and implementation phases, the Evaluation Phase design was modified to a concurrent quantitative + qualitative design across the three PLEs. Each PLE was evaluated individually by examining and integrating the quantitative data (Strand 1) and the qualitative data (Strand 2), resulting in micro-inferences for each experience. Results were then integrated and evaluated across the three PLEs, resulting in meta-inferences for the overall study (Figure 3.1). Merging these multiple strands of data was designed to provide more credibility to the overall study and result in more trustworthy meta-inferences and findings (Ivankova, 2015). The evaluation of the three PLEs was guided by the following research questions:

1. Can we create professional learning experiences for faculty and staff that positively contribute to:
  - a. Knowledge of strategies for supporting students experiencing emotional distress (knowledge of strategies)?
  - b. Understanding their role in supporting students experiencing emotional distress (understanding of role)?

- c. Perceived preparation for supporting students experiencing emotional distress (perceived preparation)?
2. How were the professional learning experiences received by faculty and staff (e.g., goals, content, time allotted)?

**Figure 3.1**

*Concurrent Quantitative + Qualitative Multi-Intervention Study Design*



**Sample**

A total of 90 faculty and staff participated across the three PLEs (Table 3.1). A slight majority (53.3%) of participants were faculty (n = 48). Of those, 64% were tenured,

and 58% had been at the institution between 1 – 10 years. Staff made up 46.7% of participants, with most (90.5%) having been at the institution 10-years or fewer. Across both groups, participants predominantly identified as female (79.2% faculty; 71.4% staff).

**Table 3.1**

*Participants Across Professional Learning Experiences (N=90)*

Experiences	Trainings (PLE I)	Brown Bag (PLE II)	Reading Groups (PLE III)	Total
Participants	% (n)	% (n)	% (n)	% (n)
Total Participants	41	22	27	90
Faculty	85.4% (35)	22.7% (5)	29.6% (8)	53.3% (48)
Gender				
<i>Male</i>	17.1% (6)	40.0% (2)	25% (2)	20.8% (10)
<i>Female</i>	82.9% (29)	60.0% (3)	75% (6)	79.2% (38)
Years at Berea				
<i>1 – 10 years</i>	60.0% (21)	80.0% (4)	37.5% (3)	58.3% (28)
<i>11 – 20 years</i>	17.1% (6)	0.0% (0)	25% (2)	16.7% (8)
<i>+20 years</i>	22.9% (8)	20.0% (1)	37.5% (3)	25% (12)
Tenured				
<i>Yes</i>	54.3% (19)	100.0% (5)	87.5% (7)	64.6% (31)
<i>No</i>	43.7% (16)	0.0% (0)	12.5% (1)	35.4% (17)
<b>Staff</b>	14.6% (6)	77.3% (17)	70.4% (19)	46.7% (42)
Gender				
<i>Male</i>	33.3% (2)	47.1% (8)	10.5% (2)	28.6% (12)
<i>Female</i>	66.7% (4)	52.9% (9)	89.5% (17)	71.4% (30)
Years at Berea				
<i>1 – 10 years</i>	83.3% (5)	94.1% (16)	89.5% (17)	90.5% (38)
<i>11 – 20 years</i>	0.0% (0)	0.0% (0)	10.5% (2)	4.8% (2)
<i>+20 years</i>	16.7% (1)	5.9% (1)	0.0% (0)	4.8% (2)

## Overview of the Quantitative Strand Across Professional Learning Experiences

The quantitative strand was designed to address both Research Question 1 and Research Question 2, through two surveys. For all three professional learning experiences (PLE I, PLE II, and PLE III), faculty and staff who attended a PLE were asked to assess the PLE by completing a survey at the end (post-PLE survey). For those who attended the first session of the *Supporting Students Experiencing Emotional Distress* training (PLE I), the post-PLE assessment was distributed via paper copy provided and explained at the beginning of the session. All other assessments were distributed via email to participants using Qualtrics (Qualtrics, Provo, UT) within one week of the completion of the PLE.

While the wording of items in each assessment was modified slightly to reflect the individual experience, the three components of Research Question 1 (*knowledge of strategies, understanding of their role, perceived preparation for supporting students experiencing emotional distress*) were addressed in each post-PLE assessment (Table 3.2). Responses were collected via 5-point Likert-scale of 5 = strongly agree, 4 = somewhat agree, 3 = neutral, 2 = somewhat disagree and 1 = strongly disagree. Each survey will be described in more detail in the presentation of the findings from each PLE below. All surveys included a Consent to Participate in Research, distributed in paper copy for the first training session PLE I, and Qualtrics (Qualtrics, Provo, UT) for all other assessments (Appendix G). A second survey was distributed using Qualtrics via email in November to all faculty and staff who had participated in any of the three PLEs (post-intervention survey) (Appendix L).



**Table 3.2***Summary of Post-PLE Survey Questions to Address Research Question 1 Across PLEs*

Survey Question	PLE I	PLE II	PLE III	
			Group 1	Group 2
Increased knowledge of strategies	Q4	Q1, Q3, Q4	Q2	Q2
Increased clarity of role	Q5	Q2	Q5	Q5
Increased perceived preparation	Q6, Q7	Q5	Q4	Q4

The primary focus of the post-intervention survey was to address Research Question 2 (*How were the professional learning experiences received by faculty and staff*)? Since participants could have attended more than one PLE, one survey form was used. In the survey, participants were prompted to indicate if they participated in the PLE (yes or no), then presented with questions related to that specific PLE. The language was slightly modified to be PLE specific, and skip logic was used to help ensure respondents answered only questions related to the PLE(s) in which they participated.

The post-intervention survey questions focused on the clarity of the goals for each experience, whether the content was presented in an engaging manner, whether the timing of the sessions was convenient for participants, and if the professional learning experience should be offered in the future (Table 3.3). Responses to primary content questions were collected via 5-point Likert-scale of 5 = strongly agree, 4 = somewhat agree, 3 = neither agree or disagree, 2 = somewhat disagree and 1 = disagree. For PLE I, an additional question was embedded in the post-intervention survey to assess the handout (*Emotional Distress Response Guide*) provided.

**Table 3.3**

*Summary of Post-Intervention Survey Questions to Address Research Question 2 Across PLEs*

Survey Question	PLE I	PLE II	PLE III	
			Group 1	Group 2
Goals	Q2, Q14	Q26		
Content and Expectations Consistent	Q3, Q15	Q27	Q41	Q50
Engaging/Stimulating	Q5, Q17	Q29	Q37	Q46
Timing of PLE	Q7, Q19	Q31	Q39	Q48
Time Allotted	Q9, Q21	Q33		
Need More Like this	Q11, Q23	Q34	Q42	Q51
Adequate Number of Sessions			Q38	Q47

Due to the small sample size for each PLE offered, there was a high reliance on face validity for the evaluation assessment. Therefore, survey instruments were created with input from the implementation team and in coordination with the Director of Academic Advising.

### **Overview of the Qualitative Strand Across Professional Learning Experiences**

For this strand, open response questions were utilized in each post-PLE survey, and in the final post-intervention assessment administered in November 2019. For each post-PLE survey, participants were provided the opportunity to submit comments on the most important takeaways from the PLE or offer suggestions for how the experience could be changed if it were offered again. These data were used to answer Research Question 1 related to participant's increased knowledge of strategies, understanding of their role, or perceived preparation. For Research Question 2, the final post-intervention survey included open response questions focused on improving the delivery of each PLE related to timing, engagement, and general observations or suggestions (Appendix L).

**Table 3.4***Summary of Open-Ended Response Questions by Research Question Across PLEs*

Survey Question	PLE I	PLE II	PLE III	
			Group 1	Group 2
RQ 1				
<i>Additional Comments</i>	Q8		Q6	Q6
<i>Important points gained</i>		Q6		
<i>Suggestion for changes in PLE</i>		Q7		
RQ 2				
<i>*Content and Expectations</i>	Q4, Q16	Q28		
<i>Consistent</i>				
<i>*Engaging/Stimulating</i>	Q6, Q18	Q30		
<i>*Timing of PLE</i>	Q8, Q20	Q32	Q40	Q48
<i>Suggestions for Improving</i>	Q12, Q24	Q35	Q44	Q52

\* Questions included skip logic to allow response if answers were no, somewhat disagree or disagree.

The third source of qualitative data were field notes. As a participant-observer, I attended and recorded observations at each PLE. These notes were analyzed and triangulated with quantitative and qualitative assessments to identify micro- and meta-inferences (Table 3.5).

**Table 3.5***Triangulation Matrix*

Research Question	Quantitative Data	Qualitative Data	Qualitative Data
Can we create professional learning experiences that positively contribute to knowledge of strategies, understanding of role, and perceived preparation?	Post PLE Survey	Post PLE Survey	Participant Observer Notes
How were the professional learning experiences received by faculty and staff	Post-Intervention Survey	Post-Intervention Survey	Participant Observer Notes

## Data Analysis and Findings

In the following section, information on participants, data analysis, and findings are presented for each of the three PLEs. Findings are organized by strand (quantitative + qualitative) followed by micro-inferences across strands for each PLE. Finally, meta-inferences across all PLEs are presented (Figure 3.1).

When calculating response rates across the PLE surveys, the following guidelines were used. For quantitative survey questions, the overall response rate was calculated based on the *number of participants completing the survey/total number of participants*. For open-ended responses to surveys, the response rate was calculated based on the *number of participants providing open-ended responses/participants completing the survey*. It should be noted that for some open-ended response requests on the post-intervention survey, skip logic was used to allow participants to provide comments if they answered disagree, strongly disagree, or no to any question, resulting in lower response rates.

### *Supporting Students Experiencing Emotional Distress Training (PLE I)*

**Quantitative Strand Sample and Instrument.** A total of 41 faculty and staff participated in the two-training session combined. Faculty represented 85.4% of participants (n = 35) and staff represented 14.6% (n = 6; Table 3.1). For Research Question 1, the post-PLE survey was administered at the conclusion of each training session. It consisted of three questions on faculty and staff demographics and four questions related to the session's impact on increasing participant's knowledge of strategies, clarification of role, perceived preparation, and understanding of resources

(Table 3.2; Appendix H). The post-PLE survey was completed by 40 participants for a total response rate of 97.6% (Table 3.6).

To address Research Question 2, the post-intervention survey was administered in November to all participants using Qualtrics. Questions related to the clarity of the goals of the training, the consistency and engagingness of the content, the timing of the session, the accompanying emotional distress response guide, and participants belief that more training sessions should be offered in this area (Table 3.3). Skip logic was used to allow participants to provide comments if they answered disagree, strongly disagree, or no to any question. A total of 31 of the 41 participants completed the post-intervention survey for a response rate of 75.6%.

**Table 3.6**

*Overall Response Rates Across Professional Learning Experiences*

Research Question Measure	PLE I (N=41)	PLE II (N=22)	PLE III Gr I (N= 18)	PLE III Gr 2 (N = 16)
	% (N)	% (N)	% (N)	% (N)
RQ1 (Post PLE)				
<i>Survey</i>	97.6% (40)	36% (8)	44% (8)	50% (8)
<i>Open-Ended Responses</i>	52.5% (21)	50% (4)	25% (2)	37.5% (3)
RQ2 (Post-Intervention)				
<i>Survey</i>	75.6% (31)	81.8% (18)	27% (5)	50% (8)
<i>Open-Ended Responses*</i>	74.1% (23)	55.5% (10)	100% (5)	37.5% (3)

\*Offered to those who answered disagree, strongly disagree, or no to an item for some questions.

**Quantitative Strand Data Analysis and Findings.** When examining the *Supporting Students Experiencing Emotional Distress Training*, the sessions appeared to have a positive impact on all components of Research Question 1 (Table 3.7) with an

overall mean across items of 4.43 (SD= .65) out of 5. Of those who attended, 92.5% agreed or strongly agreed the session helped increase their knowledge of strategies for supporting students experiencing emotional distress, and 95% agreed or strongly agreed the session helped clarify their role in supporting students experiencing emotional distress.

Over 87% of participants agreed the session helped increase their preparation for working with students experiencing emotional distress, yes this item represented the highest variance in response with the lowest reported mean (M=4.35; SD = .70). While not linked directly to one of the components of Research Question 1, 90% of participants left the session with a better understanding of the resources available to them for supporting students.

**Table 3.7**

*Supporting Students Experiencing Emotional Distress Training Post-PLE Survey (N=40)*

Question	Mean (SD)	Range	% Agree or Strongly Agree
This session helped increase my knowledge of strategies for supporting students experiencing emotional distress.	4.45 (.63)	3 - 5	92.5%
This session helped clarify my role in supporting students experiencing emotional distress.	4.43 (.59)	3 - 5	95%
Based on my participation in this session, I feel more prepared to support students who are experiencing emotional distress.	4.35 (.70)	3 - 5	87.5%
Based on my participation in this session, I have a better understanding of the resources available to me when supporting students experiencing emotional distress.	4.50 (.68)	3 - 5	90%
<b>Overall Mean</b>	<b>4.43 (.65)</b>		<b>91.25</b>

For Research Question 2 on *how the professional learning experience was received by faculty and staff*, participants had a positive view of the session's implementation with an overall mean of 4.55 (SD=.75) out of 5. A majority of participants (87.1% to 96.8%) agreed or strongly agreed with all statements (Table 3.8). The highest overall rating was on the clarity of the training goals (M = 4.68; SD = .54), and the lowest overall rating was on the engaging nature of the presentation of content (M = 4.39; SD .67). While a high percentage of participants believed the time allotted was adequate for the information presented (87.1%), this response had the most variance (M = 4.52; SD = .99).

**Table 3.8**

*Supporting Students Experiencing Emotional Distress Post-Intervention Survey (N=31)*

Question	Mean (SD)	Range	% Agree or Strongly Agree
The goals of the training were clear.	4.68 (.54)	3 - 5	96.8%
The content presented was consistent with what I was expecting to learn.	4.61 (.62)	3 - 5	93.5%
The content was covered in a way that was engaging.	4.39 (.67)	3 - 5	90.3%
The time allotted was adequate for the information presented.	4.52 (.99)	1 - 5	87.1%
<b>Overall Mean</b>	<b>4.55 (.75)</b>		
<i>*The accompanying handout "Supporting Students Experiencing Emotional Distress" was helpful.</i>	4.71 (.64)	3 - 5	93.5%

\* This question was included in PLE I only.

As part of the post-intervention survey, an additional question was added to assess the helpfulness of the emotional distress response guide "*Supporting Student's Experiencing Emotional Distress*," which was used as a handout for the training. This

handout was a critical component of the intervention, and the response to the response guide was positive, with a mean rating of 4.71 (SD = .64) out of 5.00, the highest mean rating of any item surveyed.

While a high percentage of participants believed the time allotted was adequate for the information presented (87.1%), the range of responses (1 – 5) indicated that some participants disagreed or strongly disagreed.

Overall, participants appeared to respond positively to all components of Research Question 1 and Research Question 2 but had the least level of agreement on increasing perceived preparation, the engaging nature of the presentation, and the time allotted for the delivery of the information

**Qualitative Strand Sample and Instrument.** As noted previously, a total of 35 faculty and six staff participated in the two training sessions. The post-PLE survey for PLE I included an opportunity for participants to provide comments on the session. A total of 21 participants (51%) provided written responses, resulting in 25 unique comments which were imported into Excel and synthesized.

Similarly, the post-intervention survey distributed in November provided participants the opportunity to suggest changes to the professional learning experience to make it more engaging or effective if they answered disagree, strongly disagree, or no to an item. They also had an opportunity to provide general suggestions for improvement should the experience to be offered in the future. A total of 23 of the 31 respondents (74.1%) provided written responses, resulting in 30 unique comments. These were imported into Excel and synthesized by question.



**Qualitative Strand Data Analysis and Findings.** For the three components of Research Question 1, responses supported the ratings presented in the quantitative data. Participants viewed PLE I as increasing their knowledge, clarifying their role, and increasing their perceived preparation to work with students experiencing emotional distress. Of the 25 unique comments, 14 (56%) provided positive feedback on the inclusion of specific strategies, increased clarity of role, the handout, or general positive feedback.

A faculty member of nine-years noted the specific focus on practicality, saying, “I appreciate the focus on ways to talk to students before sending them to other campus resources,” and a staff member of seven-years said, “Thanks for providing specific examples of situations involving students in distress.” Of note were comments from faculty and staff who were long-time employees of the institution. One faculty member of 26-years said, “I learned a few new details that are useful,” while another staff member of 28-years said, “The tools for helping students deal with trauma was very helpful.” One faculty member highlighted the focus on the role of faculty and staff, noting:

This session provided some clarity on what my role is when working with students who are in distress. I feel better having a clearer understanding and knowing a few more strategies for working with the students directly.

The emotional distress response guide, which was handed out during the session, was also viewed as a vital component of the session and an important takeaway for faculty and staff. Speaking to the importance of the guide, one faculty member stated:

I'm new to Berea and the handout was a GODSEND for me when I had a student in serious mental health crisis. Too, I was able to share the "4Rs" with a colleague of mine at a completely different university who was also trying to support someone in distress.

While these comments provided a positive outlook on the sessions, some participants felt the information was like other training sessions. Five individual comments (20%) pointed to having attended similar sessions previously and having “heard it before” but still noted appreciation for the reiteration. Another four comments (16%) suggested technical improvements such as increasing the size of the text on the slides or providing coffee and snacks at the session.

For Research Question 2 regarding how well the experience was received by participants, the overall implementation of PLE I appears to have been successful. However, participants did provide comments to help improve the training. The item on the survey, “The content was covered in a way that was engaging,” had the most variance in the quantitative component of the survey. This was supported by the observational field notes from the PLE as well as the presenters. Participants responding to the question *“If we were to offer this training again, what suggestions do you have for improving it”* offer further support. Twelve respondents (40%) indicated a need for conversation or engagement with participants or suggested that smaller groups could increase the ability to engage and participate more. Some respondents commented that “More interactive pedagogy” would be beneficial or provided the suggestion such as “Perhaps mix in more discussion, whole group and/or small group, with the presentation.” One respondent noted:

Maybe do some case studies? Many of these scenarios we don't recognize until we're ‘in it.’ If you can give us a little more experience in identifying them sooner, that might help us direct students to the appropriate resources faster.

Some participants pointed out the size of the session as an impediment to the discussion, stating, “Smaller groups that have to RSVP to attend.” Another faculty member articulated a need for additional perspectives, saying:

Having voices other than the ones presenting at this event would be good, including students who may be willing to discuss what supports they need. Also having people from FYI talking about their experience of student distress, instead of just counseling services and CCC, would also be helpful.

Even with the increased attention to specific strategies for responding to students, five respondents (16%) commented that they would like to have had even more focus on specifics. This included additional scripted responses to scenarios, additional tips for practice, and attention to talking with students from different cultural demographics. Three comments (10%) focused on technical aspects for improvement, including more time allotted, changing the venue, and asking for an electronic copy of the handout. Finally, six comments (20%) provided support for the session content, timing, or focus.

**Data Integration and Micro-inferences.** The redesigned training sessions on *Supporting Students Experiencing Emotional Distress* (PLE I) appear to have had a positive impact on faculty and staff knowledge of strategies, understanding of their role, and their perceived preparation for responding to students experiencing emotional distress. As noted above, the refocus of the professional learning experience on practical strategies and clarity of role appeared to be beneficial. However, faculty and staff participants would have liked a smaller session or session with more small-group conversations or engagement. A small number of faculty noted the sessions were similar to other training sessions they had attended; thus, not everyone may have recognized the shift in focus of the session from the previous version. This might be contributed to using the same presenters for this session as the sessions from previous years and bringing in additional voices may have provided additional attention to the newer components of the session. However, even with some redundancy, when asked the question, “Do you believe that more trainings in this area (supporting students experiencing emotional

distress) would be beneficial,” 100% of the respondents responded “Yes” or “Yes, with modifications” indicating that a continued institutional focus on this area is important.

While the quantitative data showed that most participants believe the information was presented engagingly, there were still comments that indicated a more engaging pedagogy could have been beneficial. Requests for case studies or practical scenarios show that while progress was made in creating a session more focused on practical application and strategies, there is room for improvement in providing more concrete examples.

The emotional distress response guide played a critical role as a supportive document in the training sessions. The high ratings regarding its helpfulness in the November post-intervention survey and requests for its distribution at other events may indicate it was an important document. This guide seems to have had the desired impact of helping faculty and staff better understand their role and strategies for supporting students experiencing emotional distress as a standalone document.

### ***Brown Bag on Personal and Professional Boundaries (PLE II)***

**Quantitative Strand Sample and Instrument.** A total of 17 staff and five faculty (N = 22) participated in the *Brown Bag on Personal and Professional Boundaries* (PLE II). Staff represented 77.3% of participants, and faculty represented 22.7% (Table 3.1). To address Research Question 1, the post-PLE survey was administered at the conclusion of the session. Questions were included in the session’s impact on increasing participant’s knowledge of strategies and perceived preparation for working with students who are experiencing emotional distress (Table 3.2; Appendix I). There were no direct survey questions on the increased clarification of role (Research Question 1b). However,

*Q9, I gained a better understanding of why it is important for me to know and care about student mental health* provides insight into this component of the research question. Eight of the 17 participants completed the quantitative portions of the post-PLE survey for a total response rate of 36%.

To address Research Question 2, a post-intervention survey was administered in November to all participants using Qualtrics. Questions related to the clarity of the goals of the training, the consistency and engagingness of the content, the timing of the session, and participant's belief that more training should be offered in this area (Table 3.3). Skip logic was used to allow participants to provide comments if they responded disagree, strongly disagree, or no to questions (Appendix L). Eighteen faculty and staff completed the post-intervention survey for PLE II for a total response rate of 81.8%.

**Quantitative Strand Data Analysis and Findings.** It should be noted that the low response rate of 36% for this PLE is a limitation. Therefore, the following summary of findings should be viewed with caution. When examining PLE II, the session appears to have achieved its stated goals of on all items assessed with a mean of 4.55 (SD=.59) out of 5 (Table 3.9). Ratings ranged from a high of 4.75 (SD = .46) on knowledge regarding the importance of setting boundaries with students to 4.50 (SD = .53) on knowledge of strategies for setting boundaries with students. The most variance was for the items related to gained knowledge regarding the importance of setting boundaries with students (perceived preparation) and gained a better understanding of why it is important for them to know and care about student mental health (M = 4.5; SD = .76 each).

**Table 3.9***Brown Bag on Personal and Professional Boundaries Post-PLE Survey (N=8)*

Question	Mean (SD)	Range	% Agree or Strongly Agree
I gained knowledge about how student mental health can impact their performance in college.	4.50 (.76)	3 - 5	87.5%
I gained a better understanding of why it is important for me to know and care about student mental health.	4.50 (.76)	3 - 5	87.5%
I gained knowledge regarding the importance of setting boundaries with students.	4.75 (.46)	4 - 5	100%
I gained knowledge of strategies for setting boundaries with students.	4.50 (.53)	4 - 5	100%
I feel more prepared to recognize and respond to students who resist my personal and professional boundaries.	4.50 (.54)	4 - 5	100%
<b>Overall Mean</b>	<b>4.55 (.59)</b>		<b>95%</b>

**Table 3.10***Brown Bag on Personal and Professional Boundaries Post-Implementation Survey (N=18)*

Question	Mean (SD)	Range	% Agree or Strongly Agree
The goals of the training were clear.	4.61 (.50)	4 - 5	100%
The content presented was consistent with what I was expecting to learn.	4.44 (.70)	3 - 5	88.9%
The content was covered in a way that was engaging.	4.50 (.70)	3 - 5	88.9%
The time allotted was adequate for the information presented.	4.44 (.62)	3 - 5	94.4%
<b>Overall Mean</b>	<b>4.50 (.63)</b>		<b>93.1%</b>

A higher number of participants (N=18) responded to the post-intervention survey, which was designed to address Research Question 2, and results were similarly

positive with an overall mean of 4.50 ( $SD=.63$ ). The highest rating ( $M = 4.61$ ;  $SD = .50$ ) and where all participants agreed or strongly agreed was related to the clarity of the goals of the training. Two items received the lowest ratings ( $M = 4.44$ ), including the content was consistent with what they expected to learn ( $SD=.70$ ) enough time was allotted for the session ( $SD = .62$ ; Table 3.10).

**Qualitative Strand Sample and Instrument.** The post-PLE survey included the opportunity for participants to answer two open-ended questions (a) the most important points they gained from the workshop, and (b) what they would suggest being changed if the PLE were to be offered again. Four of the eight respondents (50%) who completed the overall survey provided five unique comments on the open-ended questions. Comments were placed into Excel and synthesized.

Consistent with PLE 1, the post-intervention survey distributed in November provided participants the opportunity to offer suggestions for improvement of the PLE. Ten of the 18 participants (45.5%) who responded to this survey answered the open-ended question, yielding 14 unique comments. Those comments were placed in Excel and synthesized.

**Qualitative Strand Data Analysis and Findings.** As with the quantitative portion of the post-PLE survey, the small number of respondents to the open-ended questions presents a limitation for findings from this PLE. However, comments provided support the quantitative findings that this PLE had a positive impact on faculty and staff participants. Two participants noted the quality of the session, stating, “It was very well done. I can’t think of anything that would have made it better,” and “[the presenters] did a great job with this topic and their presentation!” Another participant noted that the

session helped them in “Understanding that there are many resources on campus better than me to help students. You do not have to solve it alone.” Another participant went further:

It helped me think more critically about professional boundaries and where I wanted those to be. I am not the students' mother and I am not the students' friend. That is ok. I am a model for what a professional, caring relationship should look like. Don't cross that line, because it is hard to redraw it after the fact.

For Research Question 2, the post-intervention survey yielded a slightly higher number of comments, with more specific suggestions emerging. Six of the comments (42.9%) focused on a need for a more interactive or engaging format. Comments such as, “More interactive pedagogy,” “More interactive options within the group,” and the suggestion “More interactions among participants,” were given by participants. One respondent noted that “The training was great and informative. I would suggest a couple of group activities or scenario-based discussions” while another suggested that the presenters “Give more role-playing scenarios and provide supervisors opportunities to practice skills.” These participant comments were consistent with the observer field notes that noted the session had become too presentation focused and moved away from the original “brown bag” idea.

Similarly, the two presenters, both members of the implementation team, indicated they regretted not having included more participatory items immediately following the session (personal communication, September 23, 2019). Five additional comments (35.7%) provided positive feedback such as “The training was great and informative,” and “I enjoyed the presenters & presentation. Very clear!” One respondent provided candid affirmation, stating, “I really enjoyed the training. It was far better than I



expected, sorry sometimes I have low expectations for training. It was thought provoking for me. I was aware of student issues, but I had no solutions.”

**Data Integration and Mico-Inferences.** Based on a review of the quantitative and qualitative data collected, as well as the observational field notes of the session, PLE II appears to have been successful in positively impacting participant’s knowledge of strategies and perceived preparation for supporting students experiencing emotional distress. While the session did appear to be well-received, participant comments indicate significant restructuring of the delivery to a more active and participatory experience, were this PLE to be offered again. Participants received knowledge and a better understanding of how to create personal and professional boundaries that support the student and protect the faculty or staff member through their participation in this session. The opportunity to put strategies into practice or discuss them more openly with others would have likely contributed to greater session effectiveness and, thus, better service to students.

### ***Reading Groups (PLE III)***

**Quantitative Strand Sample and Instrument.** A total of 27 unique individuals participated in at least one of the two *Reading Groups* (PLE III). Nineteen (70.4%) were staff, and eight (29.6%) faculty (Table 3.1). Seven individuals participated in both reading groups. *Reading Group I* on the book *The Upside of Stress* had 18 participants, and *Reading Group II* on the book *The Deepest Well* had 16 participants.

To address Research Question 1, the post-PLE survey was administered at the conclusion of each *Reading Group*. The surveys addressed the three components of Research Question 1, though the language was modified slightly to reflect the particular

focus of each book. For *The Upside of Stress* there were three Likert scale questions related to the session's impact on increasing participant's knowledge of strategies for supporting students, perceived preparation, and clarity of role when working with students experiencing emotional distress (Table 3.2: Appendix J). Two other Likert scale questions focused on participants' increased knowledge and preparation related to managing their stress, which was related to the recommendations from the Task Force on Trauma and Resilience. Eight of the 18 participants completed the post-PLE survey for a response rate of 44%.

Because *Reading Group II, The Deepest Well*, was the final intervention implemented, the standard questions of the post-PLE survey were integrated into the post-intervention survey as both would be delivered in the same week. This was designed to increase the response rate and avoid confusion among participants, particularly those who participated in both groups. The standard post-PLE questions were used to assess participant's increased knowledge of strategies, clarity of role, and perceived preparation for working with students experiencing emotional distress (Table 3.2: Appendix K). An additional question assessed the participant's increase in knowledge related to the impacts of adverse childhood experiences. Additionally, two questions were included regarding the participant's belief that the session helped clarify their role. The first question focused on clarification of role when working with students who are experiencing emotional distress, and the second focused on clarification of role in working with students experiencing emotional distress due to the effects of Adverse Childhood Experiences, a focus of the Task Force on Trauma and Resilience. Only the first question is included in analyses as it was consistent with the role question asked in

*The Upside of Stress* reading group survey. Eight of the 16 participants completed this survey for a response rate of 50% (Table 3.6).

To address Research Question 2, the post-intervention survey was administered in November to all participants of both *Reading Groups*. Because the questions for each group were the same, the results are reported together. Questions addressed the effectiveness of the conversation facilitation, the appropriateness of the number of sessions, the timing of the sessions, the participant's expectations being met by the session, and whether or not the participant believed additional reading groups would be beneficial in the future (Table 3.3). Skip logic was used to allow participants to provide comments if they answered disagree, strongly disagree, or no to questions. Thirteen participants completed this survey for a response rate of 38.2% (Table 3.6).

**Quantitative Strand Data Analysis and Findings.** A review of the data appears to indicate the *Reading Groups* did achieve success in addressing the components of Research Question 1 regarding positively impacting faculty and staff knowledge of strategies, clarifying role, and perceived preparation for supporting students experiencing emotional distress.

The overall means were 4.38 (SD = .71) and 4.22 (SD = .97) out of 5, respectively (Table 3.11 and 3.12). Respondents for *The Upside of Stress (Reading Group I)* all agreed or strongly agreed that the conversations helped increase their knowledge of strategies for supporting students (M = 4.63; SD = .52). Seven of the eight (87.5%) indicated that they felt more prepared to support students experiencing emotional distress (Mean = 4.38; SD = .74). The item with the least level of agreement was about role clarification (M=4.13; SD = .83).

**Table 3.11***The Upside of Stress Reading Group Post-PLE Survey (N=8)*

Question	Mean (SD)	Range	% Agree or Strongly Agree
This book and conversation helped increase my knowledge of strategies for supporting students who are experiencing stress or emotional distress.	4.63 (.52)	4 - 5	100%
Based on my participation in this session, I feel more prepared to support students who may be experiencing stress or emotional distress.	4.38 (.74)	3 - 5	87.5%
This session helped clarify my role in supporting students who may be experiencing stress or emotional distress.	4.13 (.83)	3 - 5	75%
<b>Overall Mean</b>	<b>4.38 (.71)</b>		<b>87.5%</b>

*The Deepest Well* group (*Reading Group II*) also had positive responses, though responses varied more in the level of agreement with items (Table 3.12). The book specifically focused on the impacts of ACEs, and participants indicated a strong belief that this reading group helped increase their knowledge in this area ( $M = 4.75$ ;  $SD = .46$ ).

A high percentage of participants also agreed or strongly agreed that the book and conversation helped them to feel more prepared to work with students experiencing emotional distress (87.5%), which also had a relatively high mean score ( $M=4.38$ ;  $SD = .74$ ). Responses to the question about increasing strategies for responding to students ( $M=3.88$ ;  $SD = 1.25$ ) and the question on clarification of role ( $M=3.88$ ;  $SD = 1.12$ ) received lower levels of agreement overall. The question regarding the session's impact on clarification of role also had the lowest percentage of agree or strongly agree (62.5%) of any item surveyed across PLEs (Table 3.12).

**Table 3.12***The Deepest Well Reading Group Post-PLE Survey (N=8)*

Question	Mean	Range	% Agree or Strongly Agree
This book and conversation helped increase my knowledge of the impacts of adverse childhood experiences.*	4.75 (.46)	4 - 5	100%
This book and conversation helped increase my knowledge of strategies for supporting students who may be struggling due to the impacts of adverse childhood experiences.	3.88 (1.25)	2 - 5	87.5%
Based on my participation, I feel more prepared to support students who may be experiencing stress or emotional distress due to the impacts of adverse childhood experiences.	4.38 (.74)	3 - 5	87.5%
This session helped me to clarify my role in supporting students who may be experiencing stress or emotional distress.	3.88 (1.12)	2 - 5	62.5%
<b>Overall Mean</b>	<b>4.22 (.97)</b>		

In addressing Research Question 2, it appears from the post-intervention survey that most elements of each *Reading Group* were successfully implemented. Across both groups, 100% of participants agreed or strongly agreed that the groups were facilitated in a way that stimulated conversation among participants. While the format of the *Reading Groups* received high marks, the variance in level of agreement across respondents was high (Table 3.13).

One area rated poorly was the adequacy of the number of sessions for discussing the content of the book. The *Upside of Stress* group (*Reading Group I*) met three times, and four of the five participants indicated this was adequate.

**Table 3.13***Reading Group Post-Intervention Survey (N=13)*

Question	Mean	Range	% Agree or Strongly Agree
<b><i>The Upside of Stress (n = 5)</i></b>			
The conversation was facilitated in a way that stimulated conversation among participants.	4.80 (.44)	4 - 5	100%
The format of the reading group discussions met the expectations I had when I signed up.	4.40 (1.34)	2 - 5	80%
<b><i>The Deepest Well (n = 8)</i></b>			
The conversation was facilitated in a way that stimulated conversation among participants.	4.50 (.53)	4 – 5	100%
The format of the reading group discussions met the expectations I had when I signed up.	4.38 (1.06)	2 – 5	87.5%
<b>Overall Mean</b>	<b>4.52 (.86)</b>		

However, field notes indicate there were several comments among participants that the final session was somewhat unnecessary. The *Deepest Well* group met for two sessions, and half of the respondents (50%) indicated the number of sessions was adequate while the other half indicated it was not (Table 3.14).

**Qualitative Strand Sample and Instrument.** A total of 27 unique individuals were participants in at least one of the two *Reading Groups*. The post-PLE survey for *The Upside of Stress Reading Group* included the opportunity for participants to provide comments on the session, and two participants (25%) responded. For the post-intervention survey for *The Upside of Stress*, participants were asked for suggestions on making the reading groups more effective, and all five participants provided comments.

**Table 3.14***Reading Groups Post-Intervention Survey (N=13)*

Question	% (N)
<b><i>The Upside of Stress</i></b>	
The number of sessions (3) was adequate for discussing the contents of the book.	
Yes	80% (4)
No	20% (1)
The time that the sessions met (3 pm) was convenient.	
Yes	100% (5)
No	0% (0)
Do you think additional similar reading groups would be beneficial for faculty/staff?	
Yes	60% (3)
Yes, with modifications	40% (2)
No	0% (0)
<b><i>The Deepest Well</i></b>	
The number of sessions (2) was adequate for discussing the contents of the book.	
Yes	50% (4)
No	50% (4)
The time that the sessions met (Noon) was convenient.	
Yes	100% (8)
No	0% (0)
Do you think additional similar reading groups would be beneficial for faculty/staff?	
Yes	87.5% (7)
Yes, with modifications	0% (0)
No	12.5% (1)

Because the post-PLE and post-intervention survey for *The Deepest Well* were combined, participants were given one opportunity to provide suggestions on improvements. Three of the eight respondents (37.5%) provided comments. Comments from all survey respondents for PLE III were placed in Excel and synthesized.

**Qualitative Strand Data Analysis and Findings.** An analysis of observation field notes revealed the two reading groups approached each book from uniquely different perspectives. The group discussing *The Upside of Stress* was more focused on the personal management of stress and the ways the information in the book could be applied to their personal experiences. There were some conversations about conveying the information to students or being good role models for students, but much of the focus was internally focused and on personal development. This fit with Recommendation 21 from the Task Force on Trauma and Resilience, which calls for “Increased Wellness Programming for Faculty & Staff.” However, the inward focus on personal stress management might have contributed to a lack of exploration by participants on clarifying their role as faculty and staff in working with students experiencing emotional distress.

I chose 'somewhat agree' as my answer to the question ‘This session helped clarify my role in supporting students who may be experiencing stress or emotional distress’ because I feel as though I am better equipped to speak with students about stress, but...I am not sure that this session actually helped with clarifying my role.

Conversely, in the second book for PLE III (*The Deepest Well*), the conversation was more focused on learning about the traumas and adversities of students as a means of understanding the origins of student behavior and emotional distress as opposed to a focus on participant’s personal experiences. While the quantitative data showed that participants left the session feeling more prepared to support students experiencing emotional distress, the conversation rarely focused on specific strategies or the particular role that faculty and staff are expected to play when engaging with these students. This may undergird ratings in the survey by group participants related to the number of sessions and coverage of specific strategies.



While participants had high levels of agreement related to the facilitation of the sessions to stimulate conversation, some participants indicated a desire for a slightly more focused or directed discussion. As one respondent from *The Upside of Stress* conversation noted, “Maybe distribute some possible discussion questions to the group beforehand and then ask the group to submit questions before the next meeting. This might help keep the group on track and make sure common questions are discussed.” Another from the same group said, “There was definitely a lot of conversation about the book, but I would have liked a more purpose-driven framework for discussion rather than just asking people what their thoughts are.”

The focus of conversations across the readings groups did not always match with the intended purpose of the group. For example, the campus-wide advertisement for PLE III, *The Deepest Well (Reading Group II)*, attracted participants who worked in areas not directly related to supporting college-aged students (e.g., staff from the Child Development Laboratory (CTL) or Partners for Education). Based on observational field notes and faculty comments, at times, these colleagues moved the conversation away from strategies for supporting college students toward those supporting child or adolescent development. As one faculty member noted

This group (*The Deepest Well*) did not work for me. The great mix of the Berea Community really distracted from my needs. I really had nothing in common with a large part of the group and no interest in hearing about the issues at the Child Development Lab. I may have just hit the point of saturation on the topic. I did enjoy the book and the lunch. I thought the facilitators did the best job they could. Everyone was nice, but their perspectives on the issues were not particularly helpful and I did not feel like they read in an especially interesting way.

There were differences in the participant’s reactions to the number of sessions offered. *The Upside of Stress* group met for three sessions, while *The Deepest Well* group

was only scheduled for two (a third session for a few participants was added due to some schedule conflicts). Some *The Upside of Stress* participants felt three sessions were too many, “I think the discussion could have covered the book contents in two, not three sessions. I missed the third session but felt that I got the thesis of the book and benefited from the prior two conversations,” and another noting,

I thought we only needed two days to cover the book. The message of the book was easy to cover in the first. The second was used to reflect on how we see the upside in our own lives. I had nothing to say at the third one, so I went to the presentation in the Carter G Woodson Center.

**Data Integration and Micro-Inferences.** As noted previously, reconnaissance data and conversations with key stakeholders and the implementation team supported using reading groups as a method of providing faculty more knowledge on supporting students experiencing emotional distress. The choice of the books was a critical component in the overall focus of the reading group conversation, specifically whether the group addressed supporting students, personal development for faculty and staff, or increasing general knowledge. These reading groups achieved success in increasing the faculty and staff knowledge base and preparation for their role in supporting students but did not appear to have a significant impact on clarifying their role or increasing knowledge of strategies for supporting students experiencing emotional distress. From these readings groups, it appeared two sessions would have been an ideal number, with one group (*The Upside of Stress*) noting three sessions might have been too many. The other (*The Deepest Well*) having one meeting due to scheduling conflicts and respondents reporting more time was needed for more in-depth discussion. Participants from both reading groups highlighted a need for more focused conversation, perhaps with question prompts or more guided facilitation. While only one participant explicitly commented on

it, observation field notes indicate ensuring participants work with similar populations (e.g., college-aged students, children, and adolescents) could help provide a more impactful experience for participants.

### **Meta-Inferences Across the Professional Learning Experiences (PLEs)**

This research study was designed to examine how changes in professional learning experiences of faculty and staff could positively influence their ability to support students who are experiencing emotional distress. In the Reconnaissance Phase, three areas of potential growth led to this guiding research question: *Can we create professional learning experiences for faculty and staff that positively contribute to the knowledge of strategies (Research Question 1a), understanding of their role (Research Question 1b), and perceived preparation (Research Question 1c) for supporting students experiencing distress.* Using findings from the Reconnaissance Phase, three professional learning experiences (PLEs) were created and implemented. An additional guiding research question (*Research Question 2*) focused on the three PLEs: *How was the professional learning experience received by faculty and staff?*

Overall, PLE II (*Brown Bag*) appeared to be the most successful in increasing knowledge, role clarity, and perceived preparation of faculty and staff for working with students experiencing emotional distress ( $M = 4.55$ ;  $SD = .59$ ) and PLE III Reading Group 2 the least successful ( $M = 4.22$ ;  $SD = .97$ ; Table 3.15). The *Supporting Students Experiencing Emotional Distress* (PLE I) and *Brown Bag on Personal and Professional Boundaries* (PLE II) both were successful in helping further develop knowledge of practical skills for faculty and staff to utilize in one-on-one situations with students. These are skills that can be used to assess the severity of or deescalate a situation or help

a faculty or staff member triage until the student can get more intensive or appropriate services (e.g., Counseling Services). The redesigned *Emotional Distress Response Guide* was seen as extremely helpful by the faculty and staff who received it; however, further assessment of its impact is needed to determine the overall success of its implementation.

**Table 3.15**

*Overall Mean Agreement Ratings for Research Question 1 Outcomes Across PLEs*

Overall Outcomes	PLE I	PLE II	PLE III Group 1	PLE III Group 2
	M(SD)	M(SD)	M(SD)	M(SD)
Overall	4.43 (.65)	4.55 (.59)	4.38 (.71)	4.22 (.97)
Increased knowledge of strategies	4.45 (.63)	4.63 (.50)	4.63 (.52)	3.88 (1.25)
Increased clarity of role	4.43 (.59)	4.44 (.70)	4.13 (.83)	3.88 (1.12)
Increased perceived preparation	4.35 (.70)	4.50 (.54)	4.38 (.74)	4.38 (.74)

Similarly, PLE I (*Supporting Students Experiencing Emotional Distress Trainings*) had overall positive impacts on increasing knowledge, role clarity, and perceived preparation of faculty and staff ( $M = 4.43$ ;  $SD = .65$ ). PLE III (*Reading Groups*) had relatively little impact on either the increase in knowledge of strategies or clarification of role among faculty and staff. This may have been due to the focus on conceptual learning of why students experience distress, and less on or practical strategies of how to handle them. Conversations within the groups rarely turned to practical application of the material, but focused more on understanding the origins of student (and professional) behaviors. Participant comments and researcher observations note this could be enhanced by more guided facilitation through prompts or discussion guides, or a handout or application guide provided to participants at the conclusion of the experience.

One of the ultimate goals of the entire series of professional learning experiences was to better prepare faculty and staff for situations in which they engage with a student experiencing emotional distress (Research Question 1c). As has been noted throughout this dissertation, while some on campus may not view this as part of their role or duties as a teacher or supervisor, faculty and staff work closely with college-aged students and may be willingly or unwillingly placed in a position where being prepared to support an individual experiencing extreme emotional distress could be critically important. To that end, data collected indicate each of the implemented professional learning experiences did in some way positively contribute to the perceived preparation of faculty and staff for supporting these students. PLE I (*Training*) had the lowest overall mean score related to this preparedness, however, when further examining those data with the qualitative feedback and researcher observations, those two sessions were more heavily attended by faculty, many of whom indicated they already felt at least somewhat prepared for these situations. Overall, faculty at Berea College do receive training and development and have likely already attended the basic sessions from Counseling Services on resources available. Therefore, while the session received positive feedback related to faculty feeling more prepared based on their participation, the lower score might be contributed to earlier participation in these training and development sessions. The redesigned response guide provided a resource for preparation that appeared helpful to those who received it based on comments from participants, and in anecdotal feedback given to the researcher from faculty and staff. Overall, it appears the combination of professional learning experiences implemented were successful in positively contributing to faculty and staff's perceived preparation for supporting students experiencing emotional distress.

While not one of the explicitly stated research questions in this study, an area of particular interest for the implementation team was increasing faculty and staff awareness of the impacts of student mental health on performance and behaviors. Indeed, increasing awareness in this way could be impact the perceived preparation of faculty and staff for working with this population of student. This was also a common theme in the recommendations presented by the Task Force on Trauma and Resilience (Appendix C). Data collected as part of this study appears to support this increase in awareness, specifically the two *Reading Group* sessions and the *Brown Bag*. This idea of increasing awareness could be directly related to perceived preparation for supporting students experiencing emotional distress.

One of the challenges of this study was the implementation of multiple professional learning experiences. However, for Research Question 1, the multifaceted interventions allowed participants the opportunity to choose the professional learning opportunity that best meet their needs. Different PLEs engaged different faculty and staff in different ways in different areas of personal development in working with students experiencing emotional distress. This perspective was addressed in the post-intervention survey by one of the two faculty members who attended all three PLEs:

I really appreciated the entire series of programs. It helped me see all sides of the problem. It reminded me that while I can't really solve these problems, there are a lot of different ways I can support students.

This may speak to the need for institutions and administrators to consider multiple approaches for supporting faculty and staff in addressing the needs of this population of students. Layers of programming, resources, and professional development may be required to address complex problems of practice.

Equally important for this study was data supporting the degree to which the specific PLEs were received by faculty and staff participants (i.e., Research Question 2). The data suggest they were well received overall (Table 3.16 and 3.17). The goals of each session appeared to be clear to participants, the content was consistent with their expectations, and timing and time allotted for the various sessions was good. While successful, several areas for development or improvement in future iterations were noted. PLEI received the lowest score on the engaging/stimulating nature of the presentation (M=4.39; SD=.67), which was also noted in participant comments.

**Table 3.16**

*Overall Mean Agreement Ratings for Research Question 2 Outcomes Across PLEs*

Overall Outcomes	PLE I	PLE II	PLE III Group 1	PLE III Group 2
	M(SD)	M(SD)	M(SD)	M(SD)
Overall	4.55 (.75)	4.50 (.63)	4.60 (.89)	4.44 (.79)
Goals	4.68 (.54)	4.61 (.50)		
Content and Expectations Consistent	4.61 (.62)	4.44 (.70)	4.40 (1.34)	4.38 (1.06)
Engaging/Stimulating	4.39 (.67)	4.50 (.70)	4.80 (.44)	4.50 (.53)
Time Allotted	4.52 (.99)	4.44 (.62)		

The engagement/stimulation score was somewhat higher for PLE II (M=4.5; SD=.70), however, participant comments indicated a similar desire for a more engaging presentation format. Suggestions included creating smaller groups, facilitating role playing situations, processing case studies, or simply engaging more in Q&A throughout the session as ways to increase engagement by the presenters. Similarly, for the *Reading Groups*, which were primarily open discussion, some participants believed that a more guided or prompt-driven conversation could help engage participants more deeply and move the discussion in a more intentional direction. In both cases, participants clearly

believed that the professional learning experiences were effective and achieved their stated goals but identified modifications that could potentially lead to even greater professional learning. Additionally, while most appreciated the mixture of participation of faculty and staff with varying roles, a few indicated that at times the conversations or discussions drifted into areas or working with students that did not necessarily apply to them. For those considering implementing professional learning experiences with mixed audiences, they might be cognizant of situations where a session for a more targeted group may be appropriate, or where a discussion may be best facilitated by breaking into smaller groups of faculty or staff with similar roles.

Lastly, the data indicate that there is support among participants for implementing additional PLEs related to supporting students experiencing emotional distress (Table 3.17). When asked if additional sessions should be offered, 100% of participants PLE I, PLE II, and PLE III Group 1 provided an answer of Yes or Yes with Modifications. Lower scores on the adequate number of sessions for the *Reading Groups* were most likely due to these PLEs requiring participation in multiple sessions, and indicate additional examination is required to determine the ideal number of meetings.

**Table 3.17**

*Overall Agreement Ratings for Research Question 2 Outcomes Across PLEs*

Overall Outcomes	PLE I	PLE II	PLE III Group 1	PLE III Group 2
	% Yes or Yes w/Mod	% Yes or Yes w/Mod	% Yes or Yes w/Mod	% Yes or Yes w/Mod
Timing of PLE was Good	93.1%	100%	100%	100%
Need More Sessions Like This	100%	100%	100%	87.5%
Adequate Number of Sessions			80%	50%



## Monitoring Phase

The sixth phase of the MMAR design is the Monitoring Phase. In this phase, the intervention is observed, and decisions made about whether revisions or further testing of the intervention plan is needed based on mixed-method inferences from the Evaluation Phase (Ivankova, 2015). Findings from the Evaluation Phase of this study have been shared with the implementation team, key stakeholders on campus, the College's Administrative Committee (President, Provost, Dean of the Faculty, Vice President for Student Life, Vice-President for Strategic Planning, Dean of Labor), and other members of the community-at-large. Based on the findings, the implementation team decided to combine elements of the *Supporting Students Experiencing Emotional Distress Training* (PLE I) with the *Brown Bag on Personal and Professional Boundaries* (PLE II) into one training and offer it to faculty and staff in the spring term. The session was designed to include more interactive elements and provide a sharper focus on practical application and strategies. The session was attended by over 24 faculty and staff, none of whom attended the previous training sessions, and assessment data will be evaluated to continue identifying ways to improve.

Additionally, two new books were identified for reading groups for the spring term. The first, *No Hard Feelings: The Secret Power of Embracing Emotions At Work* by Liz Fosslien and Mollie West Duffy, was conducted in February with 16 faculty and staff participating. A second book, *The Gift of Imperfection* by Brene' Brown, was scheduled to be offered in March. Based on the feedback from the evaluation, each group will feature two sessions and will take place on Friday afternoons, not during the lunch hour. Finally, the representatives from the Administrative Committee continued to recognize

the issues related to student mental health and wellbeing as critically important to the college and are supportive of a long-term commitment by the institution to ensuring that faculty and staff are well-prepared to support students in these ways. The President has asked that this work be continued and led by the lead researcher of this study and the Vice-President for Student Life.

Lastly, while there was a significant shift in population focus after the Reconnaissance Phase (e.g., opening PLEs to all faculty and staff versus faculty academic advisors only), it would be valuable to continue to pursue opportunities to provide specialized training for people based on their unique role (e.g., faculty, professional staff, labor supervisors, or other members of the community). Opening these PLEs to all members of our university community was undoubtedly the right decision at this time at Berea College. However, there were situations where conversations may have lingered too long on a specific aspect of an individual's unique role on campus, and others were not able to connect with the content. Finally, moving forward, it will be essential to continue to offer combined professional learning experiences and also provide time for smaller groups to discuss how the information speaks specifically to their role on campus, or ensure opportunities are offered multiple times with a focus on a variety of unique roles.

### **Study Limitations**

There are several limitations that should be considered in this study. First, was the relatively small number of faculty at Berea College and the low response rates for certain assessments. Low response rates, particularly to the open-ended responses for the two Reading Groups, mean that some findings should be interpreted cautiously.

Embedding the open-response questions into the quantitative survey for the Evaluation Phase may have limited responses, whereas a separate survey, interviews, or focus groups may have generated stronger data for analysis and triangulation.

Second, not all faculty or staff identify this topic (supporting students experiencing emotional distress) as a part of their roles and responsibilities at the institution or are comfortable providing this kind of response. Therefore, because the PLEs provided were not required, it could be that those who did participate were inherently biased toward seeing a need for providing this kind of support and were interested in learning more. Those who did not see it as part of their role or who were not comfortable providing this response may have chosen not to participate.

Lastly, this study focused on three separate Professional Learning Experiences aimed at responding to students experiencing emotional distress. Creating, implementing, and assessing three PLEs meant that the time and energy of the researcher and implementation team was spread out across a variety of initiatives, resulting in less deep investigation of any one single intervention. As noted previously, the multifaceted approach yielded compelling data for evaluation, but choosing one single intervention may have resulted in a deeper evaluation of the selected PLE.

### **Study Implications**

More students are coming onto college and university campuses with mental health concerns that are increasing in both frequency and severity (Lipson et al., 2015; Yorgason, Lincille, & Zitzman, 2008). Institutions should identify and prepare faculty and staff to serve as natural helpers as a method of reducing or preventing emotional and mental health concerns from elevating to a place that puts a student at-risk (Barnes, 2001;

Gallagher, 2009; Shannonhouse, 2017; Stebleton, 2014). However, there is still work to do to determine the best methods for preparing faculty and staff for this critical role. The goal of this mixed methods action research study was to develop professional learning experiences (PLEs) that could help prepare faculty and staff to support students who may be experiencing emotional distress. Through this study, three PLEs were developed, implemented, and evaluated. The following section provides information on (a) implications for leadership, practice, and future research, (b) reflections on leading organizational change and conducting action research, and (c) lessons learned through the study.

### **Implications for Leadership**

Findings from this study suggest PLEs can be a viable and promising approach for preparing faculty and staff to support students who are experiencing emotional distress. Through these PLEs, faculty and staff knowledge of strategies, understanding of their role, and perceived preparation for working with students experiencing emotional distress was increased. Due to the growing student mental health concerns on campuses and likelihood of negative impacts on student learning (Jones, Park, & Lefevor, 2018; Keyes et al., 2012), institutions may find it valuable to require formal training and preparation for working with these students by faculty and staff. Options include new faculty or staff orientation, workshops for full departments or divisions, or certification provided by the institution. This approach could allow institutions an opportunity to clearly articulate the role of faculty and staff in working with this student population and provide them with ongoing support.

While the focus of this study was the response of faculty and staff to the mental and emotional health needs of students, the issue of faculty and staff wellbeing emerged as a critical factor to consider. In both Reading Groups, faculty and staff indicated the information learned was important in their role in working with students, yet also made insightful observations on how the information applied to their personal lives as well. This points to a need to recognize the intersection between the personal and professional lives of faculty and staff the toll for them when working with students experiencing emotional distress. We must support the mental health needs of faculty and staff both proactively to focus on their overall state of wellbeing, as well as reactively when they are struggling with challenging circumstances.

This study also supports a need to provide faculty and staff with clarity on their role in dealing with student mental health situations. Extreme responses – completely rebuffing any student demonstrating extreme emotion or trying to play the role of a clinic counselor – are not in the best interest of students, faculty, or staff. Role confusion can leave faculty feeling anxious, uncertain, and unsupported when facing situations involving student mental health. Clear institutional definitions of roles, strategies, and resources are critical in helping faculty and staff better support students and ensure they are feeling supported by the institution.

### **Implications for Practice**

In this study, a multifaceted approach to professional development for faculty and staff was an essential component of the intervention. No one training, workshop, book, or method of professional development can adequately address a complex issue such as supporting students experiencing emotional distress and all areas in which faculty and

staff are expected to be knowledgeable. Providing a wide range of topics, approaches, and opportunities hold the most promise for increasing the likelihood of reaching more people in the college community and reaching a broader audience within that community. Therefore, it is vital PLEs are not implemented as “one-off” events, but rather are continuously updated, improved, and offered, so faculty and staff receive updated information on procedures and strategies to integrate into their professional practice.

While the multifaceted approach to intervention was viewed as a positive in this study, it would be recommended that elements of the various PLEs could be combined to create a more robust single training module if needed. Particularly, the focus on personal and professional boundaries in PLE II could easily be incorporated into the PLE I training which focused on strategies for responding to students experiencing emotional distress. This could provide more streamlined trainings or a more well-rounded session if there were additional limits on time or faculty and staff availability.

This study focused on a reactive response to students who are experiencing emotional distress, being prepared for and engaging with students after the distress has presented. In this study, positive gains were made in increasing the perceived preparation of faculty and staff as responders. However, this emphasis should be balanced with a healthy, proactive response by the institution. This could include creating classroom environments or residential communities that are appropriately challenging and supportive of students and focused on student well-being. As noted in the Task Force on Trauma and Resilience Work (Appendix C), calm-classroom training, coordinated care units, spaces for student stress reduction, and more can be done to create campus communities that are actively promoting student mental health and wellbeing.

## **Implications for Research**

This action research study began a few months before the institution's commitment to studying and understanding student mental health on campus. The provided a unique opportunity for the research to help shape the early work of the Task Force on Trauma and Resilience, and the findings were critical in helping drive the implementation and evaluation of related professional learning experiences on campus. Findings have been shared with stakeholders across campus, including academic advisors, residence hall staff, the Provost, and President of the College. However, there are opportunities for additional research to help develop faculty and staff in their role of supporting these students, both at Berea College and beyond.

This study sought to increase faculty and staff's knowledge, understanding, and perceived preparation for working with students experiencing emotional distress. Feedback was collected from participants one week after each PLE and again at the end of the term. Further research is needed to determine the practical effectiveness of the PLEs beyond these measures.

Other areas of research include studies to determine if the PLEs had a lasting impact on the faculty and staff beyond this timeframe or if additional sessions would provide additional benefit. Continued assessment and follow-up conversations with faculty and staff could be informative on the necessity of new PLEs, what information may need to be reiterated, and what new information should be presented. Further, additional research and assessment could explore the effectiveness of PLEs in place.

Finally, while this study was directed at positively impacting faculty and staff, no data were collected on a crucial outcome; did the PLEs positively impact or improve

services for students? Additional studies could determine support students want and need from faculty and staff members during these critical times, and whether improvements gained through the implementation of the PLEs in this study were impactful. This could help shape future PLEs and inform our perspectives as the institution continues exploring ways to help students be better equipped to succeed.

## **Reflections**

### **Leading Organizational Change**

This project benefitted tremendously by a supportive institution, dedicated colleagues, and a trusting administration. Still, throughout this process, I was reminded that leading organizational change is a process that requires patience, persistence, commitment, and effective communication. There are different interpretations of what “support” looks like for students, and not all members of an institution will agree on the content of training sessions, methods of implementation, or strategies for assessment. Because of this, it is essential to balance ensuring community voice in the process and respecting their opinions, while staying true to the core goals of the research study.

To that end, there must be an understanding of and commitment to the long-term vision for change. It is unlikely that one training, luncheon, announcement, or reading group can result in a lasting change within the organization. These initial initiatives may only serve to plant the seeds of institutional change. A broader vision must be in place so that short-term gains can be measured against the long-term goals of the overall initiative. Persistence, sustained action, and ongoing support will be required to achieve the kind of lasting organizational change needed to best support our faculty, our staff, and, ultimately, our students.



## **Conducting Action Research**

Action research moves fast. Because it is so deeply integrated with institutional goals, initiatives, funding, and mission, there were many times where I found myself wishing I could slow a project down or spend more time examining one aspect of the intervention before implementation. However, because this research addressed problems of practice, with solutions being identified and pursued in collaboration with a variety of other initiatives and amongst other changes, it was important to move forward and remain in front of the various professional learning experiences. It was here where the iterative nature of action research was beneficial and why it is important to note that the end of this dissertation research does not signify the end of the pursuit of meaningful professional learning experiences within our organization to help better support our students.

This MMAR process highlighted the importance of stakeholder involvement and collaboration. Each stage of the process provided new information to be analyzed, decisions to consider, and connections to be made to address the problem of practice, and the involvement of key stakeholders was critical. When changes needed to be made, the involvement of these stakeholders provided not only a sounding board for ideas but invested partners in implementation. The systematic and iterative method of problem-solving within the action research framework was key, and stakeholder participation invaluable.

## **Conclusion**

The purpose of this MMAR study was to explore professional learning experiences for faculty and staff that could enhance their ability to support students who

may be experiencing emotional distress. Findings that emerged from quantitative and qualitative data across three different professional learning experiences indicate positive changes were made participants perceptions of knowledge of strategies, understanding of their role, and perceived preparation in supporting these students. The results also suggest areas for improvement in future iterations of this work, including more engaging pedagogical practices, specialized training sessions, and additional time allotments. The findings from this study could prove useful in the fields of academic advising, student life, faculty development, or the creation of a student care network, and provide a foundation for further exploration into this emergent and critically important area of practice.

## APPENDICES

### Appendix A: The Great Commitments of Berea College

#### The Great Commitments of Berea College

Berea College, founded by ardent abolitionists and radical reformers, continues today as an educational institution still firmly rooted in its historic purpose “to promote the cause of Christ.” Adherence to the College’s scriptural foundation, “God has made of one blood all peoples of the earth” (Acts 17:26), shapes the College’s culture and programs so that students and staff alike can work toward both personal goals and a vision of a world shaped by Christian values, such as the power of love over hate, human dignity and equality, and peace with justice. This environment frees persons to be active learners, workers, and servers as members of the academic community and as citizens of the world. The Berea experience nurtures intellectual, physical, aesthetic, emotional, and spiritual potentials and with those the power to make meaningful commitments and translate them into action.

To achieve this purpose, Berea College commits itself:

- *To provide an educational opportunity for students of all races, primarily from Appalachia, who have great promise and limited economic resources.*
- *To offer a high-quality liberal arts education that engages students as they pursue their personal, academic, and professional goals.*
- *To stimulate understanding of the Christian faith and its many expressions and to emphasize the Christian ethic and the motive of service to others.*
- *To promote learning and serving in community through the student Labor Program, honoring the dignity and utility of all work, mental and manual, and taking pride in work well done.*
- *To assert the kinship of all people and to provide interracial education with a particular emphasis on understanding and equality among blacks and whites as a foundation for building community among all peoples of the earth.*
- *To create a democratic community dedicated to education and gender equality.*
- *To maintain a residential campus and to encourage in all community members a way of life characterized by mindful and sustainable living, health and wellness, zest for learning, high personal standards, and a concern for the welfare of others.*
- *To engage Appalachian communities, families, and students in partnership for mutual learning, growth, and service.*

## Appendix B: Adverse Childhood Experience (ACE) Questionnaire

### Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

**While you were growing up, during your first 18 years of life:**

1. Did a parent or other adult in the household **often** ...  
Swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?  
Yes No If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household **often** ...  
Push, grab, slap, or throw something at you?  
**or**  
Ever hit you so hard that you had marks or were injured?  
Yes No If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you **ever**...  
Touch or fondle you or have you touch their body in a sexual way?  
**or**  
Try to or actually have oral, anal, or vaginal sex with you?  
Yes No If yes enter 1 \_\_\_\_\_
4. Did you **often** feel that ...  
No one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1 \_\_\_\_\_
5. Did you **often** feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**or**  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No If yes enter 1 \_\_\_\_\_
6. Were your parents **ever** separated or divorced?  
Yes No If yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother:  
**Often** pushed, grabbed, slapped, or had something thrown at her?  
**or**  
**Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?  
**or**  
**Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?  
Yes No If yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes No If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill or did a household member attempt suicide?  
Yes No If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes No If yes enter 1 \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score**

## Appendix C: Task Force on Trauma and Resilience Executive Summary Report

### **RECOMMENDATIONS FROM THE SUBGROUP ON: INSTITUTIONAL STRUCTURES AND SYSTEMS THAT IMPACT STUDENT RESILIENCE**

*Chris Lakes, Rick Meadows, Sue Reimondo, Loretta Reynolds*

**RECOMMENDATION 1 – Gatekeeper Training for Natural Helpers:** We recommend that the college identify ‘natural helpers’ on campus (e.g. academic advisors, labor supervisors, residence hall staff, etc.) and provide them with a form of Gatekeeper Training. Providing this training to faculty and staff on campus is proven to be effective in the early identification of persons struggling with depression, anxiety, and/or suicidal ideation.

**Rationale:** Research suggests that institutions identifying and creating “natural helpers” – defined by Wyman (2008) as those “who already have close communication with students either through their ongoing job role or by virtue of personal qualities...and are trained to recognize students at-risk of suicide and respond” – on campus increases the likelihood that students receive the appropriate support. Dr. Julie Cerel, a professor and psychologist at the University of Kentucky and past president of the American Association of Suicidology recommended gatekeeper trainings as one of the most important measures for suicide prevention. Training Berea College faculty and staff to better identify and respond to students experiencing emotional distress such as depression, anxiety, and/or suicidal ideation can positively impact our campus’ response to students experiencing the impacts of previous trauma.

**Action Steps for Implementation:** Develop and implement gatekeeper training in new faculty and staff orientations and labor supervisor trainings.

**RECOMMENDATION 2 – Create a Student Care Coordinator Position(s) and a Student Care Network:** A Student Care Coordinator will serve as an access point and kind of case manager for students seeking assistance with a variety of issues and provide formal communication and coordination of services between resources. This position(s) would serve as the core personnel in a new Student Care Network that would bring together the varied services that attend to the needs of students, including medical (White House Clinic), psychological (Counseling Services), physical (Wellness), Academic Success (First-Year Initiatives & Academic Services), engagement (Student Life) and Spiritual (Campus Christian Center).

**Rationale:** Students often struggle to identify the underlying problems that prevent them from performing successfully at Berea College. This confusion often results in minimizing or misidentifying the problem, a reluctance to seek assistance and/or not knowing the campus resources available to best address the problem. Providing a

centralized hub that serves as an entry point for students can reduce the obstacles that often lead to students not receiving the best treatment in the appropriate time. These Student Care Coordinators would provide early coordination of the student's care needs and the ability to track student care to ensure appropriate follow-up and communication between areas. The concept of a Student Care Network, potentially housed under the Provost, creates a stronger network of student support services allowing for greater coordination, collaborative programming, and a more integrated approach to comprehensive student health and wellbeing. Members of our Task Force explored this model deeply during a visit to Vanderbilt University, where professional staff cited increased benefits in their ability to care for and respond to their student's needs.

**Action Steps for Implementation:** Create a Student Care Coordinator position (possibly multiple) to serve as a centralized case manager for student care. Identify units of the college to comprise a Student Care Network to provide more holistic approach to student health and wellbeing. *\*Note – The recommendation of a Student Care Coordinator position is similar to the language in Recommendation 12 regarding the creation of a social worker position and case management model. While using different language, the two recommendations are addressing the same need and should be considered together.*

### **RECOMMENDATION 3 – An Online Resilience Module for Incoming Students:**

Provide students with a customized Berea College version of the online toolkit “Student Resilience Project” originated at Florida State University. First-Year students would be required to engage with portions of the online toolkit prior to their arrival, and all students would have access to the module to provide continued support for students on issues related to college stress, burnout, homesickness, decisions about drugs and alcohol, and other topics.

**Rationale:** The Florida State University Resilience Project, created by professional staff in the College of Social Work in collaboration with faculty and staff from across campus, is an award winning web-based, research-informed toolkit developed to encourage student wellness by helping them learn strategies to manage stress and increase their sense of belonging. The website features videos, testimonials, skill-building activities, and resources and information about campus services. Members of our team met with the implementation staff during a visit to Florida State and were able to view the modules included and believe this would be a tremendous asset to our students. With support from a grant, FSU created a customizable toolkit that institutions can implement on their own campuses highlighting their own resources. This online module would provide students with important information prior to their arrival on campus, and continued support throughout their transition to college and beyond.

**Action Steps for Implementation:** Review the pricing and requirements of the toolkit and charge a team with facilitating implementation. Team members should include

representatives from Counseling Services, Student Life, First-Year Initiatives, Wellness, and others.

**RECOMMENDATION 4 – Creation of a Student Union:** We recommend the creation of a true Student Union/Student Center facility for students. This prominent and central space could help address issues of student stress, loneliness, and isolation, and bring a wide variety of student services under one roof to help reduce student anxiety and frustration. Student Centers are considered the heart and soul of campuses and provide social, recreational, and cultural activities to enrich the social, emotional, and mental well-being of students.

**Rationale:** With the addition of each new administrative office or department, space has had to be carved out to house offices without new structures being built. Perhaps without realizing it, the central student ‘hang-out’ and gathering spaces have been bit-by-bit turned into spaces for individual Centers and other offices. While we have gained wonderful individual spaces that support specific groups, we have lost a sense of central gather space for everyone. Efforts have been made to renovate a few spaces such as the Ground Floor in the Alumni Building, but a true Student Union facility could bring together many important student support services, wellness resources, meeting spaces for clubs and organizations, as well as general recreational spaces such as lounges, a snack bar, and perhaps a theater.

**Action Steps for Implementation:** Identify a space on campus (preferably a building) to dedicate as a Student Union. While we recognize that there are plans to tear down the old science building, such a building would provide the perfect size and location for such a space.

**RECOMMENDATION 5 – Ongoing Oversight and Coordination:** Identify an ongoing team/committee to provide continued attention to issues related to student wellbeing (responding to trauma and increasing resilience), as well as oversight and accountability for the recommendations explored by the Task Force.

**Rationale:** While the Task Force on Trauma and Resilience made considerable progress exploring strategies for responding to student trauma and increasing resilience on campus, the group acknowledged from the beginning that they would only be able to barely scratch the surface in the relatively brief time of one academic term. Identifying a group to continue exploring literature, national best practice, and current institutional data, along with providing oversight to the continued evolution of the recommendations made by the Task Force, would help the institution continue its focus on identifying ways to continue serving our students. Without such a group, we run the risk of losing the momentum that has been created and potentially missing out on the opportunity to implement new initiatives that can positively influence our student’s wellbeing.

**Action Steps for Implementation:** We believe that this ongoing oversight and coordination could be accomplished in one of three different ways: 1) Charge the current Students of Concern Team with continuing the work of the Task Force, and implementing some of the programmatic initiatives included. The positive is that this places the responsibility on an already existing group, but a group that is already somewhat overloaded with the responsibility of responding to those students who are in crisis. 2) Create a new team, perhaps called a Student Resilience & Wellbeing Committee, which would take up the work beyond the Task Force moving forward. This group would certainly include several of the current Task Force members, but would also add or remove various members to meet the implementation focus. 3) If the recommendation of creating a new Student Care Network is acted on, charge that team with the continued development of this work and oversight of the included recommendations.

**RECOMMENDATION 6 – A Review of Required/Allowable First-Term Student Credits:** Review the number of credits first-year students are required/allowed to be enrolled in during their first-term. Consider reducing the standard number of credits first-term students are required to take to 4.0, with the exception of adding music ensemble or support course such as GST 101: Strategies for Academic Success.

**Rationale:** As mentioned previously, first-year college students are particularly susceptible to feelings of stress, anxiety, and psychological distress, and their ability to cope with those stresses have important implications on their success. Since the implementation of the WEL 101 & WEL 102 sequence, which requires all first-year students to enroll in a .5 credit course in each of their first two terms, many first-year students are enrolled in a minimum of 4.5 credits (equivalent to 18-credit hours), which is 5 academic courses. And those who enroll in an ensemble or GST 101 may end up in 4.75 credits (19-credit hours). In a small informal survey of some fellow institutions, we learned that most schools ask their first-term students to enroll in closer to 14 – 16 credit hours or 4 academic courses, with the exception of ensembles or extended orientation courses which do not carry the same academic load. The Task Force acknowledges the link between the new Wellness course sequence and our current Quality Enhancement Plan, as well as the work of the Wellness instructors to revamp the curriculum. We also recognize the efforts of the Dean of Curriculum and Student Success who works schedules for first-term students that appropriately balanced. With that being said, we believe it would be beneficial for a group to take a comprehensive look at the requirements on first-year student schedules, and the impacts of incremental changes over the years.

**Action Steps for Implementation:** Charge a College committee or team with a review of first-term student course loads. This could be conducted by the Enrollment Policies Committee, the Enrollment Management Team, or another group, and work closely with the Dean of Curriculum and Student Success.



**RECOMMENDATION 7 – Conduct an Assessment of Current Block Scheduling**

**Model:** When the new Block Scheduling model was approved by the faculty, it was done so with the understanding that the model would be assessed. We are asking that this assessment be conducted by the Institutional Research and Assessment during the 2019-2020 academic year.

**Rationale:** Throughout our conversations with faculty, staff, and students, the Block Scheduling model has been brought up consistently as a possible reason for some of the additional stress placed on students and their schedules.

**RECOMMENDATIONS FROM THE SUBGROUP ON  
STRATEGIES FOR POSITIVELY INFLUENCING STUDENT  
RESILIENCE**

*Channell Barbour, Keith Bullock, Rick Childers, Jill Gurtatowski, Monica Kennison, Willow Rodriguez*

**RECOMMENDATION 8 – An Online Clearinghouse for Resilience Information:**

Create a clearinghouse and/or online calendar of campus activities focused on resilience and student wellbeing, including a hotline number or important contacts for students. This clearinghouse would serve as a one-stop hub for all information concerning campus and community events related to resilience.

**Rationale:** An online clearinghouse would provide students with an easy access to helpful resources that promote self-resilience, self-soothing techniques, healthy coping skills, and stress relief, as well as resources for group resilience, such as community support groups or counseling services. The clearinghouse can also provide information on crisis hotlines and other resources that may be helpful to students in an emergency situation.

**Action Steps for Implementation:** A department or office would need to be appointed and responsible for collecting and maintaining the information. This could be an area within Student Life, Wellness, or a new Student Care Network responsibility.

**RECOMMENDATION 9 – Implement Evidence Based Strategies for Improving Resilience:** We recommend the continued research and implementation of evidence based strategies for improving resilience in adults.

**Rationale:** While many factors have been discussed in the literature related to increasing resilience, only some have been scientifically validated as being true measures of resilience. See Appendix D – Recommendation 9 for a more detailed examination of, a) Evidence based modifiable resilience factors, b) Examples of training methods to address resilience factors, c) Potential instruments for the measurement of psychological resilience.

**Action Steps for Implementation:** Analyze the strategies to develop a comprehensive resilience training including how to assess students' resilience, potentially upon admission to Berea. For an in depth review of these evidence based strategies, see Appendix D – Recommendation 9.

**RECOMMENDATION 10 – Increased Training for Labor Supervisors:** Our taskforce subgroup recommends a continued examination of how Berea College can best equip Labor Supervisors to effectively build resilience and navigate trauma with their first-year students, while also reframing the way we advertise a sense of dignity and purpose in our labor program.

**Rationale:** One of the concerns this task force has faced is at what point do we cross a threshold from helping our students build resiliency and manage their trauma, to unraveling an adverse experience and possibly causing them even more harm. Victoria Banyard and Elise Cantor state, *“The current study also suggests that not all students with a trauma history may need to focus on this experience, particularly in the difficult first semester of transition to college. Many are dealing with the same issues as other college students making this transition and they will likely be helped and supported by broad campus programs that foster a sense of community and interpersonal connections.”* Our Labor Program is arguably the most beneficial and empowering component of the Berea College education. It is a shared experience among all students in which they are able to build resiliency and make social connections with their peers, staff, faculty, or ideally all of the above. For many students it also sets the tone for how their Berea experience plays out. We as an institution should take advantage of what we already have in place to help students build up resiliency. With an intentional effort we can also work to highlight transferable skills students develop through their labor position, strengthen their self-worth, and show students how this experience benefits them throughout their college and career path.

**Action Steps for Implementation:** 1. Create a study group to create a plan for labor supervisors of first-year students, perhaps partnering with the work already taking place in recommendation # below. Review existing trainings, develop new modules to help students build resilience, and assess the effectiveness. 2. Reconsider how we are advertising/promoting Berea College's Labor Program to incoming students. 3. Examine updated student labor surveys, SSI, and other data available to assess the relationship between retention and positive labor experiences. 4. Produce a labor video to share the experience and valuable skills that student's develop through the labor program regardless of their position.

**RECOMMENDATION 11 – Increased Data Sharing:** Share the trended institutional data comparing our students with national counterparts on mental and physical health outcomes and healthy/detrimental lifestyle behaviors.

**Rationale:** Social norms marketing is popular on college campus. It is used widely in alcohol norming with success. While mental health interventions are not as frequent as substance related ones, in a 2018 study, undergrad students were assigned to a 15 min theory-driven social norms intervention correcting misperceived distress, stigma, and help-seeking norms; a general education intervention increasing mental health awareness; and a stress management active control condition. The norms intervention instilled more accurate perceptions of mental health norms and temporarily reduced perceived public stigma compared to other conditions (Turetsky, Sanderson, 2018). Based on a literature review summarized above, a combined approach of sharing institutional data in an organized academic or co-curricular education setting will yield the best results.

**Action Steps for Implementation:** Infuse data received from the Student Health Wellness Needs Assessment, Alcohol-wise, NCHA and SSI into Wellness 101 courses and Resident Hall programming.

**RECOMMENDATION 12 – Create a Social Worker and Case Management Model for Student Care:** Invest in a position to manage multifaceted student care needs, coordinating services that impact student wellbeing.

**Rationale:** Berea College is not unique with regards to expanding services due to mental health and personal issues that college students experience. The role of social work on college campuses typically involved two primary roles: mental health practitioner and case management. Counseling Services at Berea College utilizes the role of mental health practitioner in its current design. The implementation of case management would allow a social worker to play a role in the health and wellbeing of college students outside of the counseling center. Case management provides an avenue to “connect the dots” to ensure students work across departments to ensure all resources are accessible. Case management provides a preventative approach to students who may need support across multiple areas of their lives (academic, mental health, personal, etc.).

**Action Steps for Implementation:** Develop funding for a position and assess the best department to manage and house the position. *\*Note – The recommendation of a Student Care Coordinator position is similar to the language in Recommendation 2 regarding the creation of a Student Care Coordinator position and Student Care Network model. While using different language, the two recommendations are addressing the same need and should be considered together.*

## **RECOMMENDATIONS FROM THE SUBGROUP ON STRATEGIES FOR EDUCATING FACULTY AND STAFF ABOUT TRAUMA AND RESILIENCE**

*Jill Bouma, Kathy Bullock, Judith Weckman, Stephanie Woodie, Amanda Wyrick*

**RECOMMENDATION 13 – Summer Professional Learning Opportunities:** Provide summer workshops aimed at educating College employees (labor supervisors and faculty, in particular) about the relationship of Adverse Childhood Experiences (ACEs) to emotional and physical issues, with a focus on appropriate ways to support and help students.

**Rationale:** Research has shown that helping teachers and medical professionals understand the link between students who have experienced childhood trauma and their ability to be successful in school has led to more positive outcomes for students. Educating professionals who work in academic settings about ACEs improves the effectiveness of helping those students in need. We believe that educating our campus about ACEs will provide a much needed background and relevant information to those interested in meeting the needs of students who struggle with these issues.

**Action Steps for Implementation:** Coordinate with campus professionals who are responsible for organizing faculty and staff training and development (e.g. Scott Steele, Leslie Ortquist-Ahrens, Rosanna Napoleon, etc.), request staff development funds, and secure a campus speaker (such as Karen Newton) for a 2-day workshop.

**RECOMMENDATION 14 – Visual Campaign to Increase Awareness:** In order to raise consciousness and educate the campus community, construct informational posters to be placed throughout campus that describe Adverse Childhood Experiences (ACEs) and illustrates their relationship to common health issues. The posters may also describe how to get help or take action for a student. Placement of posters should come after providing some professional learning opportunities for the campus community throughout the academic year.

**Rationale:** Research has shown a strong correlation between ACEs and serious health problems, including behavioral, mental, and physical issues. The importance of understanding what ACEs are and how they are related to common health problems is necessary in order to take steps to reduce the negative effects they may have on students. We believe that raising awareness on our campus about ACEs will provide a much needed background and relevant information to those interested in meeting the needs to students who struggle with these issues.

**Action Steps for Implementation:** Under the auspices of the Counseling Center and Wellness, develop and use educational materials (e.g., posters) to introduce the idea of ACEs to campus and help community members know how to take appropriate action to strengthen resilience. The subgroup created a mockup of what a poster might look like, which can be found in Appendix E – Recommendation 14.

**RECOMMENDATION 15 – Increase Calm Classroom Trainings:** Create a series of Calm Classroom trainings for faculty members and labor supervisors, coordinated by the

Director of Counseling Services and other KORU trained individuals on campus. These practices could be demonstrated at Staff Forum meetings and in General Faculty meetings to expose campus constituents to these practices. This programming would augment the work that KORU instructors are already doing on campus, bringing brief mindfulness activities into the classroom.

**Rationale:** Calm classroom techniques consist of a very brief “time out” (3-5 minutes in which students engage in a mindfulness exercise (a mini focused meditation exercise). Research in secondary school settings has shown that students learn better and have fewer behavioral issues when these techniques are utilized.

**Action Steps for Implementation:** Berea College KORU trained instructors can demonstrate these techniques to various groups on campus and also send informational emails describing and promoting this practice. Messages should be timed to coincide with high stress periods during the academic term.

**RECOMMENDATION 16 – Increase KORU Trainings:** Increase the number of College employees trained in KORU mindfulness meditation practices which promote resilience and are linked to reduced anxiety/depression.

**Rationale:** According to recent research, Koru Mindfulness trained students are less-stressed, sleep better, and live with greater mindfulness and self-compassion. This evidence-based curriculum and teacher certification program was specifically developed for teaching mindfulness meditation and stress management to college students and other young adults. Additional College employees trained in these practices would provide more opportunities for programming that could benefit students, faculty, and staff across campus.

**Action Steps for Implementation:** Provide financial support for four additional employees to be trained in KORU. These certified instructors will be expected to provide KORU classes (3-5 per year) open to students and employees of the College. The cost to have one faculty or staff member trained is \$1700.

**RECOMMENDATION 17 – Faculty Reading Groups & Film Review:** As part of the College’s ongoing faculty and staff development, provide reading groups to review selected books and films related to issues of resilience. These efforts should be provided as a collaboration by Human Resources, the Dean’s Office, Faculty Development/Center for Teaching and Learning, and the Student Life Team.

**Rationale:** Books and films offer a space for faculty and staff to learn together, and opportunities such as the Dean’s Reading Group have existed for several years. Given the concerns about increasing resilience on campus, reading books together focused on this topic offer faculty and staff an opportunity to learn about current research and best

practices in a collaborative manner. These collective learning moments will not only benefit those faculty and staff who participate, but can contribute to conversations and increased awareness throughout departments and divisions across campus.

**Action Steps for Implementation:** The Task Force has created an initial list of books and films to suggest to the Dean's Reading Group selection team for the upcoming academic year (See Appendix E – Recommendation 17).

**RECOMMENDATION 18 – Invite Nationally Recognized Speakers to Campus:**

Invite nationally recognized leaders with expertise in the areas of trauma and resilience to our campus as part of our Convocation series or for special events such as Martin Luther King Day. The Task Force has identified and recommends three particular individuals for this invitation: Dr. Nadine Burke Harris, Founder and CEO of the Center for Youth Wellness who has done extensive research on the impacts of ACEs; Dr. Kelly McGonigal, Health Psychologist at Stanford University who has researched mindfulness and stress-coping strategies and their impacts on community; and Daniel Beaty, an actor and writer whose inspirational personal story speaks to focusing on resilience to overcome early trauma. Full speaker bios included in Appendix E – Recommendation 18.

**Rationale:** Physicians, natural and social scientists, and others are addressing issues of stress, belonging, and resilience from multiple perspectives. We want to share this work with our community by bringing some of the top researchers, speakers, and activists to teach us the most current research, share best practices about interventions, and help and inspire us as a community to develop strategies to become more resilient. Guests could be invited to provide a presentation for the entire Berea community (such as Convocations and special events) as well as meet with specialized groups in their areas of expertise during their time on campus.

**Action Steps for Implementation:** Coordinate with the Convocation Committee and other special event coordinators to consider identifying speakers who could engage in these kind of presentations.

**RECOMMENDATION 19 – Sabbatical Leave Research:** We recommend that Task Force members Dr. Jill Bouma and Dr. Amanda Wyrick be asked to explore the possibility of creating a learning community focused on faculty/staff resilience as part of their sabbatical time in the academic year 2019-2020.

**Rationale:** College Learning Communities have a great potential to inform and create meaningful learning opportunities for educators and students.

**Action Steps for Implementation:** Drs. Bouma and Wyrick will explore the possibility of creating a sabbatical plan that includes researching and implementing a Berea College learning community focused on the theme of resilience.

## **RECOMMENDATION 20 – Inclusion of ACEs Awareness in New Employee**

**Orientation:** All new employees (faculty and staff) should be given an appropriate orientation to ACEs research and its relationship to Berea College students to increase understanding, awareness, and improve the campus response to students.

**Rationale:** Berea College institutional research, counseling census data, and many other experiences with Berea students show that there is a need to recognize that ACEs may play a role in serious health risks for our students. The goal is to help new employees understand how to recognize when students and others may need to be referred to medical/psychological services. Employee understanding is the first step to providing appropriate intervention. This orientation may take place over several months and should be mindful about not leaving the impression that Berea students are defective/broken. It must honor the resiliency in students but also help employees understand when help is needed.

**Action Steps for Implementation:** Work with Dr. Sue Reimondo, ask Dr. Leslie Ortquist-Ahrens and Mr. Mark Nigro and other related professional colleagues to create opportunities for presentation and discussion related to ACEs and how to cultivate resiliency at appropriate times during the first year of orientation for new faculty and new staff employees.

## **RECOMMENDATION 21 – Increased Wellness Programming for Faculty & Staff:**

Charge campus administrators with evaluating the *Wellness Wants and Needs of the Campus Community* report (2013) and implementing strategies to address faculty and staff requests such as: time built into the day for physical activity and health, exercise classes that fit staff schedules, and free professional on-campus trainers and fitness coaches. In addition, we recommend trainings and resources to decrease faculty and staff feelings of being overwhelmed and burnout.

**Rationale:** Faculty members indicate feelings of emotional distress as a result of interacting with student mental health issues. These stresses may lead to feelings of compassion fatigue (Figley, 1995) and burnout (Maslach, 1982), which can have an overall negative impact on organizations (Derenne, 2018). To have a positive work environment, faculty and staff should feel as though they are being heard in their requests for health interventions. This increases trust in the organization, which is a major step in decreasing emotional exhaustion (Karapinar, Comgoz, & Ekmekci, 2016). On a personal level, adaptive coping skills and self-efficacy are protective factors. This has heightened importance as research suggests that the ability to support and care for others, including traumatized students, is lower when an individual has high levels of compassion fatigue and burnout (Cohen, & Collens, 2013).

## Appendix D: Institutional Review Board Reliance Authorization Agreement

### Institutional Review Board (IRB)/Independent Ethics Committee (IEC) Authorization Agreement

Name of Institution or Organization Providing IRB Review (Institution/Organization A):

Berea College

IRB Registration #: IRB00010337

Federalwide Assurance (FWA) #, if any: 00024161

Name of Institution Relying on the Designated IRB (Institution B):

University of Kentucky

FWA #: 00005295

The Officials signing below agree that the University of Kentucky may rely on the designated IRB for review and continuing oversight of its human subjects research described below:

(check one)

(☐) This agreement applies to all human subjects research covered by Institution B's FWA.

(☒) This agreement is limited to the following specific protocol(s):

Name of Research Project: **Examining faculty academic advisors perceived preparation for working with students experiencing emotional distress**

Name of Principal Investigator: Christopher Lakes (UK Doctoral Candidate)

Sponsor or Funding Agency: N/A Award Number, if any: \_\_\_\_\_

(☐) Other

(describe): \_\_\_\_\_

The review performed by the designated IRB will meet the human subject protection requirements of Institution B's OHRP-approved FWA. The IRB at Institution/Organization A will follow written procedures for reporting its findings and actions to appropriate officials at Institution B. Relevant minutes of IRB meetings will be made available to Institution B upon request. Institution B remains responsible for ensuring compliance with the IRB's determinations and with the Terms of its OHRP-approved FWA. This document must be kept on file by both parties and provided to OHRP upon request.

Signature of Signatory Official (Institution/Organization A):

\_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ Institutional Title: \_\_\_\_\_

Signature of Signatory Official (Institution B):

\_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: Lisa A. Cassis, Ph.D. Institutional Title: Vice President for Research



## Appendix E: Reconnaissance Survey for Faculty Academic Advisors

### Identifying & Responding to Students Experiencing Emotional Distress

Colleagues -

Thank you for your willingness to engage in this survey. The results will be used to help create appropriate professional learning opportunities for faculty academic advisors of first-year students and other larger groups of faculty and staff on campus. Additionally, this research is being conducted as part of Chris Lakes' doctoral dissertation in Educational Leadership at the University of Kentucky. All responses will remain completely anonymous.

Thanks - Chris

Chris Lakes

Director | Office of First-Year Initiatives | Berea College  
Doctoral Candidate | University of Kentucky

Q1 How many years have you taught at Berea College?

- 1 - 5 years (4)
- 6 - 10 years (5)
- 10 - 20 years (6)
- 20+ years (7)

Q2 Are you a tenured member of the faculty?

- Yes (1)
- No (2)

Q3 How many years have you served as an academic advisor at Berea College?

- This will be my first year as an academic advisor. (4)
- 1 - 5 years (5)
- 6 - 10 years (6)
- 10 - 20 years (7)
- 20+ years (8)

Q4 Have you ever served as an academic advisor at another institution?

- Yes (1)
- No (2)

Q5 In which academic department do you teach?

---

Q18 For the following questions, the phrase "emotional distress" refers to depression, high anxiety, suicidal ideation, and other related indicators.

Q8 I am able to identify a student who is experiencing emotional distress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q9 It is important in my role as an academic advisor that I be able to identify a student experiencing emotional distress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q10 I am knowledgeable about the appropriate response to a student who is experiencing emotional distress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q11 It is important in my role as an academic advisor that I be knowledgeable about the appropriate response to a student who is experiencing emotional distress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q12 I am knowledgeable about the strategies designed to help support students who are experiencing emotional distress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q13 I am knowledgeable about the resources available to students who are experiencing emotional distress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q14 I understand my role as an academic advisor as it pertains to supporting students who are experiencing emotional distress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q15 I feel adequately prepared by the institution to serve as an academic advisor.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q20 What do you see as the role of faculty academic advisors in identifying and responding to students who are exhibiting signs of emotional distress?

Q21 What are the biggest concerns you have when responding to a student who is exhibiting signs of emotional distress?

Q18 What kind of professional learning opportunities would help you feel more equipped to identify and respond to students who are experiencing emotional distress?

## Appendix F: Supporting Students Experiencing Emotional Distress Response Guide



# SUPPORTING STUDENTS EXPERIENCING EMOTIONAL DISTRESS

### IS THIS GUIDE FOR ME?

If you in any way teach, train, advise, supervise or mentor students at Berea College, you have a role to play in student's emotional health. We believe that you are in a unique position to identify and respond to the early stages of emotional distress of the students you have contact with. Knowing the warning signs of trouble, the early indicators of distress, how to respond in these situations and how to contribute to a healthy learning environment will greatly increase your ability to act appropriately in such situations, help improve another's quality of life, and may even help save a life.

Colleges and universities across the country are facing a rise in student mental health concerns which appear to be increasing in both frequency and severity. Increasingly high numbers of students are arriving on campuses with a history of anxiety, depression, and poor mental health treatment; conditions that are shown to be negatively impacted by the presence of poverty (Annual Report from the Center for Collegiate Mental Health, 2017; Lipson et al., 2015; Simon, Beder, & Manseau, 2018; WHO 2014;). Berea College has not been immune to this trend:

**Faculty and staff are not asked to take on the role of trained counselors, but the ability to identify and respond to students experiencing emotional distress is an important part of our role.**

- In 2018, 24% of incoming Berea College students indicated that they frequently felt depressed during the past year (Up from 12% in 2014).
- Only 33% of incoming students in 2018 rated their emotional health as 'above average' or better (Down from 44% in 2014).

Cooperative Institutional Research Program (CIRP), 2018

## Knowing When and How to Take Action

***In emergency situations where immediate action is clearly needed, you will call Public Safety (x.3333), or 911, and/or Counseling Services for immediate consultation. And if you believe the student is suicidal or experiencing suicidal ideation, refer to the 4R's of Responding to a Crisis Situation on the back page of this document.***

However, there will be times when it is not an emergency situation but you simply have a 'feeling' that something is wrong or recognize small indicators of concern, and it can be challenging to know exactly when and how to respond. It's important for faculty and staff who work closely with students to be able to **recognize the many signs of distress** (page 2) that students may present. It's possible that any one indicator alone may mean the student is simply having an 'off' day, but any one serious sign or a cluster of small signs may indicate a need to take action on behalf of the student. In these situations you may choose to **speak directly with the student** (page 3) to better understand the situation, or **refer/report the situation or student to another campus official** (page 4) for support or anytime you feel the situation is beyond your capabilities. Which direction you choose may be influenced by your experience, comfort, time, severity of the issue, or other personal factors. Either option is an acceptable approach, and if unsure you should consult with someone – Supervisor, Department Chair, Campus Christian Center, Counseling Services, First-Year Initiatives, Student Life Team – about how to best proceed.

## The Many Signs of Distress

As a professor in the classroom or supervisor of a student in the Labor Program, you are in the unique position of being able to observe behavior in your students on a regular basis. And at times, their behavior could indicate they are experiencing some kind of emotional distress. While we do not ask our faculty or staff to take on the role of professionally trained counselors, the ability to identify and appropriately respond to students in your classroom or work environment who are experiencing emotional distress is an important part of our role and critical to our students.

The presence of one of the following indicators alone does not necessarily mean that the student is experiencing severe distress. However, the more indicators you notice, the more likely it is that the student needs help.

ACADEMIC INDICATORS	SAFETY RISK INDICATORS	PHYSICAL INDICATORS	BEHAVIORAL AND EMOTIONAL INDICATORS
<ul style="list-style-type: none"> <li><input type="checkbox"/> Repeated absences from class, section, lab or employment</li> <li><input type="checkbox"/> Missed assignments, exams or appointments</li> <li><input type="checkbox"/> Deterioration in quality or quantity of work</li> <li><input type="checkbox"/> Extreme disorganization or erratic performance</li> <li><input type="checkbox"/> Written artistic expression of unusual violence, morbidity, social isolation, despair or confusion; essays or papers that focus on suicide or death</li> <li><input type="checkbox"/> Continual seeking of special provisions (extensions on papers or deadlines, make-up exams)</li> <li><input type="checkbox"/> Patterns of perfectionism: e.g., can't accept themselves if they don't get an A+</li> <li><input type="checkbox"/> Overblown or disproportionate response to grades or other evaluations.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Written or verbal statements that mention despair, suicide or death</li> <li><input type="checkbox"/> Severe hopelessness, depression, or withdrawal</li> <li><input type="checkbox"/> Statements to the effect that the student is "going away for a long time"</li> <li><input type="checkbox"/> Physical or verbal aggression that is directed at self, others, animals or property</li> <li><input type="checkbox"/> The student is unresponsive to the external environment; he or she is incoherent or passed out</li> <li><input type="checkbox"/> The student is disconnected from reality/exhibiting psychosis</li> <li><input type="checkbox"/> The student is displaying unmitigated disruptive behavior</li> <li><input type="checkbox"/> The situation feels threatening or dangerous to you</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deterioration in physical appearance or personal hygiene</li> <li><input type="checkbox"/> Excessive fatigue, exhaustion; falling asleep in class repeatedly</li> <li><input type="checkbox"/> Visible changes in weight; statements about change in appetite or sleep</li> <li><input type="checkbox"/> Noticeable cuts, bruises or burns</li> <li><input type="checkbox"/> Frequent or chronic illness</li> <li><input type="checkbox"/> Disorganized speech, rapid or slurred speech, confusion</li> <li><input type="checkbox"/> Unusual inability to make eye contact</li> <li><input type="checkbox"/> Coming to class bleary-eyed or smelling of alcohol or other substances</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Direct statements indicating general distress, family conflict, grief and loss, economic hardships</li> <li><input type="checkbox"/> Angry or hostile outbursts, yelling, or aggressive comments</li> <li><input type="checkbox"/> Unusual withdrawal or animated behavior</li> <li><input type="checkbox"/> Expressions of hopelessness or worthlessness; crying or tearfulness</li> <li><input type="checkbox"/> Expressions of severe anxiety or irritability</li> <li><input type="checkbox"/> Excessively demanding or dependent behavior</li> <li><input type="checkbox"/> Lack of response to outreach from course staff</li> <li><input type="checkbox"/> Shakiness, tremors, fidgeting or pacing</li> </ul>

**The more indicators you notice, the more likely it is that the student needs help.**





## If you choose to **SPEAK DIRECTLY** to the student

If you have a relationship or rapport with the student, speaking directly to them could be the best option. When you are speaking directly to a student, remember that you are NOT taking on the role of a counselor. Your primary role is to listen, care, provide your informed perspectives, and offer resource referral information as needed. Here are some recommendations:

- **Meet privately** with the student, preferably choosing a time and place where you will not be interrupted.
- Set a **positive** tone. Express your concern and care.
- Point out **specific signs** that you have observed. *"I've noticed lately that you..."*
- Ask **open-ended questions** that deal directly with the issues without judging. *"How are things going for you lately?"* or *"What problems has that situation caused you?"*
- **Listen attentively** to the student's responses and encourage them to talk. *"Tell me more about that."*
- Allow the student time to tell the story. **Allow silences in the conversation.** Don't give up if the student is slow to talk.
- If there are signs of safety risk, **ask if the student is considering hurting themselves or suicide.** A student who is considering suicide will likely be relieved that you asked. If the student is not contemplating suicide, asking the question will not put that idea in their head or cause them to now consider it.
- **Restate** what you have heard as well as your concern and care. Ask the student what they think would help. *"What do you need to do to get back on a healthy or successful path?"*
- **Suggest resources and referrals.** Share any information you have about the particular resource you are suggesting and the potential benefit to the student. *"I know the folks in that office and they are really good at helping students work through these kind of situations."* Provide name, number and office location of the referral resource or, if comfortable, offer to walk with the student to the location.
- **Avoid making sweeping promises** of confidentiality, particularly if the student presents a safety risk. Students who are considering suicide need swift professional intervention. Assurances of absolute confidentiality may get in the way.
- Unless the student is suicidal or may be dangerous to others, **the ultimate decision to access resources is the student's.** If they say *"I'll think about it,"* when you offer referral information, it is okay. People in varying levels of distress sometimes deny their problems because it is difficult to admit they need help or they think things will get better on their own.
- Let the student know that you are interested in hearing how they are doing in a day or two. End the conversation in a way that will allow you, or the student, to come back to the subject at another time. **Keep the lines of communication open.**

Your primary role is to listen, care, provide your informed perspective, and offer resource referral information as needed.

Depending on the nature of the problem, it may be advisable to follow-up with someone on campus such as a supervisor, Office of Academic Affairs, First-Year Initiatives, Counseling Services, Campus Christian Center, Student Life Team, etc. to make them aware of your conversation.

Portions of this handout adapted from the University of California "Promoting Student Mental Health" guide.

## If you choose to REFER/REPORT the situation to another campus resource or official

If you are not familiar with the student, feel uncomfortable approaching the situation, or are unsure of what to say, you may prefer to report the concern. Any of the individuals below can be contacted and can help you determine who best to notify or coach you through making a referral to a student. If you are making a referral or would like consultation about next steps, contact a representative from the **Students of Concern Team**. This team is in place to facilitate early identification of students who exhibit evidence of concerning behaviors, and to intervene with support and resources before problems escalate into a crisis that jeopardizes the student's chance of success or safety, or interferes with the safety of other students.





<input type="checkbox"/> Sue Reimondo	Counseling Services	Ext. 3212	reimondos@berea.edu
<input type="checkbox"/> Loretta Reynolds	Campus Christian Center	Ext. 3134, Cell 859-358-6104	reynoldslo@berea.edu
<input type="checkbox"/> Gus Gerassimides	Student Life	Ext. 3150	gerassimidesg@berea.edu
<input type="checkbox"/> Lavoyed Hudgins	Public Safety	Ext. 3333	hudginsl@berea.edu
<input type="checkbox"/> Chris Lakes	First-Year Initiatives	Ext. 3376	lakesc@berea.edu
<input type="checkbox"/> Scott Steele	Academic Affairs	Ext. 3181	steeles@berea.edu
<input type="checkbox"/> Laurie Roelofs	President's Office	Ext. 3820	roelofsla@berea.edu
<input type="checkbox"/> Collis Robinson	Labor Program	Ext. 3611	robinsonc@berea.edu

### When referring a student or contacting the Students of Concern Team yourself, please be aware of the following:

- Members of the Student of Concern Team take a collaborative approach to student situations, and information may be shared among team members. However, this group will exercise discretion and maintain privacy as much as possible to protect the individuals involved.
- Counseling Services and College Chaplain staff members who are bound by confidentiality will accept all information you provide but may not be able to share the results of a follow-up. While this can be concerning at times, it is necessary to protect the student's privacy.
- Often, the best approach is not for a counselor or chaplain to reach out directly to a student. You may be asked to take further action such as speaking to the student directly, giving the student a referral to a campus resource, or involving another department. Be willing to follow through with the recommendations of the counseling or chaplain staff.
- If it is determined that a mental health professional will make a cold contact with the student, consider giving permission to use your name as the referral source. It is challenging for a counselor to cold call a student and explain the reason for the call without providing context.

## THE 4R'S OF RESPONDING TO A CRISIS SITUATION

In an emergency situation where you feel like the student is going to hurt themselves or someone else it is important to contact Public Safety (x3333) and Counseling Services (x3212), and follow these important reminders:

<div style="text-align: center; margin-bottom: 10px;">  <p><b>REACT</b></p> </div> <p>Breathe! If there is evidence of a medical emergency (pills consumed or other physical harm), call 911. Otherwise, stay calm and take your time. Provide a safe and private space for the student. Then help the student determine their immediate needs (medical attention, counseling, staying with a friend).</p>	<div style="text-align: center; margin-bottom: 10px;">  <p><b>REPORT</b></p> </div> <p>Explain your obligation to report to ensure the student and community remain safe.</p>
<div style="text-align: center; margin-bottom: 10px;">  <p><b>REFER</b></p> </div> <p>Assist with connecting the student to the resources that can best address their needs. Whatever option they choose, remain with the student until arrangements have been made.</p>	<div style="text-align: center; margin-bottom: 10px;">  <p><b>RELEASE</b></p> </div> <p>Know you have done your part. Allow the student to proceed with their choice of action. Offer support but trust that there are medical, administrative and counseling resources in place to assist them from this point forward.</p>

## Appendix G: Consent to Participate in Research



# Consent to Participate in Research

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**Project Title:** Identifying and Responding to Students Experiencing Emotional Distress

**DESCRIPTION:** You are invited to participate in **a research study** focused on academic advisor's ability to identify and respond to students experiencing emotional distress, and their understanding of their role in that process. This research is being conducted to gather information that will assist Berea College in creating appropriate professional learning opportunities for faculty, and as part of Chris Lakes' doctoral dissertation research at the University of Kentucky. You will be asked to complete a series of likert-scale and open-ended questions, and results will be coded and completely anonymous.

**TIME INVOLVEMENT:** Your participation will take approximately 5-10 minutes.

**RISKS AND BENEFITS:** There are no foreseeable risks associated with your participation in this study. The benefits which may reasonably be expected to result from this study are increased professional learning opportunities for faculty and staff at Berea College to help better support students. **We cannot and do not guarantee or promise that you will receive any benefits from this study.** Your decision whether or not to participate in this study will not affect your employment.

**PAYMENTS:** You will receive no payment for your participation.

**PARTICIPANT'S RIGHTS:** If you have read this form and have decided to participate in this project, please understand your **participation is voluntary** and you have the **right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The alternative is not to participate.** You have the right to refuse to answer particular questions. The results of this research study may be presented at scientific or professional meetings or published in scientific journals. Your individual privacy will be maintained in all published and written data resulting from the study. Once downloaded from the survey site, all data will be securely maintained on an encrypted drive and secured in the primary investigator's locked office. Only parties directly affiliated with this study and who have a legitimate need will have access to this data.

**CONTACT INFORMATION:**



**Questions:** If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Primary Investigator, Chris Lakes at 859-985-3371.

**Independent Contact:** If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Administrative Assistant to the Berea College Institutional Review Board (IRB), Ms. Sarah Broomfield, at (859) 985-3487 or email at [sarah\\_broomfield@berea.edu](mailto:sarah_broomfield@berea.edu).

Please indicate with your signature on the space below that you understand your rights and agree to participate in the experiment. You will be given a copy of this form to keep. **YOUR SIGNATURE BELOW INDICATES THAT, HAVING READ THE INFORMATION PROVIDED ABOVE, YOU ARE FREELY DECIDING TO PARTICIPATE IN THE RESEARCH PROJECT DESCRIBED IN THIS DOCUMENT.**

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Printed name of participant

*(please print neatly)*

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Date

---

Signature of participant

---

Date

*The extra copy of this signed and dated consent form is for you to keep.*

## Appendix H: Supporting Students Experiencing Emotional Distress Post-PLE

### Survey

# Emotional Distress Training Survey

Q1 Approximately how many years have you taught at Berea College?

Q2 Are you a tenured member of the faculty?

- Yes (1)
- No (2)

Q3 Do you serve as an academic advisor?

- Yes (4)
- No (5)

Q4 This session helped increase my knowledge of strategies for supporting students experiencing emotional distress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q5 This session helped clarify my role in supporting students who are experiencing emotional distress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q6 Based on my participation in this session, I feel more prepared to support students who are experiencing emotional distress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q7 Based on my participation in this session, I have a better understanding of the resources available to me as a faculty member when supporting students experiencing emotional distress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q8 Additional comments:

## **Appendix I: Brown Bagon Personal and Professional Boundaries Post-PLE Survey**

# **Personal and Professional Boundaries: Helping Students in Distress Workshop/Training**

As a result of attending the Personal and Professional Boundaries: Helping Students in Distress workshop/training:

Q1 I gained knowledge about how student mental health can impact their performance in college.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q2 I gained a better understanding of why it is important for me to know and care about student mental health.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q3 I gained knowledge regarding the importance of setting boundaries with students.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q4 I gained knowledge of strategies for setting boundaries with students.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q5 I feel more prepared to recognize and respond to students who resist my personal and professional boundaries.

- Strongly Agree (1)
- Somewhat agree (3)
- Neutral (4)
- Somewhat disagree (5)
- Strongly disagree (7)

Q6 What are the most important points you gained from this workshop/training?

Q7 What would you suggest be changed if this workshop/training were to be offered again?

## **Appendix J: The Upside of Stress Reading Group Post-PLE Survey**

### **The Upside of Stress (Reading Group)**

Q1 This book and conversation helped increase my knowledge of strategies I can use to manage my personal stress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q2 This book and conversation helped increase my knowledge of strategies for supporting students who are experiencing stress or emotional distress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q3 Based on my participation in this session, I feel more prepared to handle my own personal stress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q4 Based on my participation in this session, I feel more prepared to support students who may be experiencing stress or emotional distress.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q5 This session helped clarify my role in supporting students who may be experiencing stress or emotional distress.

- Strongly Agree (1)
- Somewhat agree (3)
- Neutral (4)
- Somewhat disagree (5)
- Strongly disagree (7)

Q6 Additional Comments:

## **Appendix K: The Deepest Well Reading Group Post-PLE Survey**

### **The Deepest Well (Reading Group)**

Q1 This book and conversation helped increase my knowledge of the impacts of adverse childhood experiences.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q2 This book and conversation helped increase my knowledge of strategies for supporting students who may be struggling due to the impacts of adverse childhood experiences.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q3 Based on my participation, I have a better understanding of my role when working with students who are experiencing stress or emotional distress due to the impacts of adverse childhood experiences.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q4 Based on my participation, I feel more prepared to support students who may be experiencing stress or emotional distress due to the impacts of adverse childhood experiences.

- Strongly agree (1)
- Somewhat agree (2)
- Neutral (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q5 This session helped me to clarify my role in supporting students who may be experiencing stress or emotional distress.

- Strongly Agree (1)
- Somewhat agree (3)
- Neutral (4)
- Somewhat disagree (5)
- Strongly disagree (7)

Q6 Additional Comments:

## Appendix L: Post-Intervention Survey

# Emotional Distress Professional Learning Opportunities Evaluation

In the following survey, you will be asked about your attendance at various trainings, workshops, or discussion groups this term, focusing on supporting students experiencing emotional distress. You will only be asked to provide feedback on the sessions you attended.

### ***Supporting Students Experiencing Emotional Distress Training 1 (PLE I Session 1)***

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Q1 Did you attend the training "Responding to Students in Distress" during Launch Week (Tuesday, August 13)?

- Yes (1)
- No (2)

*Skip To: End of Block If Did you attend the training "Responding to Students in Distress" during Launch Week (Tuesday, Aug... = No*

Q2 The goals of the training were clear.

- Strongly agree (1)
- Somewhat agree (2)
- Neither Agree or Disagree (3)
- Somewhat disagree (4)
- Disagree (5)

Q3 The content presented was consistent with what I was expecting to learn.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Disagree (5)

*Display This Question:*

*If The content presented was consistent with what I was expecting to learn. = Somewhat disagree  
Or The content presented was consistent with what I was expecting to learn. = Disagree*

Q4 Comments?

Q5 The content was covered in a way that was engaging.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

*Display This Question:*

*If The content was covered in a way that was engaging. = Somewhat disagree  
Or The content was covered in a way that was engaging. = Strongly disagree*

Q6 What suggestions do you have for covering the material in a more engaging way?

Q7 The timing of the training was good (Launch Week).

- Yes (1)
- No (2)

*Display This Question:*

*If The timing of the training was good (Launch Week). = No*

Q8 Do you have suggestions for when this training would have been more effective?

Q9 The time allotted was adequate for the information presented.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q10 The accompanying handout "Supporting Students Experiencing Emotional Distress" was helpful.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q11 Do you believe that more trainings in this area (supporting students experiencing emotional distress) would be beneficial?

- Yes (1)
- Yes, with modifications (2)
- No (3)

Q12 If we were to offer this training again, what suggestions do you have for improving it?

---

***Supporting Students Experiencing Emotional Distress Training 2 (PLE I Session 2)***

---

Q13 Did you attend the lunch training for advisors on "Responding to Students in Distress" (Thursday, October 10)?

- Yes (1)
- No (2)

*Skip To: End of Block If Did you attend the lunch training for advisors on "Responding to Students in Distress" (Thursday,... = No*

Q14 The goals of the training were clear.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q15 The content presented was consistent with what I was expecting to learn.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

*Display This Question:*

*If The content presented was consistent with what I was expecting to learn. = Somewhat disagree*

*Or The content presented was consistent with what I was expecting to learn. = Strongly disagree*

Q16 Comments?

Q17 The content was covered in a way that was engaging.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

*Display This Question:*

*If The content was covered in a way that was engaging. = Somewhat disagree*

*Or The content was covered in a way that was engaging. = Strongly disagree*

Q18 What suggestions do you have for covering the material in a more engaging way?

Q19 The timing of the training was good (Noon).

- Yes (1)
- No (2)

*Display This Question:*

*If The timing of the training was good (Noon). = No*

Q20 Do you have suggestions for when this training might have been more effective?

Q21 The time allotted was adequate for the information presented.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q22 The accompanying handout "Supporting Students Experiencing Emotional Distress" was helpful.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q23 Do you believe that more trainings in this area (supporting students experiencing emotional distress) would be beneficial?

- Yes (1)
- No (2)

Q24 If we were to offer this training again, what suggestions do you have for improving these sessions?

### ***Brown Bag on Personal & Professional Boundaries (PLE II)***

Q25 Did you attend the "Brown Bag on Personal and Professional Boundaries: Helping Students in Distress" on September 23?

- Yes (1)
- No (2)



*Skip To: End of Block If Did you attend the "Brown Bag on Personal and Professional Boundaries: Helping Students in Distre... = No*

Q26 The goals of the training were clear.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q27 The content presented was consistent with what I was expecting to learn.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

*Display This Question:*

*If The content presented was consistent with what I was expecting to learn. = Somewhat disagree  
Or The content presented was consistent with what I was expecting to learn. = Strongly disagree*

Q28 Comments?

Q29 The content was covered in a way that was engaging.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

*Display This Question:*

*If The content was covered in a way that was engaging. = Somewhat disagree  
Or The content was covered in a way that was engaging. = Strongly disagree*

Q30 What suggestions do you have for covering the material in a more engaging way?

Q31 The timing of the training was convenient (Weekday Afternoon).

- Yes (1)
- No (2)

*Display This Question:*

*If The timing of the training was convenient (Weekday Afternoon). = No*

Q32 Do you have suggestions for when this training might have been more effective?

Q33 The time allotted was adequate for the information presented.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q34 Do you believe that more trainings in this area (supporting students experiencing emotional distress) would be beneficial?

- Yes (1)
- Yes, with modifications (2)
- No (3)

Q35 If we were to offer this training again, what suggestions do you have for improving it?

### ***Reading Group 1 – The Upside of Stress (PLE III Group 1)***

---

Q36 Did you participate in the Reading Group on "The Upside of Stress"?

- Yes (1)
- No (2)

*Skip To: End of Block If Did you participate in the Reading Group on "The Upside of Stress"? = No*

Q37 The conversation was facilitated in a way that stimulated conversation among participants.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q38 The number of sessions (3) was adequate for discussing the contents of the book.

- Yes (1)
- No (2)

Q39 The timing of the sessions (Fridays at 3pm) was convenient.

- Yes (1)
- No (2)

---

*Display This Question:*

*If The timing of the sessions (Fridays at 3pm) was convenient. = No*

Q40 Are there times that would have worked better?

Q41 The format of the reading group discussions met the expectations I had when I signed up.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q42 Do you think additional similar reading groups would be beneficial for faculty/staff?

- Yes (1)
- Yes, with modifications (2)
- No (3)

Q43 Do you have suggestions for how we could make these reading group sessions more effective?

Q44 Do you have suggestions for books that should be used for future reading groups on this topic (resilience, supporting students who have experienced trauma, or who are experiencing emotional distress)?

### ***Reading Group 2 – The Deepest Well (PLE III Group 2)***

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Q45 Did you attend the Reading Group on "The Deepest Well"?

- Yes (1)
- No (2)

*Skip To: End of Block If Did you attend the Reading Group on "The Deepest Well"? = No*

Q46 The conversation was facilitated in a way that stimulated conversation among participants.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q47 The number of sessions (2) was adequate for discussing the contents of the book.

- Yes (1)
- No (2)

Q48 The time that the sessions met (Noon) was convenient.

- Yes (1)
- No (2)

*Display This Question:*

*If The time that the sessions met (Noon) was convenient. = No*

Q49 Are there times that would have worked better?

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Q50 The format of the reading group discussions met the expectations I had when I signed up.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q51 Do you think additional similar reading groups would be beneficial for faculty/staff?

- Yes (1)
- Yes, with modifications (2)
- No (3)

Q52 Do you have suggestions for how we could make these reading group sessions more effective?

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Q53 Do you have suggestions for books that should be used for future reading groups on this topic (resilience, supporting students who have experienced trauma, or who are experiencing emotional distress)?

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## Vita

### CHRISTOPHER T. LAKES

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#### EDUCATION

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<b>University of Tennessee</b> M.S. in College Student Personnel	Knoxville, TN May 2001
<b>Berea College</b> B.A. in Music Education	Berea, KY December 1998

#### PROFESSIONAL EXPERIENCE

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<b>Director, Office of Student Success &amp; Transition</b> Berea College – Academic Division	May 2020 – Present Berea, KY
<b>Director, Office of First-Year Initiatives</b> Berea College – Academic Division	July 2016 – May 2020 Berea, KY
<b>Assistant Director, Office of Academic Services &amp; Director of First-Year Programs</b> Berea College – Academic Division	July 2013 – June 2016 Berea, KY
<b>Coordinator of the First-Year Experience</b> Berea College – Student Life Division	July 2009 – June 2013 Berea, KY
<b>Quality Enhancement Plan Implementation Team Leader &amp; Leadership Development Specialist</b> Berea College – Student Life Division	July 2006 – June 2009 Berea, KY
<b>Residential Coordinator &amp; Collegium Team Member</b> Berea College – Student Life Division	July 2001 – June 2006 Berea, KY

#### SELECT PROFESSIONAL PRESENTATIONS

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- *Equipping Rural Students for College Excellence*, 2019 National Conference on the First-Year Experience, Las Vegas, NV
- *Supporting Student Transition and Success through 'High Touch' Engagement Initiatives*, 2018 Rural College Access Summit, Lexington, KY
- *Culture & Community: Black, Latino, and Appalachian Male Initiatives*, 2018 National Conference on the First-Year Experience, San Antonio, TX
- *A System of Support: Improving success of low-income, first-generation students in the first college year*, 2014 National College Access Network Conference, Orlando, FL
- *Increasing Student Self-Efficacy: A training model for campus leaders*, 2013 Council for Opportunity in Education National Conference, Chicago, IL