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Resident Assistant Training and Students with High Functioning Autism

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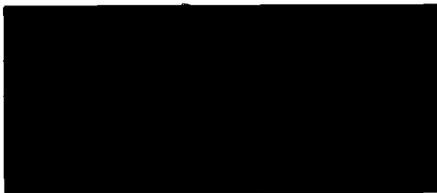
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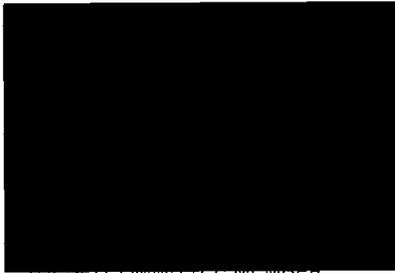
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Abstract

Utilizing qualitative methodology, Resident Assistants' perceptions were examined with regards to the training they receive for identifying and assisting High Functioning Autistic Students. Current Resident Assistants were interviewed and themes were developed. RA's expressed dissatisfaction with current training concerning the characteristics of this population. Specifically, participants shared the need for additional training on identifying HFA students and the referral process to disability services. Lastly, participants shared feeling strong support from supervisors; however, lack the knowledge and confidence to effectively support these students.

Dedication

This thesis has been a process, but something I have learned a lot through, both professionally and personally. It is a project I am better because of. I would like to dedicate this thesis to my mom and dad, for their constant support through this project and anything I have ever pursued. Thank you for your encouragement, motivation, and positive reminders throughout.

Acknowledgments

As mentioned in the dedication, this project has been a process. I would first like to acknowledge Dr. Roberts, for his continued support and effort to make this thesis what it is. I would also like to thank my committee, Dr. Timm and Mr. Hencken for all of your hard work and dedication to my thesis. To my friends in the program and my partner, thank you for helping me stay grounded, for the positive encouragement, and for always reminding me it will be alright. Finally, to the wonderful Resident Assistant staff at Eastern Illinois University, thank you for all of the thankless work you do, day in and day out. You are asked to do a very difficult job and the maturity and professionalism you do that job with is commendable. Thank you.

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Chapter I

Introduction

Autism is prevalent in today's college environment, specifically High Functioning

Autism (HFA) (Andreon and Durocher, 2007). According to Hendricks and Wehman

(2009), an estimated 55,000-121,000 individuals aged 15-19 are diagnosed with some

form of Autism Spectrum Disorder (ASD) in the United States. VanBergeijk, Klin, and

Volkmar (2008) indicated that with the high number of individuals nearing the age to

enter a post-secondary education system and the increased awareness and services

offered for students with ASD, the number of university students identified with ASD

will continue to grow. HFA is defined as one type of Autism where signs and symptoms

are less noticeable than those with more severe forms. Individuals with High Functioning

Autism typically have a higher level of intelligence compared to others on the Autism

Spectrum, however, still face challenges socially, behaviorally, or with communication

(webmd.com, 2013). Some individuals with HFA function at a level where it is difficult

to know they have the disorder. They have limited difficulties communicating and have a

high intellectual ability. However, others with HFA, though their intellectual ability is

high, have more trouble communicating one-on-one or in larger social settings (Brown,

Wolf, and Koessler, 2014).

Understanding the needs of HFA students and how to best accommodate them

educationally is important (White, Ollendick, & Bray, 2011). Additionally, as research at

The Center of Disease Control indicated, those with HFA have limited to no intellectual

disability and the potential for success while at college is high. However, with that

potential comes the need to support students with HFA outside of the classroom to help

facilitate that success. HFA students might still encounter barriers such as poor communication and social skills, behavioral issues such as aggressive behavior or fighting, or difficulty learning in the classroom setting due to those social, behavior, or communication-based struggles (cdc.gov, 2014).

Working with and supporting students with HFA at college is typically the responsibility of the disability services office. The disability services office supplies information and resources to faculty and student affairs professionals. This type of office on a college campus works to provide accommodations for students with not only Autism, but any other disabilities. Accommodations might include testing assistance, reading and note taking support, or additional time with projects or assignments. Disability services offices also meet with students who want to discuss how their collegiate experience is going, seek assistance in developing a class schedule, and desire additional support, such as residence life. Griffin (2014) stated if a student discloses to someone in disability services that they need a certain accommodation, such as a single room, disability services can work with residence life to discuss and find ways to make those accommodations. Disability services are not required to seek out or assist students who do not disclose their disability, however, if students chooses to utilize those services, they can be assisted in succeeding at college (Griffin, 2014).

Other university support personnel who assist HFA students are resident assistants, as they often have the most frequent contact with the student (Hart and Marinucci, 2009). Resident Assistants (RA) are the trained, undergraduate student leaders of a residential community, in charge of providing campus resources and assisting students through their collegiate experience. They do this by taking time and developing

a relationship with each of their residents to gain a better understanding of who that student is and what they might need to be successful (Gentry, Harris, and Nowicki, 2007). RAs live on the floor with the students they oversee, and often see students during a significant amount of time outside of class. Because of that, RAs are able to recognize trends and behaviors of their students, make referrals, offer resources, and support their students. Because RAs are seen as a peer, they can be someone a person with HFA relates with or seeks out for support (Gentry, Harris, and Nowicki, 2007).

RAs are among a group in the collegiate environment known as student affairs practitioners. As defined by the National Association of Student Personnel Administrators (NASPA), student affairs practitioners are people who provide services, programs, and resources that help students learn and grow outside of the classroom. Examples of people within this field include but are not limited to residence hall directors, health and disability services personnel, student activity boards, and Greek life.

Some have suggested that RAs do not have the proper training and support they need to assist students with HFA (Hart and Marinucci, 2009). By providing some form of training to RAs, a more streamlined and effective support system can be achieved for students with HFA. This training would most effectively be delivered by an office of disability services during RA training (Hart and Marinucci, 2009). By providing such training, RAs might feel more comfortable and confident in their ability to support students with HFA. The levels of comfort RAs have will range, however, continued support and training for their role will in all likelihood, lead to a more positive college experience for students with HFA.

Purpose of Study

The purpose of this study was to examine the perceptions of RAs concerning current practices for identifying and assisting HFA students who reside in the residence halls, including the training that is received. The results of this study may benefit student affairs practitioners, specifically residential life professionals, when developing RA training and preparing RAs for supporting their residents.

Research Questions

The following research questions were developed to guide this study:

1. What are the resident assistants' perceptions of their ability to recognize High Functioning Autistic students residing in the residence halls?

2. What are the resident assistants' perceptions of the training they receive concerning High Functioning Autistic students residing in the residence halls?

3. What are resident assistants' perceptions in negotiating a discussion with those they have identified with High Functioning Autism?

4. What are resident assistants' perceptions concerning the current process of referral to needed services including challenges that process presents?

Significance of Study

Though there is research supporting the challenges HFA students face in their transition to college, the role of the RA in that transition and throughout the college experience is limited in the research. This study seeks to provide more insight into the process of training RAs to identify and assist HFA students. An examination into the level of preparedness resident assistants feel they have is explored through this qualitative study. Furthermore, recommendations for future RA trainings are offered as a result of the study.

Limitations of Study

The first limitation of this study is that RA training is specific to each individual institution. This study focuses on RAs from one particular institution who have received one version of a training. RA trainings are specific to every institution, and some may provide more comprehensive trainings for working with students with Autism. As for this study, emphasis is placed on the training held at a particular, Midwestern institution, with limited focus on how these trainings are conducted elsewhere.

The second limitation is that students with Autism confront different challenges as they transition in and through college, specific to their institution and the level of support they receive. Though many of those challenges are universal, specifics to the institution, such as accessibility and disability services provided, are likely unique to an institution.

Third, the data collected is specific to the five resident assistants from one Midwestern institution selected for this study. Those expressions may be a result of previous experience, or lack thereof, with people with HFA students. Experience specific to the training they have received reflects that experience only, and does not generalize the experience for resident assistants as a whole. Even RAs with the same credentials, such as years of service, might express different levels of preparedness and knowledge.

The next limitation of this study is the maturity level and experience of the participants. Though all are RAs, each participant will represent a different level of experience through their position, as well as varying levels of personal maturity and comfort level approaching and interacting with students with disabilities, specifically HFA.

Definition of Terms

Autism Spectrum Disorder (ASD): According to the Center for Disease Control (cdc.gov, 2014), ASD is a developmental disease which causes the brain to work in ways that are not typical. Though this disorder does not have a specific cause, genetic background may be one indicator. Individuals with ASD do not visually look different, however the disease may cause challenges in communication, social interaction, learning, and behavior. This disorder can range from severe to not very severe.

High Functioning Autism (HFA): According to webmd.com (2013), high functioning Autism is at one end of the ASD Spectrum, with signs and symptoms being less noticeable than those with more severe forms of ASD. Individuals with high functioning Autism typically have average to above average intelligence, however, still face many social, behavioral, and communication challenges.

Resident Assistant (RA): According to Gentry, Harris, and Nowicki (2007), a RA is a trained student who works to create and maintain an environment conducive to personal and academic development in college. RAs do this by developing personal, specific relationships with their residents to gain a better understanding of their individual needs. Among other duties such as policy enforcement and programming, RAs are charged with taking an interest in others and the development of their community is the primary responsibility.

Student Affairs Practitioner: the National Association of Student Personnel Administrators (NASPA) defines student affairs practitioners as: People who

work in student affairs who provide services, programs, and resources that help

students learn and grow outside of the classroom. (NASPA.com, 2014)

Summary

ASD is complex, and causes many transitional challenges for students entering

and matriculating through college. ASD affects individuals ability to effectively

communicate, individual behavior, social encounters, and academic abilities. Many

resources are available on campus for students with ASD, however, those they are likely

to come in most frequent contact with is their RA. With the frequency of that contact

high, it is important that RAs have a solid understanding of what ASD is and how they

can most effectively support those students. However, training for RAs, although

extensive, does not always cover working with students with disabilities, particularly

Autism. This study seeks to examine the perceptions of RAs current practices for

identifying and assisting High Functioning Autistic students who reside in residence

halls, including training that is provided. Through interviews, it is the hope that

recommendations for future resident assistant trainings can be provided based on this

study.

Chapter II

Review of Literature

A review of literature was conducted in order to gain an understanding of Autism and its influence on college campuses in general and student affairs practitioners. This literature review focuses on four major topics: the definition of autism and the challenges it creates, the transition process for students with Autism, an overview of disability services on a college campus, and the role of resident assistants in working with students with Autism. The first section of this literature review focuses on specifically what Autism is, followed by the final three sections that explain how Autism affects a student college experience and the support and resources available.

Autism Explained

According to Ozonoff, South, and Miller, (2000), ASD is defined as an individual having impairment in their cognitive development. Such impairments can possibly lead to difficulties in verbal and nonverbal communication with others, their ability to learn, as well as difficulties in social settings. Hendricks and Wehman (2009), suggested that ASD is a lifelong developmental disorder, with severities ranging from mild to severe.

Hendricks and Wehman, (2009), stated that Autism is a disorder that can be identified in an individual at any age and that Autism is a disorder that has varying degrees of severity. The term Autism Spectrum is used to indicate the range of severity an individual might suffer from this disorder. For example, those who are identified as being high functioning on the spectrum have an easier time in social settings, are able to communicate more effectively, and are less likely to get upset or distraught with repetitive patterns. On the contrary, those with low functioning ASD do have more

trouble in social settings, are not able to communicate well, and are more easily obsessed with repetitive patterns. (Hendricks and Wehman, 2009).

Autism is becoming increasingly prevalent in today's society. According to Hendricks and Wehman (2009), there is an estimated 55,000-121,000 adolescents aged 15-19 with ASD in the United States. Though that number covers a wide range of people, it shows an increasing need for more awareness and support for those with ASD, especially those preparing to transition into college. Initially, ASD was a disorder that was recognized yet little was known about it. Because of the wide range that the spectrum covers, it was difficult to pinpoint exactly what ASD was and what caused it. According to the national agency Autism Speaks, researchers have been able to identify possible causes of the disorder with genetics being one of those factors. Changes in genetics or mutations are one possible cause of ASD. Other possible risks come from environmental factors such as increased age of parents at conception, as well as difficulties during the pregnancy. It is important to note that ASD does not have one specific cause, rather, a handful of risk factors that paired together, greatly increase the likelihood that someone will be diagnosed with ASD (autismspeaks.com, 2013).

The Autism spectrum is unique to the disorder in that individuals can identify at different levels of severity. According to Brown, Wolf, and Koessler (2014), some individuals function at a level where it is difficult to know that they have a disorder. They are able to communicate and have very high intellectual ability. On the other hand, many individuals have a very difficult time communicating, as well as being able to function without assistance from others, though their intellectual abilities might be very high. Brown, Wolf, and Koessler (2014) discussed that as an individual with ASD transitions

into college, their needs and abilities must be reevaluated all over again. It must be determined what types of assistance the individual might need so this assistance can be requested from the school. Level of ability in terms of academics must be established. Andreon and Durocher (2007) examined what the transition process looks like for those with higher functioning Autism. As those students are the ones most likely to attend college, Andreon and Durocher (2007) looked at what triggers might aggravate or disturb someone with ASD and create a negative environment for the individual. Some of those triggers might include a roommate situation, where the room is not kept neat and organized. Another might be a social setting, particularly in a residence hall community, where the noise level might be perceived as loud or the amount of people overwhelming.

Issues HFA students face suggest a need to not only train RA's, but for RAs to understand how to create an environment that is conducive to the success of students with ASD. Robertson and Ne'eaman (2008) studied the importance of creating a culture where students feel accepted for who they are, regardless of if they have disclosed their disorder to anyone in their college environment yet. Robertson and Ne'eman (2008) credited much of the awareness and willingness to understand to the increased focus and attention Autism awareness has received in society. One of the rising reasons for a heightened sense of awareness on campus comes from more awareness from the student population of how many students with Autism are applying and being admitted to their institutions. Because institutions are increasing the number of students with Autism on campus, talking with student populations about ASD assists in creating a better transition to college. As a result, they will seek to understand more fully what those implications are for students with Autism and have a higher sense of acceptance for those students.

Robertson and Ne'eman discussed that though there are many ways in which students,

staff, and faculty can assist students with Autism, the primary area of importance is the

overall acceptance and willingness to assist these students. Autistic students have the

ability to succeed at college; they just need assistance in ways that are more unique.

Robertson and Ne'eman stated that creating a collegiate environment where that

acceptance and assistance is provided willingly will help students with ASD be more

successful, as well as have a more impactful collegiate career.

College Transition for Students with Autism

Research indicates that individuals with high functioning Autism spectrum

disorders (ASD) have unique life challenges. This is especially true for students with

ASD who show interest in pursuing a college education. Adreon and Durocher (2007)

stated students with ASD face academic challenges such as understanding academic

content, organizational skills, time management, and general study skills. Unfortunately,

college faculty are rarely made aware of the students with ASD and their unique

struggles. Adreon and Durocher found that students with ASD often do not receive the

support and assistance they need for many reasons including but not limited to: having an

appropriate diagnosis or identification of the disorder, reluctance for disclosure from the

student, unawareness of not being able to recognize symptoms by the faculty, and

decreased interaction between the student and faculty. Additional factors may include the

size of the institution, housing accommodations, ability of the ASD students to live on

their own, level of comfort with disclosing their disorder, the ability to identify academic

and social support areas on campus, and the lack of strategies in place by the institution

to assist in the transition and development of the student.

VanBergeijk, Klin, and Volkmar (2008) suggested that the transition to collegiate life for students with ASD begins long before the start of a college academic year. The researchers recommended the Individualized Education Plan (IEP) as a transitional guide, developed during high school years, to assist students in determining future goals, career ambitions, and further educational plans. The Individuals with Disabilities Education Act (IDEA), which was mandated by the federal government in 1990, requires all school districts to provide and develop an IEP for students with disabilities, prior to the age of fourteen. The IEP helps determine whether or not the student is capable of obtaining a high school degree without having to continue in special education courses. If so, this plan allows the student to receive limited exposure to collegiate life, either by taking certain courses through community colleges or other vocational education systems, and help evaluate success rate and what support services will be most important to each individual student.

Along with this IEP assessment, VanBergeijk, Klin, and Volkmar (2008) suggested that the type of higher education students with ASD attend will impact their experience. Different sizes and types of institutions offer different levels of services, are able to provide more or less individualized service, and offer more or less support from their disability services office. Based on the IEP assessment, students will gain knowledge about different types of institutions and their level of services. For example, students who are seeking a social group of students similar to them who they can share experiences with might prefer a larger institution, where they will find a larger population of students who have a learning disability. However, students who find social settings

uncomfortable, such as those at larger institutions, may want a smaller institution where social settings are more manageable.

Students on the autism spectrum will respond differently to the outreach of student affairs professionals, some being receptive while others more hesitant. Lombardi, Gerdes, and Murray (2011) stressed the importance of student affairs professionals to better prepare for working with students with disabilities. Those professionals will be the ones offering support to students with disabilities, specifically ASD, and techniques for appropriately and effectively working with that population are critical.

In a study conducted by Lombardi, Gerdes, and Murray (2011), a theoretical model approach to better understanding students with disabilities was developed. This model suggests that in an assessment of college students with disabilities, there are three main topic areas where students in this population need support: individual action, postsecondary supports, and social supports. Individual actions refer to the personal advocacy students have for themselves, specifically their ability to seek out and utilize services provided. In this area, students with learning disabilities are encouraged to take ownership of their disability, but more importantly, over their experiences in life, specifically in college. The next area is postsecondary support. In this area, student affairs professional's roles are crucial. This stage refers to the services student affairs practitioners offer to students, and the methods they use in offering those services. These services can include but are not limited to disability services, student support services, and student activities. Also in this area, it is recommended that a strong focus on faculty teaching practices for students with learning disabilities be implemented. Students with ASD often find themselves in classes with peers without a learning disability. Lombardi,

Gerdes, and Murray (2008) suggested that it is critical for faculty to be aware of which learning disabilities students in their classes have and how the disability might be impacted by the instructors teaching style, and what the instructor needs to do to accommodate the student's disability. It is also important for faculty to offer outside of the classroom assistance for students with learning disabilities, such as additional time with assignments or exams, assistance processing material, or additional time for questions. This is beneficial because the student then has a more focused and quiet space for processing the information. The final area in this model is social supports. In this area, a strong focus is placed on family and peers and the support they are able to offer students with ASD. These are the individuals who the student will most likely rely on besides campus professionals, so having all support parties work collaboratively together will be more beneficial to the student.

Another important element in working with students with ASD is to work continuously to combat the associated stigmatization (Troiano, 2003). The stigmatization stems from both perceived and actual life experiences. In some situations, this stigmatization is used as a motivating factor, however, it can also be a resistance to success for these students. Although student affairs practitioners, faculty, and others may support students with learning disabilities, stigmatizations associated with these students persist from their peers. This can lead to feelings of low self-confidence, discouragement, and in many instances, allow their disability to control their experience and define them and the type of students they are, rather than simply being a hindrance or obstacle they work to overcome. This stigmatization often begins in early childhood for students with

ASD, and more often than not, follows them through their college years and beyond (Troiano, 2003).

Nevill and White (2011) studied college students' general openness towards their peers who are diagnosed with ASD. They found there is a significant difference between the openness of students who have a first-degree relative with ASD compared to students who do not. Furthermore, students who are in classes such as engineering and physical sciences do not show as much openness towards students with ASD as do their counterparts in other majors. Ironically, Nevill and White suggested that students in non-engineering and physical science majors typically share similarities of students with ASD. They recommend that student affairs practitioners increase their awareness and accommodations for students with ASD, and academic faculty work to decrease the gap between students with ASD and those without to mitigate the negative stigmatizations. In order for students with ASD to feel higher levels of confidence, motivation, and acceptance, Nevill and White suggested it is critical for the academic staff and faculty to provide an environment where students with ASD receive accommodations, such as studying and testing assistance, and help communicating with faculty. One way for this to be accomplished is to utilize the Campus Americans with Disabilities Act (ADA) offices, who can assist by offering transition programs for students with ASD before they arrive to campus (Nevill and White, 2011). Developing programs to increase student confidence, offer additional assistance or resources for students with High Functioning Autism, or creating environments where students with High Functioning Autism can talk about their disability and how it might affect them with others can also be helpful (Nevill and White, 2011). If students with ASD come into an environment where they feel

supported, encouraged, and accepted by faculty and staff of the institution, in addition to their peers, they will be successful and have a positive collegiate experience.

Brown, Wolf, and Koessler (2014) suggested that feeling supported also applies to the families of Autistic students. They stated that leading up to the collegiate years, families are the ones who are providing the primary care and support for individuals with Autism. Therefore, if those individuals feel supported and know their student will be supported, they have more confidence moving forward. The "helicopter parent" philosophy applies greatly to parents and families of students with Autism, as those individuals want to make sure their family member is given the best opportunities and is in the most conducive environment to be successful.

College is a transition for all involved, and this included families. When considering the support and assistance those with Autism need, that transition becomes that much more challenging. The important task student affairs practitioners and faculty face to make this transition a positive experience is vital in the success of students, particularly students with Autism.

Disability Services

When creating a campus environment that is accommodating for students with disabilities, particularly Autism Spectrum Disorder, it is important for student affairs practitioners as well as faculty to recognize what services these students need and how to implement them effectively. According to Rath and Royer (2002), there are two specific approaches to working with students with disabilities on campus. The approach is working with students to improve their study skills and other academic related techniques so that they feel equipped to handle classroom stresses and challenges. The other

approach is to change the educational environment so that students are in a setting more conducive to academic success, by providing resources such as academic visas, testing accommodations, or reading and note taking tools for students to gain the knowledge presented in the classroom. The primary reason behind these approaches is to assist student affairs practitioners and faculty in creating a learning environment where students with disabilities can succeed. Furthermore, Rath and Royer suggested that there are six primary categories of support for students with disabilities. Those six include assistive technologies and programs, programming modifications, therapy and counseling, strategy training, direct academic support, and interventions to assist improve academic weaknesses. Assistive technologies and programs refer to offering additional support for students with disabilities through programs that provide helpful tips and advice for navigating their collegiate life, as well as offering ways for students to become more acclimated to their college setting through technology and online resources. Programming modifications refers to making adaptations to certain programs, both academic and student services, so that students with disabilities can get the most from them. Therapy and counseling simply suggests having people available who can talk with students as they manage their collegiate career, and help them work through challenges they might face. Strategy training involves faculty and staff developing ways where they can effectively reach out to and support students with disabilities. Direct academic support refers to the faculty specifically reaching out and assisting students in a one on one settings so they can effectively succeed in the classroom. Finally, individual academic interventions involve the faculty and staff working with students to improve

their individual study skills and how the student goes about their academics so they can better be prepared and be more effective in the classroom.

Shaw and Dukes (2001) provided information for developing, implementing, and executing programs and services for students with disabilities. These services cover areas ranging from collaborating and working with other offices, working closely with faculty and staff in order to increase their awareness, academic adjustments and individual interventions with students, counseling and advocacy for students' improvements to policies and procedures for students with disabilities, programming development, and training and professional development for faculty and staff. The recommendations from Shaw and Dukes, as well as Rath and Royer (2002) suggested a critical need for not only collaboration among offices around campus, but also intentional and supportive faculty and staff who are willing to work with students in a one on one setting, to help them identify strengths and areas for improvement in their academic life and how they can go about working on those, while at the same time seeking out the available resources.

Disability services on campus offer resources for students to have a more successful collegiate career, however, those offices need to be accessible for students. Marshak, Van Wieren, Ferrell, Swiss and Dugan (2010) discussed the barriers to college students in attempting to access these services and accommodations. Their qualitative research involved interviewing sixteen college students who have disclosed a disability to identify barriers in their collegiate experience. From the research, five key categories were identified as major barriers. The first is identity issues, where the students have difficulty coming to terms with their disability or an understanding of what that means or the limitations it might present. Second is the desire to avoid a negative social reaction.

This suggests the student might have some insecurities associated with their disability, and feel that if they disclose it to someone, they will be met with ridicule or other negative social reactions. Third is insufficient knowledge. This refers to the lack of full understanding of what the disability is and what the implications are associated with that disability. Fourth, there is a perception that the quality and usefulness of the office is not sufficient to the needs of the student. Students might feel that there is nothing the office can do for them to assist in their experience, or they do not feel they are in a position where they need the assistance. Finally, negative experiences with faculty can act as a barrier to the use of disability services. Marshak, et al., (2010) suggested the need for collaboration in training and practice between faculty and staff in order to ensure a seamless transition to and from life in the classroom and a consistent support offered from all of the institution's personnel.

Resident Assistant Role and Training

RAs, also known as resident advisors or community assistants, play an important role in the development of college students, including those with autism. According to Gentry, Harris, and Nowicki (2007), a RA is a student who oversees a number of residents in a college residence hall. RAs are those individuals who have the most direct contact with students, therefore, they are able to build relationships with them, understand issues the residents might struggle with and find ways to encourage that resident to seek the resources they may need. The most fundamental task of the RA position, however, is to create a welcoming environment for all residents. This is done by the RA taking time to interact and develop a relationship with each individual resident, and work to best understand what resources that student might need. Creating and

maintaining an environment where student development is encouraged, through individual and group interactions, helps best serve students (Gentry, et. al, 2007).

Andreon and Durocher (2007) stated students with autism often find social settings challenging, especially those settings where they are living with or nearby many of their peers. RA's are trained on a variety of topics to help with the creation and implementation of a successful community. As outlined by a comparable institution's RA Training manual, RA's receive training from campus offices such as Campus Programming and Relations, the Student Recreation Center, Dining Services, Health Services, the Counseling Center, and many more. However, one office that may not present during RA Training is the Office of Disability Services. RA's receive training on topics such as how to mediate roommate conflicts, intervene and assist in crisis situations, working with students who might be homesick, among other examples. However, RA's are not trained on working with students who are on the Autism Spectrum or who have a disability in general. Challenges this presents include not fully understanding what resources these students could benefit from identifying struggles these students face both academically and socially, or knowing the signs that a student might be struggling in a particular area of their college life.

According to Hart and Marinucci (2009), working with students with Autism is a responsibility that falls on those working within an office of disability services, but also those throughout student affairs. Hart and Marinucci emphasized educating all residents of what Autism is and challenges those students face. This task can be done in a variety of ways, however, resident assistants can create informational bulletin boards, develop community programming where there is information presented on Autism and other

disabilities, and educate students on what they can do to support their peers with Autism so that everyone can work to create an inclusive environment. Hart and Marinucci stated that through awareness and acceptance, all students will have a better sense of what Autism is, and how those students face very similar challenges as any other student. Hart and Marinucci (2009) discussed how the Office of Disability Services is best equipped to handle or disseminate the training to other practitioners, including resident assistants, as they are the ones most knowledgeable and capable of providing adequate training on this topic.

Another major topic related to students with Autism and the RA's role is whether RA's should be notified, either by an office of disability services or by a residence life office, if a student with Autism is living on their floor. On one hand, those students who are higher functioning may not noticeably have difficulties because their disability may not be as evident and they progress through college needing little to no support. Therefore, the RA may not need to be notified. However, on the other hand, students who do need more support, such as a private room, academic referrals, or other resources, might not be willing to disclose that information to their RA. According to VanBergijk, Klin, and Volkmar (2011), resident assistants should be notified when a student with Autism is living on their floor, so they can be a resource for that student. They advise that RA's have the most frequent contact with students, and therefore, might be able to detect signs when an Autistic student is struggling, feeling depressed, or is having a difficult time socializing. If the RA knows a student with Autism is living on their floor, they might be able to detect heightened states of anxiety or potential crisis situations before they arise.

Though there is an argument for the need to notify RA's of a student with Autism living in their community, many believe that is not appropriate. Griffin (2014), stated that though there are uses for RA's being alerted ahead of time, he sees it as being more impactful to the student and the RA if the student chooses to disclose that information. Griffin (2014) stated that students have the option of disclosing to the university if they have a disability or not. Though he suggests that disclosure so the student can get the support they need, he understands that disclosing is not something every student wishes to do. Therefore, he sees it as the responsibility of the student to disclose that information to the university and also the RA. He also stated that this is done in an effort to respect the student' s privacy, as they may not wish their RA to know. Griffin (2014) said though The Department of Residence Life does not currently have a section in training for working with students with disabilities, he does suggest and provide information to RA's if they come into the office and ask for support or information to support their residents.

Regardless of whether or not residence life professionals notify their RA's if they have a student with Autism living in their community, Hart and Marinucci (2009) stressed the importance of collaboration among student affairs practitioners. As previously mentioned, being able to fully support students with Autism is a responsibility of all student affairs practitioners, including RA's. Therefore, the need to collaborate and work together within student affairs is vital to making sure these students see a unified effort and feel comfortable approaching anyone within student affairs for support. Hart and Marinucci (2009) suggest collaborative trainings from those within disability services to others around campus, specifically RA's, will help to not only bring awareness to the Office of Disability Services, but also create a division of student affairs where students

with Autism are able to get support wherever they are on campus, and within their living

community, feel like they are an important and valued member of the community.

Resident assistants work to ensure that every student has that valued feeling.

Summary

In Chapter II, literature was reviewed to gain a better understanding of the

experience students with HFA face as they transition into college. The literature review

covers the definition of Autism and HFA and the challenges the disorder presents, the

transition process for students with Autism, and overview of disability services on a

collegiate campus, and the role of RAs in working with students with Autism.

Chapter III

Methodology

The focus of the research is to study the perceptions of RAs in regards to current practices for identifying and assisting HFA students who reside in the residence halls, including the training they receive. Qualitative interviews were conducted to obtain the perceptions of RAs and are based off of the research questions:

1. What are the resident assistants' perceptions of their ability to recognize High Functioning Autistic students residing in the residence halls?

2. What are the resident assistants' perceptions of the training they receive concerning High Functioning Autistic students residing in the residence halls?

3. What are resident assistants' perceptions in negotiating a discussion with those they have identified with High Functioning Autistic issues?

4. What are resident assistants' perceptions concerning the current process of referral to needed services including challenges that process presents?

5. What are the perceptions of how High Functioning Autistic students' issues are managed overall in the residence halls?

Design of the Study

The primary focus of the current study is to analyze the perceptions of RAs as it applies to identifying and assisting students with HFA, as well as the training RAs receive to best support students with HFA. The participants interviewed for this study were from a mid-sized Midwestern University holding the RA position during the Spring 2015 semester.

This current study utilized a qualitative approach. Qualitative research is conducted by having face-to-face interviews with a specific group participants, or participant, in order to collect information about a particular topic or subject area, necessary for the study (Schensul, 2012). Qualitative research is often used to improve services, develop interventions, analyze possible affects of certain policies, and when looking into the unknown (Schensul, 2012).

Participants

For this study, criterion sampling was used to determine who would be interviewed. The criteria was be based on number of years as an RA, type of building the individual is an RA in, and the gender breakdown of the community in which the RA serves. Associate Resident Directors and Resident Directors within the Department of Housing and Dining Services at this university were be contacted by the researcher asking for information about RAs that apply to the criteria listed above. From those individuals identified, the researcher contacted five RAs who not only met the criteria, but also provided a diverse background within residence life such as the type of community and level of experience with High functioning Autism, ranging from no experience to some experience. The Associate Director of Housing at the research site was contacted to discuss the potential breakdown of RAs, as well as provided insight into communities that might have a student with ASD in their community. This was done in order to effectively identify individuals who represent the overall demographic of students residing the residence halls at the research institution.

Participant 1: Participant 1 is a white female RA who currently is responsible for a floor of approximately 50 women. Participant 1 is a third year student and first year RA. To

Participant 1's knowledge, she does not currently have a resident who identifies with HFA, however, does have a background in Special Education through her academic background.

Participant 2: Participant 2 is a white female, a third year student, and second year RA who currently has a floor of approximately 40 residents, both male and female. Participant 2 has experience interacting with residents in her community as well as other students who identity as having HFA. Participant 2 also has a background in Special Education through her academic background as an Education major.

Participant 3: Participant 3 is a white female, a fourth year student, and third year RA, overseeing a community of approximately 35 students, both male and female. Participant 3 is an education major with a focus in Special Education, and has experience with multiple residents from her time as a RA who identify as HFA.

Participant 4: Participant 4 is a white male, a fourth year student, and a third year RA responsible for a community of approximately 50 all male students. Participant 4 shared experiences with individuals with HFA outside of his collegiate experience through personal work experience. He also was able to identify multiple residents from his time as a RA who he believes are HFA.

Participant 5: Participant 5 is a white male, a second year student, and first year RA, who currently oversees a community of approximately 50 males. Participant 5 shared that he does have some experience with a Special Education course, however, displayed and explained a very limited understanding of HFA and experience with individuals with HFA. Participant 5 requested a definition of HFA, and upon receiving that, was able to identify two students from his current community who he believes are HFA.

Research Site

The research site for this study is a mid-sized, Midwestern University with a current enrollment of over 8,000 students. This university has a 1:15 faculty to student ratio, and a graduate rate of 59%. There are 47 undergraduate degree programs, 27 graduate degree programs, and seven post-baccalaureate programs. Students at this institution are required to live on campus for their first year, unless otherwise exempted by the Housing Department.

Data Collection

After identifying five RAs, interviews were conducted to gain their perspective on identifying and assisting students who are HFA. Interviews lasted approximately 30 minutes each, and were audio recorded. Interviews were transcribed and then coded to seek accuracy, commonalities, and differences amongst respondents.

Upon agreeing to participate, all participants were asked to sign an informed consent form, stating they understood the risks, benefits, purpose, and background of the study, along with their rights as a participant in the study. To ensure accuracy, all interviews were audio and video recorded by the researcher in a confidential location on the research institution campus.

Treatment of Data

Upon completing the interviews, they were transcribed and coded to find themes among responses. All participants were listed as "Participant #", reflected of the number of interview they were. Upon transcribing all interviews, the coding process consisted of identifying critical information provided by each participant, identifying themes based on that information, then relating those comments to one of the four initial research

questions. The final phase consisted of developing conclusions about the data,

significance of that data, and recommendations moving forward based on the data. All

audio and visual recordings, as well as transcriptions will be kept by the researcher on a

password-protected, personal computer for a minimum of three years before being

destroyed.

Chapter IV

Results

Chapter 4 will discuss the results of the five qualitative interviews of current

Resident Assistants at the research location, in regard to their levels of awareness of High

Functioning Autistic students, their perceptions of the training they receive, and their

ability and support they feel to successfully refer a student to Disability Services. The

results of the research interviews were collected and analyzed. The analyzed data was

then categorized into themes that support each of the four research questions.

Research Question 1: What are the resident assistants' perceptions of their ability to

recognize High Functioning Autistic students residing in the residence halls?

When analyzing the responses in regards to the ability to identify those students

with HFA, it was determined that there are varying levels of awareness of what HFA is. It

was determined that the resident assistants interviewed had anywhere from no ability to

recognize someone with HFA, to having some previous experience with those

individuals, to having significant experience and ability to identify someone with HFA.

No Previous Experience with HFA Individuals

Participant 5 specifically referenced his lack of knowledge and ability to

recognize someone with HFA. Concerning his skills to recognize HFA, he stated,

"Personally, I do not think they are good". "I clearly didn't know what it was", when

asked if he had any had any knowledge of HFA. It is important to point out that prior to

and at the beginning of the interview with Participant 5, the interviewer and interviewee

discussed what HFA was. After being provided a brief description by the interviewer,

Participant 5 stated that, "I have two residents who I think might have it", when asked if

he was aware of any residents in his community who might be identified as HFA.

Some Experience with HFA Individuals

When conducting the research interviews, it was concluded that some of the

participants did, in fact, have some experience with individuals who they presume have

HFA. It is important to note that in some of these situations, it is not confirmed whether

or not the residents do have HFA. It is only presumed by each participant based on their

previous knowledge or definition provided by the interviewer of the typical symptoms or

cues associated with HFA. Of the participants interviewed, many of them were able to

identify certain characteristics that might be associated with someone with HFA. For

example, some of the participants discussed the social struggles that individuals with

HFA might possess. Participant 1 stated, "You can kind of see some things there socially,

but I don't want to put a label on them without there being something there or just

making assumptions". Participant 4 also referred to having some experience with

individuals with HFA. Participant 4 stated that, "those with HFA tend to be socially

awkward and don't like to intermingle as much with others". "Those with HFA might be

self-conscious because they know they have a disability", followed by "some of the

social awkwardness might be because they are trying to be too careful not to do

something outside of the social norms". Participant 4 described someone with HFA as,

"at times unable to do basic tasks, however, extremely talented in some areas". After

discussing with Participant 5 what exactly HFA was, he was then able to share that he

had 2 residents who specifically came to mind. Participant 5 shared about one of those

individuals, "There is not very much socially. He goes to floor meetings but he just

stands in the corner and keeps his head down and looks up a little". Participant 5

continued, "I've noticed when he talks, he is always holding something. It is a distraction

and that is how I have seen it. It gives him something else to do or think about while he is

talking to me". Participant 5 summarized his experiences with residents he believes to

have HFA by saying, "they just don't connect like others do".

Significant Previous Experience with HFA Individuals

The third level of awareness is in regards to resident assistants who have

significant experience recognizing and working with individuals with HFA. Participants

2 and 3 shared that they have had significant experience with individuals with HFA,

either with residents or those they have interacted with through their education. It is

important to note that both Participant 2 and 3 are currently studying either Special

Education or Elementary Education with a focus in Special Education. Participant 2

stated, "I have a lot of experiences with people who have Autism. They tend to focus on

one thing a lot of times, and the areas that are mostly affected are social". Participant 2

goes on to say, "Those with HFA don't adjust well to schedule changes or things along

those lines".

According to Participant 2:

> They are incredibly intelligent in some areas, and in others maybe not. Academics
>
> are up there and they are perfectly fine with that, but the social part, going to
>
> programs, going to functions, living in a suite style room, is really difficult for
>
> them. They don't know how to communicate their needs to anyone because they
>
> don't see it as worthy enough. They see the academics and the importance of that,

but sometimes the social isn't there so they don't know how to translate those

needs because they might not relate to academic needs.

Participant 3 also explained how she has extensive experience working with students with

HFA. Participant 3 stated, "I think there are certain cues there, such as social aspects and

I think there are things you can pick up on just by having conversations with residents".

Participant 3 detailed struggles that one of her residents particularly faces. Participant 3

said, "She doesn't like big groups or really loud noises". "Students with Autism might

not like being touched".

Participant 3 stated:

> I had a resident who had HFA. He was very, very quiet and very secluded in his
>
> room and when I would try and talk to him, sometimes he would answer me, but
>
> most of the time, he would just keep his head down.

> As outlined above, the participants had varying degrees of experience and

personal ability to recognize those with HFA. It is important to note that though all of the

participants were able to in some way explain some characteristics of individuals with

HFA, a majority of those experiences are based on those individuals the participants

presume have HFA based on their definition and experience.

Research Question 2: What are the resident assistants' perceptions of the training they receive concerning High Functioning Autistic students residing in the residence halls?

Perceptions of Current RA Training Concerning HFA Students

When looking at the results from the interview questions focusing on resident

assistant perceptions of the training they receive concerning HFA students, it was

determined that regardless of previous experiences, none of the participants thought they received sufficient preparation through RA training. This lack of training the participants allude to in their responses is shown through their knowledge of the disorder, the lack of ability to recognize it, as well as not necessarily knowing the proper steps to take to best serve HFA students.

In regards to RAs experience with training, the consensus was that it was not discussed during training. Participant 1 stated, "We don't have a lot of training on it, so I don't necessarily know the best way to identify it", when referring to HFA. Furthermore, when referring to the ability to identify based on training, Participant 1 said, "I don't necessarily think we have the materials provided for us to be able to pick up on things like that". Participant 1 suggested that because of this lack of training, we might be doing a disservice to these students by treating them differently. Participant 1 said, "I don't necessarily think we point out specifics and talk about how to cater to these students without making them feel uncomfortable or like we are placing them in this bubble and treating them differently".

Participant 2 suggested that, "There really is no training", when asked about their perceptions of the training they receive for students with HFA. Participant 2 goes on to say, "I don't believe we cover any portion of the disability spectrum at all". Participant 3 continued, "They [Housing] never really cover any disabilities, including HFA, and we don't have Disability Services come in and talk about it". According to Participant 3, she is "able to identify these students a little better because of her schooling, but not so much from RA training". Participant 4, a three year RA, stated, "From my three years of training, I cannot recall anything specific on Autism." Finally, Participant 5 stated, "I

don't remember how to handle an Autistic resident. It was a while ago, but even if it was brought up, it says something about why it didn't stand out. I think it is something that should stand out".

Though all participants had varying answers in regards to training, the common theme is that none referenced their experience in RA training as benefiting them in their position or feeling like they are equipped to identify and assist HFA students. Furthermore, none of the participants reference any specific example or recollection of covering HFA or other disabilities in the training process.

Benefits of Adding High Functioning Autism Training

Though all the participants suggested they did not receive any training on HFA students, some did mention they have experience being able to identify them, however, it was unanimous that adding some sort of training would be beneficial in trying to identify, assist, or simply be aware of what HFA is, as they shared they do not receive this from RA training. Participant 2 shared the following when referring to entering a situation with a student with HFA, "It's really difficult going into a situation knowing I have a resident with Autism because you really don't know how they'll react to all the different changes or those interactions".

Participant 1 detailed why RA's think they need this training included:

I think it would be helpful if we did have training like that because we're responsible for residents on the floor, and socially, we're supposed to be there to build that community and make sure everyone feels comfortable. So if we had training like that, we could help cater to their needs.

Participant 1 continued:

Especially because they might not be able to communicate to us what they need and what they want, it would be nice to have that background knowledge. It would be helpful to know some cues and some symptoms just so we can pick up on it, and how to communicate with them.

Participant 3 took a different approach when considering the importance of providing training on HFA students for RA's. She spoke to the experience of RA's who might not have previous experience with anyone with HFA by saying, "I think it would be really difficult for them [RAs] to have a resident when they have never really been taught anything during training". Participant 3 reflected on her previous experience as a returning RA by stating, "I know this probably happened a lot more and that was something I really struggled with", when referring to identifying and then trying to assist a HFA student with no prior training.

Participant 5 summarized:

The goal of the RA is to make sure everyone feels comfortable, so if you can at least point out the signs, you would be able to have an understanding on how to accommodate those individuals and help in building a community and helping everyone feel comfortable.

The participants in some way reflected the importance of making residents feel comfortable and welcomed in their living community. The lack of training they suggested seems to imply that they are hindered in their job performance, as they are not able to most effectively work with a potential population in their community.

Ideas for Future RA Trainings

During the interviews, some of the participants explained what they would find beneficial in the training process. Though the comments provided do not discuss tangible training session examples, the comments do reflect specific training topics in regards to HFA students that as RA's, they would find beneficial. The comments range from simply explaining what HFA and different disabilities are, to how to begin and have conversations with these students, and finally to general comments about how to possibly implement these ideas.

Two participants explained that having someone discuss what certain disabilities are, specifically HFA, that would be very helpful and give the RA's a knowledge base and understanding to work off of. Participant 5 said, "I think even a half hour segment on it would be good, just to let people know what it is". Participant 3 stated, "I think it might be good if someone could come in and talk, even just explaining some disabilities and some symptoms and maybe just giving us some basic training".

Of all the comments referring to training and topics that would be beneficial, one topic discussed revolved around beginning and having constructive conversations with HFA students. Participant 2 supported this by stating, "Training on how to start conversations with them and make them feel comfortable and do things that will encourage them to participate in the social aspect of everything; that would be really helpful". Participant 2 said, "If we could help RA's field those conversations so we can work to create a safer environment for those students to live in, that would be beneficial for everyone".

Some participants discussed particular ways in which some of these topics could be integrated into the training process. Participants 3 and 5 were the most vocal when

describing ways to incorporate these topics into training. For example, Participant 3 said, "I think it would be helpful to have training videos or some sort of scenario for how to deal with these residents". She went on to say that there are ways to build on training in the future, saying, "When you have prime examples of an RA saying that they had a resident last year with HFA and here is how they handled it, as well as here is how I could handle it this year".

Participant 5 showed more of an interest in gaining knowledge from individuals who work primarily with students with disabilities, stating:

> I think it's always good to just hear it from the members that work in that office [Disability Services]. I feel that if we get information from them, I feel that the institution and the department [Housing], Housing and dining and everyone collectively agrees that this is an important enough topic.

> Collectively, the five participants all shared similar views regarding the lack of training they feel they receive as RA's. Though their experiences and their desired training might vary, all suggested that it was an important topic that requires some level of training so they can most effectively do their jobs.

> When developing RA training, the participants suggested that it would be important to incorporate some level of disability or HFA training. However, this suggests that there is a lack of communication or connection between the Housing Office and the Disability Services Office. Though this training is developed by Housing for the RA staff, it was suggested that Disability Services can contact Housing and ask to be included in training.

Research Question 3: What are resident assistants' perceptions in negotiating a discussion with those they have identified with High Functioning Autistic issues?

Based on interview responses from the participants, there were common themes that developed when discussing conversations had with HFA students. The following data reflects those themes while breaking comments down into conversational patterns and reactions to those conversations.

Conversational Patterns

When further examining conversational patterns, two distinct themes developed: patterns of the resident assistants in how they talk to HFA students and patterns from HFA students from those conversations. Participant 1 was very self-aware when reflecting on how she communicates with HFA students. She stated that, "I don't want to be talking to them any differently than anyone else. They are not a child who doesn't comprehend".

She continued:

> I feel like I joke around with them more often and try to ease the tension. I don't
>
> necessarily have the seriousness with it, and I feel bad. That's not something I
>
> should do, but it's definitely something I have noticed in the past.

When looking at how HFA students respond in those conversations, Participant 2 shared, "He would come with a question but not know how to phrase it and wasn't able to get past the 'this is weird for me and I don't like being in your room' phase". Participant 5 described reactions that they notice by saying that, "there is no eye contact in those conversations" or "I don't feel like there is any closure with the conversations". The

experiences shared by participants 1, 2, and 5 are representative of conversations they have had with residents who they suspect or aware of have HFA.

Conversational Reactions

After conversations with HFA residents occur, RA's find themselves experiencing a variety of reactions, ranging from emotional reactions to questions about their personal job performance.

Emotions

When discussing the emotions RAs experience as a result of these conversations, it was determined that there is a range from participant to participant. For example, Participant 2 stated, "It makes me really happy and excited to work with that person again, because once you have an interaction with someone with Autism, you gain a better understanding for how to work with that person".

Participant 2 explained that by having those interactions, it positively impacts that resident as well, "It's huge. It means that somebody is in their corner and somebody cares and someone is not going to make fun of them for their disability". However, Participant 4 explained a different reaction to those conversations, stating, "It's always tough to see people struggle, academically or socially." Participant 4 continued, "It hits you hard because one of your main goals as an RA is to create a community that everyone is comfortable in." He concluded that as a result of some of those difficult interactions, it feels like as an RA, he is not creating that community for that student.

Job Performance

Of the comments shared by the participants about their reaction to conversations with HFA students, a theme regarding a reflection on job performance arose. Many

comments shared by the participants represented feelings of not effectively doing their job or wishing they could have done more to support a particular student with HFA. Participant 3 stated, "I think of it as one of my failures as an RA, just because I wasn't able to reach out to him as well", when referring to a student in her community with HFA. Participant 3 continued by saying, "I wish I could have done more, or gone out and found on my own some articles or talk to a professor I have in the Special Education Department". Participant 4 expressed similar sentiments by stating, "It makes you wonder what you can do to not let that happen again", when discussing the support they didn't feel they provided a student with HFA in their community.

Participant 5 summarized his reactions to those interactions by saying:

> It makes me feel like I'm not doing my job very well. I am supposed to make everyone else feel comfortable and if I can't be comfortable talking to my residents, I can't expect them to be comfortable talking to me or anyone else.

Research Question 4: What are resident assistants' perceptions concerning the current process of referral to needed services including challenges that process presents?

Due to the lack of training the participants suggested they have to identify and assist HFA students, there is also uncertainty about the specific referral process to Disability Services. After analyzing the data in respect to this topic, three themes emerged: The theoretical referral process, the unknowns of the referral process, and the reservations of the referral process.

Theoretical Process

Because there has been no formal training for the referral process to Disability Services, the five research participants described the theoretical process they would take to best assist HFA students. Each of the five participants described how they would proceed if they had a resident who they presumed or were informed had a disability. The variety of responses show there is a lack of consistency in how to handle this situation.

Participant 1 shared the following about how she would proceed with the referral process:

I feel like if a student came to talk to me, I would say, 'hey, you know there is an Office of Disability Services and you can go talk to them to figure out a way for them to provide you with ways for taking notes in class or to help you succeed in class.

Participant 2 stated, "I think I would go to my director about it and tell them there is an individual and here is what I am seeing, then ask them who I would get involved". Participant 3 took a different approach, suggesting that they would go on the research institution website and type in the search bar, 'Disability Services', and go from there. Participant 3 also stated that they would walk with the resident to that office. Participant 4 stated, "I would have to look it up (referring to the referral process), but my plan was to always look it up on the research institution website and go from there".

Participant 4 further added:

I would let my director know just so they do know there is somebody on my floor with HFA so we can keep an eye on them academically and to make sure that he is being as successful of a student as possible.

Participant 5 took this approach by stating, "I would definitely go talk to my directors first and see what they would say".

Based on these responses, none would be an incorrect plan, however, based on the variety of answers, there is a clear inconsistency in what the appropriate and expected process should look like.

Unknowns of the Referral Process

Of the participants interviewed, three of them shared they did not know the referral process

Participant 1 stated the following:

I kind of wish I knew more about what they [Disability Services] did, because I really don't. I feel like it is something we just throw out there that is available for students, but I think they offer more than we realize, so I wish we had more knowledge.

Participant 3 stated, "We really didn't learn anything about it in training because Disability Services didn't come in", when referring to the referral process. Finally, Participant 5 noted, "I don't know 100% what the correct steps would be", when asked about how he would go about referring a student to Disability Services.

Reservations about the Referral Process

When discussing the referral process with each of the participants, a question was asked to see if any of the participants had reservations about the process in general. All of the responses were as a result of not having enough information about the Office of Disability Services. Participant 1 supported this by stating:

> I feel like it [Disability Services] is just some office on campus that I don't know
>
> a whole lot about and I feel like if I was more knowledgeable on it, I might be
>
> more comfortable talking about it if people came to me.

When asked about specific reservations about the referral process, Participant 2 stated no specific reservations, but rather, "I don't think we know anything about it", referring to Disability Services. Finally, Participant 5 shared an interesting perspective. He stated, "I don't really know how it works so going about it the wrong way is a reservation. But since I don't know how it works, I guess I don't have discomforts with it now."

Though all of the participants in some way or another had a solution when asked how to refer a student, there was many discrepancies in those solutions. Furthermore, there were a lot of unknown elements in terms of how to refer and what specifically the Office of Disability Services does.

Support Resident Assistants Feel from Department and Supervisor(s)

One theme that did not stem from a specific research question was that of support resident assistants feel from their supervisor(s) and the Department of Housing and Dining Services. When discussing this topic with RA's, there was a unanimous feeling of support RA's felt from those who supervise them, regardless of the lack of training or lack of clarity they expressed earlier in the interview. Participant 2 shared:

> I don't feel like we get sufficient training, but we do get the support. I feel like
>
> Housing takes the approach of making sure we follow policy as much as we can,
>
> but they are here if we stray from that path and to make sure we are okay. It is that
>
> kind of support that makes me feel comfortable because my director cares about

my residents just as much as I do. Having that backup and extra information that

can help me work with my residents on a more individual basis is helpful.

Participant 3 shared a different expression, stating:

I feel like Housing does mean well and I feel like they would back me up, I just

feel like this year, I did not get the support I needed to help a particular resident. I

really do feel like Housing has our best interest and would try to help me out as

much as possible.

Participant 4 reflected on his three years as an RA by saying:

I have had six different supervisors in three years now as an RA and I don't think

any of them would be a negative influence on me and they would be completely

helpful and supportive and they would know exactly what to do. They would

make sure I knew what to do and that I was getting the support I needed.

Finally, Participant 5 stated:

They would support me as much as they can. Whether or not they know a whole

lot either is kind of up in the air. I don't know if they know much more than I

currently do, but as far as supporting what I am doing, definitely.

These responses vary slightly in terms of the level of confidence the participants

have in their supervisors or if they feel they would get the information they need from

their supervisors, however, there is consistency in that feeling of support and

encouragement for the RA's from those individuals.

Conclusion

The five research participants all offered unique examples, experiences, and

reactions to the research questions. However, pertaining to identifying, training, and

referral, there were variations among the individuals, there were common themes of not having sufficient training to identify and assist HFA students, uncertainty about the referral process, and a general feeling of support from the Housing and Dining Department and specific supervisors.

Chapter V

Discussion, Recommendations, and Conclusion

The current study sought to understand current RA perceptions of the training and preparation they receive to identify and assist HFA students in their living community by using a qualitative research approach, consisting of interviews and data collection from five individual interviews of current RAs. Those interviews focused on RAs current understanding of HFA, their perceptions of the training they receive on HFA students, interactions they have had with students who have HFA, and their understanding and comfort level with the referral process to The Office of Disability Services. Though every participant had individual experiences, many themes arose based on the data. Implications for student affairs practitioners and recommendations for future research will also be discussed.

Discussion

Symptoms of HFA and RAs Ability to Recognize. Individuals with HFA face a variety of different challenges, specifically those individuals who enroll in higher education. While many students with HFA might have a high level of academic success in college, certain triggers might cause them stress or anxiety about the holistic collegiate experience. Andreon and Durocher (2007) discussed that some of those triggers include large social settings, where there is a high number of people or excessively loud noises. Other triggers might include difficulty getting along with a roommate, poor eye contact and social cues, or being standoffish towards others in the community.

Research interviews conducted support the literature review, as the participants shared examples of students in their community or they have known who, despite not

always disclosing they have HFA, express some of those similar sentiments. Many of the participants described residents who have difficulty connecting with other students in the community, who avoid large scale floor meetings or programs, or who avoid contact with the RA or others on the floor because of the awkwardness of those interactions. The participants described that many of the HFA residents thrived academically, however, these same students had difficulty connecting outside of the classroom. Furthermore, others on the floor have difficulty connecting with that individual because they are "weird" or they are not aware that the student might have a disability. Participant 4 stated, "those with HFA might be socially awkward and don't like to intermingle as much with others." It is a challenging situation for all involved, especially the individual who might have HFA, as disclosing could potentially present more difficulties or emotions.

Students with HFA, or who display HFA symptoms, have a variety of challenges that they face as they navigate the collegiate environment. Though each experience is unique to the individual, RAs and others in the community tend to display the ability to identify someone who is HFA.

RA Training on HFA. Andreon and Durocher (2007) discussed in general the goal of a RA in their particular community. They described that person as someone who sets out to make each of their residents feel comfortable and welcomed in the community. They do this by identifying safety risks on communities, strategic programming, and through personal interactions with each resident. Andreon and Durocher (2007) further stated that RAs go through extensive training each year, interacting with representatives from a variety of campus offices to discuss recourses, referral options, or other information that might be valuable to pass on to residents. Hart and Marinucci (2009)

explained how it is the responsibility of all Student Affairs practitioners to help identify and assist students with HFA, without outing them, and make sure they have the resources necessary to succeed in college. That being said, most research indicated that little to no training on students with disabilities or knowledge of a disability services office exists on many campuses. The same goes for the research site.

The research participants unanimously indicated that students with disabilities, particularly students with HFA, is lacking from their current RA training. The participants described how they are able to identify students with HFA in their community, however, without training, are not able to best know how to further assist those students. Some of the participants also described how prior to the interview, they did not feel comfortable or able to identify someone with HFA based on all the symptoms. Participant 1 stated, "I don't necessarily think we point out specifics and talk about how to cater to these students without making them feel uncomfortable or like we are placing them in this bubble and treating them differently." Some of the participants described how they, at times, feel as if they are not doing their job to the best of their ability or feel like they are failing these students because they don't necessarily feel like they are best equipped to assist those students, or how to proceed through some of those awkward interactions. Through the literature and interviews, it is clear that a more dedicated focus on working with students with disabilities in RA training is crucial to the overall success of residents and staff members alike.

Referral to Disability Services. Limited research is provided on the referral process to a disability services office, however, the research participants suggested frustration and uncertainty about the process at the research institution. Participant 1

stated, "I kind of wish I knew more about what they did, because I really don't. I feel like it is just something we throw out there that is available for students, but I think they offer more than we realize, so I wish we had more knowledge." All of the research participants detailed how they would handle a referral situation, and though there were some commonalities, each participant offered a different solution. However, of all the responses, each participant expressed concern over not knowing the specific process for referral to a disability services office.

Overall Support RAs Feel when Working with HFA Students. Many of the participants described how despite not feeling prepared to identify and assist students with HFA, they did feel a high level of support from their supervisor or from the department when working through these situations. Most of the participants described how if they approached their supervisor to discuss a resident they had concerns about, though that person might not know the exact steps to take, they would offer support for the RA as they assist them through that situation. Participant 2 shared, "I don't feel like we get sufficient training, but we do get the support." I think this is important to point out because though historically, training related to students with disabilities might be lacking, the department at the research site has done a good job of providing support for students and staff through these situations. That was encouraging data to find, and also presents opportunities for developmental conversations with those staff members. If that support can continue and be paired with a deeper understanding for students with HFA and the resources available, a better service can be provided to those individuals.

Implications for Housing and Residence Life Administrators

Based on participant responses, as well as current literature, information pertinent to housing and residence life administrators arose.

1. The transition to college for persons with HFA is difficult. It is important to reach out and be equipped with the resources and information to assist those students as effectively as possible.

2. It is important to equip staff, either student or professional, with the tools to effectively identify and assist persons with HFA, as that is an increasing population on campus.

3. Students with HFA need to be met where they are, based on their comfort level. It is important to try and understand each person individually so that we can most effectively work with and assist that person.

4. Student and professional staff we work with also need support and positive reinforcement for the work they do with all students, especially HFA. It can often be difficult to assist a HFA person, or it might require that staff member to spend substantial extra time and effort. Those efforts need to be validated and appreciated so that person continues to feel encouraged to best serve that student.

5. It is critical to remain up-to-date on information regarding student demographics and trends, so we can best understand and enhance the experience of each student.

6. Collaboration across campus is critical in best serving students. When understanding which offices have expertise in certain areas, we can identify and work with those offices so we can offer the most accurate and beneficial services to each student.

Recommendations for Future Research

Future research is recommended on this topic based on the responses of participants, current literature, and observations of the researcher. Those recommendations are as follows.

1. It is recommended that future researchers seek to collect data from a more diverse participant pool, to further vary the level and uniqueness of experiences.

2. It is recommended to inquire about how many students are known to have HFA in the residence halls or on campus.

3. It is recommended to try and seek out individuals with HFA who would be willing to offer insight into their residence hall experience.

4. It is recommended that future researchers seek to triangulate the data from the participants in order to have the most accurate and well represented data.

5. It is recommended that future researchers inquire about whether training with the Office of Disability Services and/or students with disabilities has previously been conducted, as well as reasons for why or why not.

Summary

Students with High Functioning Autism are a growing number on campus. With that increase, it is important as student affairs practitioners that we are best preparing ourselves and those we work with to best be able to identify and support those students. This research is a continued reminder that every student, disabled or not, in an individual who will have a unique experience and will need unique support. It is our job as student affairs practitioners to be intentional in our interactions with our students so that we can best identify who that student is and what they need to be successful.

There are many opportunities to collaborate across campus. Not only does that collaboration help us as professionals, but it is a tool for better serving our students, as those who are most well prepared to assist particular students are involved.

This research provides valuable insight into a growing population on campus, and a population that requires a heightened sense of awareness, training, and intentionality so that students with High Functioning Autism can be as successful as possible while in college.

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APPENDIX A

Invitation to Participate

Good Afternoon,

I am contacting you this evening in hopes that you would be willing to do a huge favor for me. As I am working to complete my thesis for my graduate school requirement, I am in need over several current resident assistants to interview individually for about a half hour. The topic is students with Autism living in the residence halls.

Your name was passed along as someone who would be great to talk to. This interview does not require that you have a resident or have had a resident with Autism, but if you have, that would be great to. I am simply seeking your perception on topics such as training for working with and assisting those individuals, experiences you might have had, or any other information related to the topic.

If you are interested, please contact me so we can schedule the interview. If you are not, please also let me know so I can reach out to another RA. No worries either way. If you agree to the interview, again, it should only last about a half hour.

Please let me know either way, and of course, if you have any questions.

Thank you in advance for your help with this project, and I look forward to hearing from you soon.

Tyler

Tyler Fisher
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Eastern Illinois University, Housing and Dining Services
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APPENDIX B

Interview Questions

Interview Questions
Resident Assistant Training and Students with High Functioning Autism

1. What are Resident Assistants' perceptions of their ability to recognize HFA students residing in the residence halls?
   a. What is your experience with individuals with High Functioning Autism prior to becoming a Resident Assistant?
   b. Are you able to identify symptoms of High Functioning Autism?

2. What are the Resident Assistants' perceptions of the training they receive concerning HFA students residing in the residence halls?
   a. During RA Training, do think you receive sufficient training for assisting students with HFA?
   b. During training, what additional information would you find beneficial for working with students with HFA?

3. What are conversations experienced between Resident Assistants and those they have identified with HFA?
   a. Have you had a conversation that you are aware of with a resident with HFA? If yes, please explain.
   b. At the end of that conversation, what did you experience? (emotions, feedback from student)

4. What are Resident Assistants' perceptions concerning the current process of referral to needed services including challenges that process presents?
   a. Have you ever referred a student to the University Disability Services office?
   b. Can you explain to me the referral process of a student to the University Disability Services?
   c. Do you have any reservations about the referral process?

Final Question: Do you have any additional information that you would like to include in this interview?

APPENDIX C

Consent to Participate In Research

CONSENT TO PARTICIPATE IN RESEARCH

Resident Assistant Training and Students with High Functioning Autism

You are invited to participate in a research study conducted by *Tyler Fisher and Dr. Richard Roberts* from the *College Student Affairs Graduate Program* at Eastern Illinois University. Your participation in this study is entirely voluntary. Please ask questions about anything you do not understand, before deciding whether or not to participate.

You have been asked to participate in this study because you have been identified by your current supervisor as someone who they feel will provide value to this study based on your experience as a Resident Assistant. By being a current Resident Assistant, you are qualified to be a subject of this study. The study will consist of interviews of five to seven current Resident Assistants.

- ## PURPOSE OF THE STUDY

The purpose of this study is to examine Resident Assistants current level of training and preparedness for identifying and assisting students with High Functioning Autism.

- ## PROCEDURES

If you volunteer to participate in this study, you will be asked to:

Participate in one (1) 30-45 minute interview. The interview will be audio and video recorded so the researcher can transcribe the information shared. Those transcriptions will be printed and shared with you to assure accuracy prior to additional action being taken on the study. Pseudo names will be created to ensure confidentiality within the study.

Those recordings and transcriptions will be saved to the researcher's password secured computer for three years following the completion of the study.

Transcriptions will shared with the thesis advisor for assistance in coding information from all interviews. That information will be used to help the researcher make recommendations based on the study.

- ## POTENTIAL RISKS AND DISCOMFORTS

The risks associated with this study are minimal. You will be asked to share information that is specific to your experience as a Resident Assistant. If at any time you feel uncomfortable, you may refuse to answer a particular question or withdraw from the study altogether.

- ## POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Benefits to you as a result of this study will be gaining further knowledge about what High Functioning Autism is, and how to possibly identify someone who has been diagnosed. That information may help you in assisting and offering resources to the group of residents.

It is important to mention that if you feel, as a result of this study, that you are able to identify a student who might be High Functioning Autistic, that you do not question that individual. They have the right to disclose that information or not.

• CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of generating pseudo names to be used in place of your actual name. All information shared in this study will be audio and video recorded and saved to the researchers personal, password secured computer for three years following the study, and then deleted. The information shared in the study will be transcribed and shared with you prior to continuing the research to ensure accuracy. Those transcriptions will be printed and used to code the information form all interviews to look for commonalities or differences among all subjects.

• PARTICIPATION AND WITHDRAWAL

Participation in this research study is voluntary and not a requirement or a condition for being the recipient of benefits or services from Eastern Illinois University or any other organization sponsoring the research project. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits or services to which you are otherwise entitled.
There is no penalty if you withdraw from the study and you will not lose any benefits to which you are otherwise entitled.

You may also refuse to answer any questions you do not want to answer.

• IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about this research, please contact:
Dr. Richard Roberts
Faculty Sponsor
217-581-2400
rlroberts@eiu.edu

• RIGHTS OF RESEARCH SUBJECTS

If you have any questions or concerns about the treatment of human participants in this study, you may call or write:

Institutional Review Board
Eastern Illinois University
600 Lincoln Ave.
Charleston, IL   61920
Telephone: (217) 581-8576
E-mail: eiuirb@www.eiu.edu

You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the

University community, as well as lay members of the community not connected with EIU. The IRB has reviewed and approved this study.

I voluntarily agree to participate in this study. I understand that I am free to withdraw my consent and discontinue my participation at any time. I have been given a copy of this form.

_____

Printed Name of Participant

_____   _____

Signature of Participant   Date

I, the undersigned, have defined and fully explained the investigation to the above subject.

_____   _____

Signature of Investigator   Date