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Addressing mental health needs on college campuses: utilizing recovery principles that encourage a holistic approach, self-responsibility, strengths-based practice, cultural sensitivity, and family support

Michelle B. Jackson

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ADDRESSING MENTAL HEALTH NEEDS ON COLLEGE CAMPUSES: UTILIZING

RECOVERY PRINCIPLES THAT ENCOURAGE A HOLISTIC APPROACH, SELF-

RESPONSIBILITY, STRENGTHS-BASED PRACTICE, CULTURAL SENSITIVITY, AND

FAMILY SUPPORT

A dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Psychology

by

Michelle B. Jackson

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Dennis Lowe, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Michelle Jackson

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Dennis Lowe, Ph.D. - Chairperson

Stephanie Woo, Ph.D.

Ani Vartazarian, Psy.D.

Robert Scholz, M.A.

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VITA

MICHELLE B. JACKSON

EDUCATION

Pepperdine University – Los Angeles, CA
Doctor of Psychology in Clinical Psychology   expected May 2016

> *Dissertation (defense scheduled for June 2015):* Addressing mental health needs on college campuses: Utilizing recovery principles that encourage a holistic approach, self-responsibility, strengths-based practice, cultural sensitivity, and family support

San Diego State University – San Diego, CA
Master of Arts in Psychology, emphasis in Developmental Psychology   May 2011

> *Thesis (defended April 2011):* Parent-child reading styles and the Home Literacy Environment Questionnaire as predictors of narrative complexity and school readiness

University of California, Santa Barbara – Santa Barbara, CA
Bachelor of Arts in Psychology; Bachelor of Arts in Art   June 2009

CLINICAL EXPERIENCE

The Help Group – Sherman Oaks, CA
APA Doctoral Intern   begin August 2015

Child and Family Guidance Center – Northridge, CA
Testing Clerk   August 2014 – July 2015

Pepperdine Community Counseling Center – Encino, CA
Doctoral Psychology Trainee   September 2012 – June 2015

Pepperdine University – Los Angeles, CA
Assessor   June 2014 – August 2014

The Help Group – Van Nuys, CA
Doctoral Psychology Trainee   August 2013 – June 2014

CLINICAL SUPERVISION/ TEACHING EXPERIENCE

Pepperdine Community Counseling Center – Encino, CA
Clinical Peer Supervisor   September 2014 – June 2015

San Diego State University – San Diego, CA
Undergraduate Instructor   September 2009 – May 2011

RESEARCH EXPERIENCE

Pepperdine University – Malibu, CA
Graduate Student Researcher   June 2013 – June 2015

The Help Group-UCLA Autism Research Alliance – Sherman Oaks, CA
Research Assistant   September 2011 – July 2012

San Diego State University – San Diego, CA
Graduate Student Researcher   September 2009 – May 2011

University of California, Santa Barbara – Santa Barbara, CA
Research Assistant   January 2008 – June 2008

LEADERSHIP EXPERIENCE

Pepperdine Community Counseling Center – Encino, CA
School-Based Therapy Program Coordinator and Liaison   August 2013 – June 2015

Pepperdine Community Counseling Center – Encino, CA
Graduate Assistant   June 2013 – June 2015

OTHER RELATED EXPERIENCE

The Help Group – Sherman Oaks, CA
Behavior Specialist/Behavior Intervention Implementer   July 2011 – August 2013

San Diego Center for the Blind – San Diego, CA
Graduate Student Trainee   June 2010 – December 2010

The Help Group – Van Nuys, CA
Special Education Art Instructor   June 2008 – September 2008

The Help Group – Sherman Oaks, CA
Classroom Assistant   June 2006 – September 2006

CONFERENCE PRESENTATIONS

• Lowe, D., Bank, T., **Jackson, M.,** & Woo, S. (August, 2014). *Mental health resources for college students, peers, and family members.* Workshop presented at the National Alliance on Mental Illness California Annual Conference. Newport Beach, CA.

• **Jackson, M.,** Horn, M., & Laugeson, E. (May, 2012). *Perceptions of social functioning in young children with ASD: Comparing parent and teacher reports.* Poster presented at the annual International Meeting for Autism Research. Montreal, Canada.

• **Jackson, M.,** Phillips, C., & Friend, M. (March, 2011). *From parent-child reading styles to school readiness: The role of early narratives.* Poster presented at the annual San Diego State University Student Research Symposium. San Diego, CA.

- Phillips, C., **Jackson, M.,** & Friend, M. (March, 2011). *Home literacy environment and maternal responsiveness as predictors of preschool outcomes.* Poster presented at the annual San Diego State University Student Research Symposium. San Diego, CA.

GUEST LECTURES

- *Collaborative Therapeutic Assessment.* (April, 2015). Interactive presentation given to California, State University of Northridge students studying Child and Adolescent Development. Presented at Child and Family Guidance Center. Northridge, CA.

- *Being a Good Friend.* (March, 2015). Presentation designed to promote prosocial behaviors, encourage advocacy for self and others, and positive communication for kindergarteners and their teachers. Presented at Lanai Road Elementary School. Encino, CA.

- *Stand Up To Bullying: The Anti-Bullying Campaign.* (February, 2015). Anti-bullying presentation designed to increase awareness and encourage advocacy with emphases on suicide prevention, LGBTQ population, and self-empowerment for students and teachers in grades 6-8. Presented at Portola Middle School. Tarzana, CA.

- *Being a Good Friend.* (March, 2014). Presentation designed to promote prosocial behaviors, encourage advocacy for self and others, and positive communication for kindergarteners and their teachers. Presented at Lanai Road Elementary School. Encino, CA.

- *Speak Up, Reach Out, Be a Friend.* (February, 2014). Information anti-bullying presentation with a special emphasis on cyberbullying for teachers and students in grades 4-5. Presented at Lanai Road Elementary School. Encino, CA.

- *Bullying.* (February, 2014). Informative anti-bullying presentation intended to increase awareness and provide psychoeducation for teachers and students in grades 1-3. Presented at Lanai Road Elementary School. Encino, CA.

- *Bullying.* (February, 2013). Informative anti-bullying presentation intended to increase awareness and provide psychoeducation for teachers and students in grades 1-3. Presented at Lanai Road Elementary School. Encino, CA.

HONORS AND AWARDS

- Clinical Competence Examination, Passed with Distinction, Pepperdine University   2014
- Glen and Gloria Holden GSEP Scholarship, Pepperdine University   2012
- Scholars Without Borders Honors Society, San Diego State University   2010
- Dean's Honors, University of California, Santa Barbara   2008

CERTIFICATIONS

- Advanced Series Certificate in Applied Behavior Analysis, Florida Institute of Technology
- Pro-ACT (Professional Assault Crisis Training)
- Adult, Child, & Infant CPR, First Aid, & AED

PROFESSIONAL MEMBERSHIPS

- American Psychological Association (APA)
- International Society for Autism Research (INSAR)
- National Alliance on Mental Illness (NAMI)

ABSTRACT

Research shows that there has been a significant increase in mental health issues within the college student population. Applying recovery-oriented principles as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) may be an effective approach to creating and adapting mental health resources for college students. In the current study, literature on the following was reviewed: (a) the college culture, (b) the prevalence of mental health issues for college students, and (c) recovery-oriented principles. Then, a critical analysis of the literature was conducted based upon the following recovery-oriented principles: (a) encouraging a holistic approach, (b) self-responsibility and self-empowerment, (c) strengths-based practice, (d) cultural sensitivity), and (e) family support. Findings indicate that holistic resources highlight individual needs and creativity; programs that encourage self-responsibility underscore the importance of self-screenings; strengths-based approaches are centered around building self-esteem and increasing positive emotions; culturally sensitive resources are often group-oriented and acknowledge multiple facets of diversity, and programming that promotes family support emphasizes psychoeducation and stigma reduction. Based upon the integration of these findings, adaptations of current efforts on campus to promote these principles, as well as new ideas, are provided.

Chapter 1: Review of Background Literature and Statement of the Problem

Background

The most recent research suggests a significant increase in reports of psychological distress, depression, anxiety, stress, and feelings of hopelessness among college students. In addition to the growing rate of mental health concerns on college campuses, the literature indicates that many universities are struggling to meet these rising demands (American College Health Association, 2013). According to the United States Department of Education (2012), there are approximately 22 million individuals in the United States currently enrolled in college, many of whom are experiencing mental health problems that have gone untreated. Given the increasing mental health needs on college campuses, the development of additional resources to respond to these needs would be helpful.

Currently, much of the responsibility to address mental health needs on college campuses lies upon university counseling centers. However, as college counseling centers make efforts to manage the constantly evolving needs with regards to mental health for college students, they continue to face difficult barriers to doing so. For example, more than 50% of university counseling center directors report that there have not been increased resources, despite the growing demand for them (Gallagher, 2008). Research also indicates that over half of college counseling centers have put a therapy session limit into practice (approximately five sessions on average), and that the length of an average therapy session has also been reduced in order to accommodate the growing number of students with mental health issues (Association for University and College Counseling Center Directors [AUCCCD], 2012).

This is not to say that university counseling centers are not making attempts to address these issues. In fact, almost half of the college counseling centers that were surveyed in the

National Survey of Counseling Center Directors participated in National Depression Screening Days, and half of the counseling centers also provided psychoeducation about mental health difficulties on their websites (Gallagher, 2008). In addition, out of the 7,200 students accounted for in the survey, approximately one-third of them were referred for services at their respective college counseling centers (Gallagher, 2008). Thus, it is clear that universities are trying to meet the growing mental health demands of their students.

Due to the significant increase in the amount of college students struggling with mental health, it is surprising that universities report a fairly low number of students actively seeking mental health services on campus (Hunt & Eisenberg, 2010). For example, a 2007 nationwide study conducted on college mental health issues found that only 36% of individuals referred for counseling actually sought treatment (Eisenberg, Golberstein, & Gollust, 2007). Further, research shows that the most common number of counseling sessions attended by college students is only one session (Center for Collegiate Mental Health, 2014). As such, it is apparent that the continued development of effective mental health-oriented resources on campus is necessary. One possible framework is to utilize several core recovery principles that have been identified by the Substance Abuse and Mental Health Services Administration (SAMHSA). These principles emphasize a person-centered perspective that is sensitive to individual differences in addressing the two primary dimensions of recovery (that is, reducing psychological symptoms and increasing facets of well-being). In particular, the recovery-oriented principles emphasize that recovery is a process and that it is possible to thrive and live a full and meaningful life, even when psychological symptoms are still present.

It should be noted that many different definitions of recovery span across the literature. Therefore, while there is not one universal definition of recovery, for the purposes of this

dissertation, recovery will be conceptualized as being a "process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (Substance Abuse and Mental Health Services Administration, 2011, p. 1). Traditionally, these recovery-oriented principles have been used in reference to substance abuse. Indeed, substance abuse is a serious concern for this population, with half of college students reporting substance use, and a quarter of these students meeting the medical criteria for substance abuse or dependence (National Center on Addiction and Substance Abuse at Columbia University, 2007). In addition, research shows that many of these individuals are at risk for substance abuse problems early on as adolescents, with 75.6% of high school students having reported past substance use, and 46.1% of these students endorsing current substance use (National Center on Addiction and Substance Abuse at Columbia University, 2011). However, the flexible nature of SAMHSA's concepts of well-being and recovery allows them to be applied to a myriad of other mental health issues.

It should also be noted that the recovery principles would be able to be implemented fairly easily into current college counseling structures, based on guidelines that counseling centers must follow for the purposes of accreditation and review processes. For example, the standards for college counseling centers created by the International Association of Counseling Services (IACS) emphasizes the importance of university and community relationships, stating that "close linkages should be forged with academic units, student services offices, and other sources of referral [in order to promote optimum wellness in] the many aspects of campus life" (IACS, 2010, p.3). This idea is in complete congruence with the holistic approach offered by a recovery-oriented framework. The IACS also notes that consultation may be provided to family members when appropriate, therefore emphasizing the importance of the recovery principle of family

support. In addition, the Council for the Advancement of Standards in Higher Education (2011, pp. 17-18) emphasizes that college counseling programs and services should "engage diverse individuals, groups, communities, and organizations", ensure access for students with disabilities, and promote respect for multicultural differences, thereby reflecting the recovery principle of cultural sensitivity. Therefore, it seems that the recovery-oriented principles could be integrated somewhat seamlessly into college counseling centers, as many of them are already encouraged by national standards and guidelines.

Purpose of the Study

Certainly, psychotherapy offered through college counseling centers benefits many students. However, the literature indicates that solely addressing college mental health issues by offering brief, time-limited therapy is not necessarily effective for all college students. This is illustrated by the finding that only half of scheduled therapy sessions at university counseling centers are actually attended (AUCCCD, 2012). Despite evidence that, as a whole, both children and adolescent populations have increased their tendency to utilize mental health services, research shows that a gap in help-seeking behavior still persists within the college student population (Hunt & Eisenberg, 2010). It is possible that this problem is compounded by the notion that there are too few adjunctive resources on campus that are attractive to the college student population. In other words, students may be more inclined to engage in help-seeking behavior when resources are appealing, relevant to the college culture, practical, and realistically accessible to all. Therefore, this project proposes to provide an alternative perspective from which to address psychological problems for this population.

Hunt and Eisenberg (2010) suggest evidence-based practices that have demonstrated effectiveness with young adults in general be used to inform potential mental health programs for

the college student population. In particular, these researchers recommend caution before

prescribing specific interventions, as there has been minimal research on the outcomes of such

programs for college students. Thus, they advocate for the use of a more broad theoretical

approach to the problem at this stage. "Because of the multiple channels by which students can

be reached on college campuses, practices and policies based on a holistic, public health

approach seem particularly promising. These strategies would view mental health as a

foundation for the well-being and success of the student and would emphasize not only treatment

but also prevention and the promotion of positive mental health" (Hunt & Eisenberg, 2010, pp.

7-8). The core foundation of the recovery principles is that the process of recovery is unique to

the individual and endorses a multifaceted approach. Through the lens of the principles of

recovery, college students may learn new and effective ways of attending to their emotional

health.

Based upon the information found in the literature, it seems that utilizing a recovery-

oriented framework with regards to college mental health may have several benefits. Recovery-

oriented principles promote the development of a holistic and positive identity outside of solely

being an individual with mental health issues. This is especially relevant for this population in

that the phase of life typically experienced by college students is filled with identity exploration,

as well as multiple instances of transition. Moreover, resources developed from a recovery-

oriented perspective would be designed in order to provide individuals with new ways to manage

mental health difficulties and increase their overall sense of well-being. Perhaps these resources

would be of assistance to college students in accomplishing personal and professional goals.

Of note is the apparent gap in the literature on evidence-based adaptations of the recovery

principles for college students with mental health issues. Therefore, a major aim of this project is

to explore the potential use of the recovery-oriented principles as a framework by which to address mental health issues on college campuses. Hunt & Eisenberg (2010) have suggested that the development of a comprehensive, multifaceted system would be beneficial in producing and applying new ideas for meeting college students' mental health needs. As such, if universities operate under several guiding principles in order to inform the development of new resources, the mental health needs of college students may be addressed more comprehensively. In particular, the recovery-oriented principles offer a unique perspective in that individuals are seen as being able to not just function, but thrive, even in the presence of psychological symptoms. This approach seems to have special relevance to college students, many of whom are frequently derailed in their educational pursuits due to issues with mental health. That is, the recovery-oriented principles suggest that it is possible for college students to succeed academically and socially, and to achieve their long-term goals, while also facing mental health difficulties.

Research Topic

This project included a critical analysis of the literature based upon the following recovery-oriented principles: (a) encouraging a holistic approach, (b) self-responsibility and self-empowerment, (c) strengths-based practice, (d) cultural sensitivity, and (e) family support. Based upon the integration of these findings, adaptations of current efforts on campus to promote these principles, as well as new ideas, were provided. First, though, in order to more comprehensively understand the nature of college mental health, literature on the following was reviewed: (a) the college culture, (b) the prevalence of mental health issues for college students, and (c) recovery-oriented principles.

Literature Review

The college culture. According to the U.S. Department of Education (2012), a record

number of students were estimated to attend American colleges and universities. Further, approximately 4 million students were reported to be newly enrolled college students. Before proceeding, the following should be noted: (a) the terms *university* and *college* are used interchangeable throughout this document, and (b) given that 79% of the college population is between the ages of 18-24 (U.S. Census Bureau, 2012), the term *college students* refers to individuals within this age group, unless otherwise specified.

As is the case with all subcultures, the college student population has characteristic features that make it unique. For college students, the primary distinguishing factor is that attending college is a period of time marked by significant transition. College students face several challenges during this phase of life, as they are both maturing in years as well as experiencing emotional, developmental, psychological, and social growth (Blimling, 2013). Often, when individuals attend college, this is the first time that they have been away from their parents for an extended period of time. Although this is undoubtedly exciting, it can also be nerve-wracking, and even a little frightening. Without constant parental guidance, college students experience a newfound sense of freedom. Nevertheless, this freedom is also accompanied by increased responsibilities. Students begin to make major decisions on their own, manage stressful situations in a new environment, and balance friendships and romantic relationships in different settings (such as dormitories, fraternities and sororities, campus clubs and groups, and academia). At the same time, they are also expected to skillfully manage their well-being and mental health (Healy, 2012).

Some college students are able to cope with all of these changes and transitions with ease, and may even thrive under the pressure. Many other students, however, are not able to handle these situations seamlessly. Rather, they may become overwhelmed and make maladaptive

choices, such as abusing drugs or alcohol, struggling to maintain responsibilities (for example, attending class or showing up for part-time jobs), and engaging in extremely risky behavior, including but not limited to reckless driving, sexual promiscuity or frequent unprotected sex, or parasuicidal behaviors (CollegeXpress, 2013). Of note is the statistic that over 500,000 college students are injured every year from incidents involving alcohol, and approximately 400,000 report engaging in unprotected sex (Presley, Meilman, & Cashin, 1996). Research shows that college freshman are particularly vulnerable to making these choices during the first six weeks of freshman year, where peer pressure and expectations are heightened (National Institute on Alcohol Abuse and Alcoholism, 2013). Although it is not uncommon for college students to explain that engaging in these behaviors is normative when attending college, they are also at risk for serious consequences if these behaviors continue, like becoming socially isolated, failing out of school, and become increasingly less likely to seek out help (Presley et al., 1996). In addition, there is a plethora of literature indicating that executive functioning, impulse control, and other neurological processes continue to develop throughout one's 20's (Giedd, 2004). All of this information suggests that this period of time is a critical stage of psychosocial development.

Prevalence of mental health issues for college students. In addition to the various external changes college students encounter, this period of development is also marked by a higher potential for the emergence of psychologically distressing symptoms (de Girolamo, Dagani, Purcell, Cocchi, & McGorry, 2012). In conjunction with advancing brain development, many mental health issues initially present themselves during late adolescence or early adulthood. For example, the average age of onset for bipolar disorder occurs around 18 years, and first psychotic episodes seen in schizophrenia usually happen in the early- to mid-20's (American Psychiatric Association, 2013). In fact, 75% of chronic mental illness conditions

begin by age 24, and 25% of young adults ages 18-24 have a diagnosable mental illness

(National Institute on Mental Health, 2005). Moreover, suicide is the third leading cause of death

among individuals ages 15-24, closely preceded by homicide (Center for Disease Control [CDC],

2010). This period of life, especially in the context of the college environment, can be

particularly challenging, and students often find the transition to be unsteady, unpredictable, and

at times, unmanageable on their own. According to the National Survey of Counseling Directors

(Gallagher, 2008), 95% of college counseling center directors reported an increase in the

prevalence of serious psychological problems within their student bodies. In a recent study,

comprised of 96,611 undergraduate students, approximately one-third of respondents endorsed

symptoms of severe depression and more than half experienced overwhelming anxiety

(American College Health Association, 2013).

The National Alliance of Mental Illness (NAMI) conducted a survey in 2012, in which it

was discovered that 64% of students who were no longer enrolled at a university identified

mental health reasons as the main reason for having to drop out of college. Furthermore,

according to the American College Health Association (2013), approximately 46.5% of students

stated that they have felt hopeless within the past year. Even more concerning is that 8% of

students endorsed active suicidal ideation. This means that a staggering 1.8 million college

students actively have thoughts of ending their lives every year. Further, the most recent report

released by the Center for Collegiate Mental Health noted that 8.3% of 82,249 students surveyed

have attempted suicide in the past (Center for Collegiate Mental Health, 2014). While these

statistics may be astonishing, it is worth pointing out that they only represent students who

actually report symptoms of such distress (as opposed to students who experience these

symptoms, but deny their presence due to shame, stigma, or other reasons). Therefore, it is

possible that the true amount of students experiencing such severe symptomatology could actually be even higher. Although the number of college students reporting psychological distress seems to climb every year, Hunt and Eisenberg (2010) intimate that these numbers could be reflective of not just increased symptomatology, but also a rise in college students' willingness to seek out mental health services (despite having relatively low help-seeking tendencies overall when compared with other populations). Thus, although the exact reason for these increased numbers is not perfectly clear, what is evident is that colleges are facing greater needs for mental health services, and that they must find new ways to meet these demands.

Further, in more recent years, universities have begun to face unique issues that were not previously present. One such example is the rise in bullying in schools that is often attributed to the amplified use and ubiquitous nature of social media (MacDonald & Roberts-Pittman, 2010). In the past ten years, universities have also seen an increase in the need for providing services to a rising number of student veterans returning from Afghanistan and Iraq (U.S. Department of Veteran Affairs, 2012). Certainly, over the last twenty years, colleges have experienced a dramatic increase in the amount of violent assaults on campus, as well as incidents such as the 2007 Virginia Tech shooting, which have led to more specialized mental health care needs and resources (Drysdale, Modzeleski, & Simons, 2010). Thus, in examining recent events and emerging needs on campus, it is clear that universities must both anticipate and prepare for such issues, in order to truly protect and advocate for optimum emotional health among college students.

Recovery-oriented principles. The Substance Abuse and Mental Health Services Administration (2011, p.1.) defines mental health recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach

their full potential." This definition is comparable to the concept of "quality of life" (QOL) in that it is assessed by an individual's self-appraisal of life satisfaction and achievement (Liberman, 1988, p. 26). As such, the recovery principles emphasize one's subjective experience of functioning rather than mere symptom remission (Schrank & Slade, 2008). These principles are based upon the idea that recovery is *non-linear*, meaning that "people often experience relapse, recurrences, or periods of increased difficulty, as well as periods of relative stability and growth" (Davidson, 2011, p. 2). Thus, recovery can occur even when symptoms reoccur, and that recovery is possible for conditions ranging from mild to severe.

The principles of recovery themselves have roots in 12-step programs related to addiction and substance use. Although they were originally developed to target individuals struggling with these issues, the principles have been extended to successfully treat people impacted by a variety of other mental health conditions (Hyde, 2013). The U.S. Department of Health and Human Services (1999) defines mental health conditions as "health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination of those) associated with distress and/or impaired functioning" (p. 40). The recovery-oriented principles have been applied to several mental health conditions including depression, anxiety, phase-of-life problems, adjustment disorders, and relational issues. According to SAMHSA (2011), the recovery principles can be readily applied to most psychological struggles as long as they take one's health, home, community, and life purpose into consideration, as these four dimensions all help to support a life in recovery. For the purposes of this dissertation, five primary principles have been selected that are particularly salient for this population: holistic, self-responsibility/empowerment, strengths-based, culturally sensitive/responsive, and family support.

Chapter 2: Review and Analysis Procedures

Study Design

This dissertation proposes the potential gains that could come from adapting the recovery principles to address mental health issues for college students. The author reviewed the prevalence of mental health issues on college campuses, barriers to students seeking treatment, and current attempts in university settings to aid students in their mental health journeys. Moreover, the role of college counseling centers and additional supportive services were discussed to highlight the need for new and creative ways of conceptualizing assistance for psychological challenges faced by college students. Additionally, five recovery-oriented principles were explored and utilized as the framework from which to provide mental health recommendations for universities to adapt and implement.

Methodology

The primary goal of this dissertation was to promote a more comprehensive understanding of the mental health needs of college students that cannot solely be addressed through university counseling centers. In addition, this dissertation aimed to provide suggestions and ideas for universities in order to be able to integrate recovery-oriented principles into their mental health programming on campus. As such, the integration of college students, mental health, and recovery-oriented principles were explored. The plan for doing so was laid out as follows: First, the author reviewed relevant literature on college mental health issues, the cultural climate of college campuses, the prevalence of mental health difficulties in college campuses, and the use of recovery-oriented principles as a framework for understanding mental health. Next, five of the core recovery-oriented principles as recognized by SAMHSA were explored, specifically in reference to college mental health resources. Current programs that reflect these

recovery principles were identified, and recommendations for colleges about how to use this framework were provided. The potential benefits of utilizing a recovery-based framework for establishing mental health resources on college campuses were also discussed. Limitations of the current study were acknowledged as well. Lastly, the author reviewed areas for continued contribution and future research. It should be noted that this project was not meant to provide a wholly comprehensive review of how the recovery-oriented principles would be applied in order to treat specific disorders, but rather, to address mental health issues from a recovery-oriented perspective.

Search Methods

This dissertation included an examination of the following topics: recovery-oriented principles, mental health issues, the college student population, the culture of the college campus, mental health resources on college campuses, program effectiveness data, and recommendations for applying specific recovery-oriented principles to address college mental health. Given that the nature of this dissertation project is especially timely and could potentially impact the current college student population, literature included in this document was mostly obtained from articles, books, or other resources published after 1990. However, if certain articles or books were published before this date, but appeared to have particular relevance, they were not necessarily be excluded or eliminated. Examples of situations when this occurred were as follows: (a) if resources were frequently cited across the literature, (b) if references were considered seminal or integral in the field, and (c) if citing the work allowed the reader to better understand the historical foundation for other material discussed in the dissertation. Research databases such as PsycINFO, Google Scholar, Academic Search Complete (EBSCO), and EBSCO host databases, and PsycARTICLES were used. In addition, research that has been

conducted by mental health organizations that are recognized and respected, but not necessarily

published in peer-reviewed journals, were also utilized in order to provide the reader with a

through understanding of the material discussed throughout this document.

Review Strategies

The review of the literature was focused on two primary areas for the purpose of resource

development. First, various aspects of mental health issues typically experienced by college

students were examined. Specifically, the literature search was concentrated on the following

domains: *college mental health, psychological resources for college students, college counseling*

centers, prevalence of mental health issues among college students, culture of college campuses,

and *barriers to mental health care for college students*. Secondly, several of the recovery

principles as proposed by SAMHSA and their relevance to college students were reviewed.

Examples of key terms that were used to search for literature are as follows: *recovery principles,*

recovery in college students, well-being in college students, interventions for college students,

and protective factors in recovery of college students. Upon further development of this project,

additional search terms were included. A table that illustrates the cross-sectional relationship

between recovery principles and the current programming on college campuses was created.

Chapter 3: Recovery Principles and College Mental Health Resources

This chapter includes an examination of five recovery principles (holistic, self-responsibility, strengths-based, cultural sensitivity, and family support). First, background information and research supporting each principle is provided. Then, current programs and resources for college students that reflect that principle are discussed. Next, literature on program effectiveness for each principle is presented. Finally, new ideas for programs as well as adaptations for current programs are offered. More detail about specific programs and resources are provided in Table 1 in Appendix A.

Encouraging a Holistic Approach

The notion that recovery is holistic emerges from the idea that "recovery occurs via many pathways" (SAMHSA, 2011, p. 1). This principle recognizes that all people have distinct needs, goals, strengths, and backgrounds, and thus, treatment provided through the lens of the recovery-oriented approach should be personalized and tailored to the individual. For example, for some individuals, treatment may include use of traditional psychotherapy or medication; for others, it may include faith-based approaches; and for others still, it may involve creative outlets such as music, art, yoga, or dance. As such, holistic approaches to mental health recovery are not only comprehensive and multimodal, but are also person-centered in their recognition that individuals have unique mental health needs. A holistic and person-centered approach to recovery "embraces all aspects of life", including creativity, spirituality, education, and naturalistic services (SAMHSA, 2004). Research shows that a holistic, individualized approach to recovery helps individuals see themselves as "active and meaning-making entities" (Stanghellini, Bolton, & Fulford, 2013, p. 288). Further, personalized treatment plans support recovery by both building insight and developing functional self-management skills (Stanghellini, Bolton, & Fulford,

2013). Person-centered treatment planning not only honors individual life experiences, but is also associated with greater engagement in services as well as higher rates of medication adherence (Stanhope, Ingoglia, Schmelter, & Marcus, 2013).

The idea that successful treatment is holistic means that treatment should encompass an individual's entire life, including "mind, body, spirit, and community" (SAMHSA, 2011, p. 1). Treatment is often multi-dimensional, incorporates various support systems, and may include a team of psychologists, medical professionals, case managers, social workers, therapists, sponsors, and coaches. This movement towards integrated care provides an array of services and supports, helping to promote emotional and physical well-being. A holistic perspective towards treatment supports the idea that each person is distinctive and that a one-size-fits-all approach does not account for individual differences. Holistic treatment approaches encourage personally modified coping techniques, growth through self-exploration and expression, and integration of the mind, body, and spirit (Adedoyin, Burns, Jackson, & Franklin, 2014).

Research suggests that a person-centered approach to treatment, which is holistic and individualized in nature, may be efficacious for the college student population (White, Trepal-Wollenzier, & Nolan, 2002). A person-centered perspective emphasizes that an individual has the capacity to develop insight and make the appropriate changes needed in order to create an authentic existence. Self-discovery is facilitated by promoting a unique approach to each individual rather than adhering to a more manualized or cookie-cutter style of intervention (British Association for the Person-Centered Approach, 2013). College counselors who utilize person-centered interventions have shown significant success in treating students who engage in self-injurious behaviors (White et al., 2002). Holistic and person-centered interventions for college students may have far-reaching effects across time; for example, an individualized

intervention emphasizing overall wellness for college students engaging in heavy drinking was associated with reduced risky drinking behaviors both directly after the intervention as well as four years later (Baer, Kivlahan, Blume, McKnight, & Marlatt, 2001).

A review of the current efforts being made to promote holistic wellness on college campuses indicates that the majority of programs emphasize the need to individualize mental health care based upon unique needs, while also relying on support from multiple disciplines (for example, counseling, psychology, social work, physical health, nutrition, education, arts, kinesiology, and music). Many of these programs emphasize the mind-body connection, and underscore the influence of physical health on socioemotional well-being. As such, holistic programming on college campuses tends to highlight the importance of mindfulness, deep breathing, moment-to-moment awareness, and meditation. Creative coping strategies such as art, music, and dance are noted as well.

Campus-specific in-person efforts. The University of California, Santa Barbara (UCSB) supports the idea that recovery is holistic through its Wellness Center. The mission of UCSB's Wellness Center is to promote the "mental, physical, and social health of all students" utilizing a comprehensive, research-based framework (University of California, Santa Barbara, n.d.a, para. 1). Within the Wellness Center, representatives from 18 different departments on campus collaborate together to increase overall well-being on campus. Working together, these individuals have developed a number of relevant events that are available for all students. Events include free back massages, hikes, yoga classes, walking tours, dog therapy, visits to the University Museum, art walks, and trips to the local farmer's market. Within the Wellness Center, UCSB offers several different opportunities for students to get involved. First, the Wellness Center recruits students volunteers who receive training in general life and health

skills, and hold weekly meetings to educate their peers on a variety of topics, including healthy eating, body image, stress management, sexual health, positive psychology, and relationships. Past volunteers have created projects such as the Fruit Bowl Project, where they provide free bowls of local, organic fruit across campus for students.

Although the comprehensive nature of UCSB's Wellness Center certainly stands out, many other universities do provide holistic mental health programming for students. For instance, the Be Well at USC initiative was created by the Division of Student Affairs at USC in order to help students realize their "fullest potential of an individual physically, psychologically, socially, spiritually, and economically" (University of Southern California, n.d.a, para. 3). As such, free meditation and yoga classes are offered, as well as a Mindful Eating and Self-Compassion Workshop and a Massages and Therapy Dogs Workshop. Moreover, New York University's Counseling Center offers two-part workshops to students. These workshops are designed to enhance "personal, academic, and social well-being" (New York University, n.d., para. 1). Some examples of these workshops are as follows: Trauma and Wellness; Meditation/Self-Hypnosis; Mindfulness-Based Relapse Prevention (MBRP), and Life Skills.

Campus-specific web-based efforts. A number of university counseling centers and student health centers include information about wellness and holistic mental health on their respective websites. For example, UCLA's website has a section of wellness resources, with information about mindfulness and meditation (University of California, Los Angeles, n.d.b, para. 1). A variety of meditation podcasts (body scans, walking meditations, loving kindness meditations) are included as well. NYU's website contains a brochure, *SOS for Emotions: Tools for Emotional Health*. Several wellness tools are suggested and expanded upon in this brochure, such as deep breathing, relaxation, prayer, meditation, listening to music, and painting. Notably,

the brochure is written from a recovery-oriented perspective, suggesting that students create

relapse-prevention plans and also reminding them that "relapse is part of learning and it is also a

way of falling forward, not backward" (Mathew, 2012, p. 20). The website also provides

psychoeducation about evidence-based holistic therapeutic interventions that emphasize

creativity, such as art therapy and music therapy. Furthermore, Boston College's website

includes resources that encourage a creative and individualized approach to mental health

recovery (Boston College, n.d., para. 3). Stress relief activities, meditation exercises, journaling

prompts, and even coloring pages with motivational quotes to be printed are all included for

students. The website for Be Well at USC also contains healthy recipes, stress management tips,

and information about nutrition and exercise (University of Southern California, n.d.c, para. 1).

   General efforts to encourage holistic mental health care on college campuses. In

2014, the Jed Foundation created The Jed and Clinton Health Matters Campus Program in order

to assist and encourage universities with promoting overall well-being on campus. This program

was born out of JedCampus, an online self-assessment program for colleges to assess their

current mental health programming (Jed Foundation, 2014). This new program works to

motivate universities to get involved in taking a holistic approach to mental health care on

campus. The program utilizes The Jed Foundation/Suicide Prevention Resource Center

(TJF/SPRC) comprehensive approach to mental health, which was adapted based upon the

United States Air Force Suicide Prevention Program aimed at reducing risk factors and

enhancing protective factors for suicide (Knox, Litts, Talcott, Feig, & Caine, 2003). The

TJF/SPRC model emphasizes the importance of the following factors for optimum college

mental health: identifying at-risk students; increasing help-seeking behavior; providing mental

health and substance use disorder services; utilizing strategic planning, and promoting

environmental safety, life skills, connectedness, academic performance, and overall student

wellness (The Jed Foundation, 2014).

Universities that choose to participate in this program make four-year commitments to

augmenting comprehensive approaches to college student mental health. They also commit to

attending eight working sessions with the Campus Program team (online, via telephone, or in

person), establishing an interdisciplinary team to implement holistic programming, and

completing and sharing self-assessment surveys with the Campus Program team. In return,

schools receive comprehensive feedback, suggestions, recommendations, and support, and are

also awarded with branded seals signifying their involvement in the program (The Jed

Foundation, 2014). Some examples of recommendations provided by the Campus Program team

are as follows: offer programs related to physical health, wellness, nutrition, sleep and exercise;

designate stress-free areas on campus; host regular, alcohol-free events and activities on campus

that promote music, art, and creativity, and collect information regarding the effectiveness of

wellness-based campaigns. It is important to note that the Campus Program team does not simply

offer recommendations, but also supplies schools with ample support in designing and

implementing these programs.

In addition, Healthy Campus 2020 is another example of a general effort created to

encourage holistic mental health care for college students (About, 2015). This program is an

initiative created by the American College Health Association (ACHA) in order to address major

determinants of mental health on campus. Healthy Campus 2020 utilizes the MAP-IT

Framework, which advises universities to mobilize efforts, assess problems, plan solutions,

implement recommendations, and track the progress of efforts made to increase holistic mental

health care (MAP-IT Framework, 2015). The initiative contains 54 national student objectives

within 11 topic areas, spanning a number of aspects of mental health (for example, substance abuse, physical activity and fitness, nutrition and weight status, mental health and mental disorders, and sexual health). Of note is that recent additions have been made to Healthy Campus 2020 to include faculty and stuff objectives, some of which are related to stress management, nutrition, physical activity, and other areas that are related to campus work environments (Objectives, 2015, para. 7). As such, Healthy Campus 2020 makes efforts to encourage multiple aspects of health and wellness for both students and providers, which is a true illustration of the concept of holistic mental health care.

Program effectiveness. SAMHSA (2009) suggests that optimal holistic mental health care is focused on health and wellness, and that it is person-centered based upon individual values, needs, and preferences. The literature also indicates that holistic programs that emphasize balance between the mind, body, and spirit are particularly effective in aiding individuals during their recovery processes (Carroll & McGinley, 2000; Winkelman, 2003). Further, collaboration across service systems has been shown to maximize recovery outcomes (McAlpine, Marshall, & Doran, 2001). Within the college campus environment, examples of such integration may include collaboration between the physical education department and the wellness center, or between the education department and the counseling center. With regards to the programs themselves, research shows that mindfulness and meditation are particularly effective within the college student population, increasing sleep quality (Caldwell, Harrison, Adams, Quin, & Greeson, 2010), decreasing anxiety (Gallego, Aguilar-Parra, Cangas, Langer, & Mañas, 2014), improving symptoms of depression (Soysa & Wilcomb, 2015), and reducing binge drinking (Mermelstein & Garske, 2014). Further, the literature suggests that physical well-being is predictive of socioemotional well-being for college students, and that exercise and health-related

programming on campus effectively increases wellness (Brown & Fry, 2014; Lee, Sirgy, Yu, &

Chalamon, 2015). Research indicates that expressive arts and creativity-oriented approaches to

college mental health are valuable as well (Boldt & Paul, 2011). Notably, it appears that the most

effective types of holistic resources for college students are those that incorporate multiple

dimensions of wellness while also allowing individuals to choose from numerous options based

on their own individual needs (Gieck & Olsen, 2007).

Adaptations and new ideas. A review of current holistic mental health programs on campus

showed that, overall, colleges appear to be emphasizing multiple domains of comprehensive

well-being, including (but not limited to) nutrition, exercise, mindfulness, yoga, creative arts, and

life skills. Having said that, one area that could be incorporated more into these holistic efforts is

that of faith and spirituality. Research shows that, for many individuals, spirituality is an integral

aspect of their identity and recovery (SAMHSA, 2009). Findings as recent as 2014 noted that

over 39.2% of college students identify religion and spirituality as being very important or

important to them (Center for Collegiate Mental Health, 2014, p. 18). Having a personal and

integrated sense of spirituality has even been shown to significantly moderate the relationship

between environmental stressors and overall wellness and satisfaction (Fabricatore, Handal, &

Fenzel, 2000). NAMI FaithNet is an initiative that was created to bridge the gap between

spirituality and recovery from mental health issues (NAMI FaithNet: Mission and Guidelines,

n.d.). This initiative strives to collaborate with clergy members and congregations from all faith

traditions on improving mental health awareness within faith communities, encouraging

individuals to utilize spirituality as a coping resource throughout their recovery, and provides

guidelines and materials for faith communities to create small groups that integrate spirituality

with recovery-oriented principles. Given that college students report high levels of spirituality

and feel strengthened and supported by their spiritual beliefs (Astin, Astin, & Lindholm, 2011), it may be beneficial to adapt NAMI's FaithNet initiative for use on college campuses. This could be done by having NAMI reach out to various religious organizations on college campuses, and beginning to collaborate with them on how to integrate spirituality with recovery and overall well-being.

Additionally, as previously mentioned, a number of universities provide students with the opportunity to attend comprehensive and wellness-oriented workshops. A way of expanding upon this idea would be to create a variety of wellness-based classes for incoming college freshmen, one of which could be mandatory. Research suggests that this would be effective, as college students who took a holistic and person-centered course showed significant improvements in self-direction and resourcefulness as opposed to those who participated in a general didactic course (Reed et al., 2009). Thus, this course could be based upon wellness, but allow students to choose from a variety of classes based upon their individual needs and interests. For example, students could select from the following courses: *Wellness and Nutrition*, *Wellness and Creativity*, *Wellness and Mindfulness*, or *Wellness and Exercise*. Incorporating psychoeducation about how students can integrate each of these concepts into their lives for maximum well-being and mental health would be crucial. By requiring incoming students to take a class that emphasizes holistic and comprehensive well-being, students would be able to learn right away how to integrate multiple aspects of wellness into their lives. This is important, as research shows that having a sense of overall well-being is a protective factor against drug and alcohol abuse for college students (The Jed Foundation, 2014).

In sum, holistic mental health resources on college campuses should integrate multiple aspects of college students' identities. Multimodal efforts should be made to address various

factors surrounding overall well-being, including physical, psychological, spiritual, and emotional health. Research shows that interventions related to mindfulness and creativity are particularly effective for the college student population. Further, providing college students with the opportunity to establish a sense of individuality and identity is important as well.

Self-Responsibility and Self-Empowerment

The principle of self-responsibility and empowerment refers to the concept that individuals are the *agents* of their own recovery and thus must actively make decisions based on their own goals. Autonomy can help individuals to feel empowered and optimistic about their recovery outcomes, build upon their strengths, and assert control over their lives (SAMHSA, 2011, p. 1). Consumer-directed services are associated with greater satisfaction with treatment (Tilly & Weiner, 2001) as well as greater satisfaction with life in general (Foster et al., 2003). Self-directed care has been shown to be effective in treating individuals with a variety of mental health difficulties. For example, adults with mental illnesses who received a self-directed care approach called Cash and Counseling experienced fewer unmet needs and higher satisfaction with their quality of life (SAMHSA, 2010). In this study, participants were provided with a monthly budget in which they were asked to allocate funds related to mental health care of their choosing. Simultaneously, support was offered through fiscal management courses as well as counseling services in order to facilitate autonomy and an overall sense of empowerment. In addition, taking personal responsibility for one's healing has also been shown to be significant a predictor of treatment outcomes for individuals with depression and anxiety (Westra, 2012). Conversely, research suggests that individuals who have less responsibility in their mental health care have more unmet needs and report a generally lower quality of life (Brown, D'Amico, McCarthy, & Tapert, 2001). Therefore, when individuals have more autonomy and independence

in their recovery process, they become more empowered to make educated decisions about their well-being and actively contribute to their own healing.

Less information is found in the literature on the relationships between self-directed mental health care and college students, but the research that has been conducted suggests that self-directed care approaches are likely beneficial for the college student population. For example, self-directed work teams at a college newspaper were shown to significantly increase employee performance (de Pillis & Parsons, 2013). The importance of taking personal responsibility has also been shown in college students; in a study of community college students identified as "underprepared for college" (Grimes, 1997, p. 48), the characteristic of taking personal responsibility was associated with greater academic success. This information is promising and indicative of the significance of this trait for college students.

In reviewing current efforts on college campuses made to promote self-responsibility, it appears that most programs emphasize self-screening with regards to mental health symptomatology. Of note is the observation that many of these programs take place online, and thus allow students privacy in evaluating their functioning and assessing their need to take further steps. National campaigns (both monthly and annually) that promote self-empowerment are becoming increasingly more common as well.

General resources. The literature shows that having a sense of self-efficacy is critical for the development of self-responsibility and empowerment (Lorig & Holman, 2003). Mindcheck, with its slogan of *Stop Wondering, Start Knowing*, is a website that supports the growth of self-efficacy in young adults by providing them with a variety of self-screening tools based on symptoms of anxiety, eating disorders, depression, substance use, psychosis, and social anxiety (Mindcheck, n.d.). For each category of symptomatology, individuals can read about warning

signs, take quizzes based on their current experiences, and obtain suggestions about appropriate

next steps, self-care resources, and ways to get more information. Mindcheck also offers young

adults opportunities to get involved in their *Speak Up* campaign by capturing pictures of

thoughts, feelings, and behaviors that they are aware of having throughout the day on social

media. As such, individuals become empowered through their awareness of both their symptoms

as well as efforts to combat these symptoms.

ULifeline was created by The Jed Foundation in order to explicitly address college

mental health by providing students with relevant resources pertaining to their emotional health

and well-being. Specifically, the Self-Evaluator tool works to increase self-efficacy and mental

health awareness. Researchers at Duke University's School of Medicine developed this tool,

which screens for the thirteen most common mental health problems faced by college students

today (ULifeline, 2015). In addition to providing students with psychoeducation about their

symptoms, ULifeline also asks students to anonymously enter the name of their school to obtain

resources specific to their university. Another widespread mental health screening effort within

the university system is College SOS, created by Screening for Mental Health. Surely in line

with promoting self-responsibility, the mission of this effort is to "empower college students to

take charge of their mental health" (Screening for Mental Health, n.d., para. 1). Students are able

to take comprehensive screenings and are then provided with multiple resources specific to their

university. This same organization also produces kits that can be used on college campuses for

students to participate in National Alcohol Screening Day, National Depression Screening Day,

and National Eating Disorder Awareness Week.

Moreover, the organization Active Minds empowers college students to get involved with

mental health resources on their campuses through advocacy and education (Active Minds, n.d.).

Student-run chapters of Active Minds across the country promote awareness campaigns at their schools, including Eating Disorders Awareness Week, National Day Without Stigma, Suicide Prevention Month, and Stress Less Week. Although plenty of students without significant mental health issues are involved in Active Minds, this organization also provides a space for those who are struggling to empower themselves by taking responsibility, educating themselves and others about their symptoms and ways to get help.

College students who are more comfortable communicating online may wish to become involved in Strength of Us. Created by NAMI, this is an online community that seeks to empower and inspire young adults impacted by mental health issues to "think positive, stay strong, and achieve their goals" (Strength of Us, 2015). The website is user-driven, thus encouraging self-responsibility, and allows young adults the opportunity to communicate with one another about their respective struggles. Strength of Us also provides users with *Tip Sheets* and themed discussion boards about how to have more agency over their lives. For example, the *On Our Own* discussion board encourages independence, and the *Taking Charge* discussion board inspires individuals to find their inner strength.

Campus-specific efforts. Although university-specific efforts to directly increase self-responsibility and empowerment are less common, some of these resources do exist on particular college campuses. For example, the University of Michigan offers a resource for its students called MiTalk. This website provides students with online mental health screenings, skill-building and coping resources, psychoeducation, multimedia workshops, mood tracking tools, and additional resources specific to the University of Michigan (University of Michigan, 2015). In addition, the University of Missouri has a Student Health Advisory Council, whereby students are involved with activism and policy- making with regards to the way that mental health is

approached on campus (University of Missouri, n.d.). Other schools may not necessarily have resources unique to their campus to promote self- responsibility, but do host a wide variety of awareness and screening events. For example, University of Wisconsin-Whitewater (UW-W) hosts Sexual Assault Awareness Month (University of Wisconsin-Whitewater, 2015), which includes a self-defense workshop, a *Survivors and Allies* meeting, and an international march to stop sexual violence. This is particularly important, given that approximately 18.9% of college students report having experienced unwanted sexual contact or experiences (Center for Collegiate Mental Health, 2014). In addition, Harvard University hosts National Alcohol Screening Day (Harvard University, n.d.) in order to raise awareness about harmful drinking behaviors and connect at-risk individuals with resources. Attendees fill out brief questionnaires about their drinking use and then have the opportunity to privately speak with health professionals about next steps that may be recommended.

Program effectiveness. Self-empowerment has been defined as "a process of increasing personal, interpersonal, or political power so that individuals can take action to improve their life situations" (Gutierrez, 1990, p. 149). According to Alfred Bandura (1997), self-empowerment is inherently tied to self-efficacy, in that beliefs about our self-efficacy provide the foundation for motivation and resiliency. As such, resources that improve self-perceptions are critical because they often inspire individuals to act to change their current life situations and increase their well-being. Research shows that college students are more likely to feel empowered when universities provide them with easy access to information, supportive and diverse faculty members, and a strong *opportunity role structure* (Peterson, Farmer, & Zippay, 2014). Schools with sound *opportunity role structures* actively seek to make sure students are aware of opportunities to get involved in the decision-making aspect of student organizations. Likely, this is because students

that are given the chance to have active roles in the maintenance of their lives on campus feel greater self-efficacy. Indeed, the literature does show that activism is significantly correlated with self-empowerment among users of mental health services (Rogers, Chamberlin, Ellison, & Crean, 1997). In addition, campus resources that aim to equip students with a considerable amount of knowledge about treatment options are effective in increasing help-seeking behaviors among the college student population (Eisenberg, Golberstein, & Gollust, 2007). The literature also strongly suggests that peer support is associated with empowerment (Resnick & Rosenhack, 2008; Solomon, 2004). Further, providing college students with psychoeducation has been shown to improve their expectations about mental health care overall (Gonzalez, Tinsley, & Kreuder, 2002). Other predictors of self-empowerment include understanding one's rights, feeling connected to one's community, improving self-esteem, and overcoming stigma (Rogers et al., 1997).

Adaptations and new ideas. There are a plethora of non campus-specific resources available for college students to increase their self-responsibility and self-efficacy. However, campus-specific resources with this particular aim are less common. As such, it seems that there is room for the development of campus-wide approaches to empowering students and increasing their psychoeducation and advocacy efforts. The University of Michigan's MiTalk is one such example of this, and similar efforts on other college campuses would likely be beneficial to students. It was also noted that although many campuses have events or campaigns that likely lead students to achieve greater self-efficacy, events that directly and explicitly address self-responsibility are less common. Therefore, college campuses could create Self-Empowerment Days, which could include self-screening efforts, psychoeducation, teaching students how to advocate for themselves, and promoting connections with peers. This would combine much of

what the literature tells us is useful in increasing self-empowerment (advocacy, peer support,

knowledge, self-direction, etc.), while also providing students with resources specific to their

universities.

Strengths-Based Practice

A strengths-based approach to recovery highlights the importance of building upon each

individual's assets and resources throughout the recovery process. This approach involves

identifying skills, resources, goals, resiliency, and knowledge about one's symptoms, and places

significance upon interactive collaboration with providers and consumers (Early & Glen Maye,

2000; Saleeybey, 1996). By building upon strengths, individuals discover new life roles that are

unrelated to their mental health issues in which to engage, such as being students, friends,

partners, or employees (Chiu, Ho, Lo, & Yiu, 2010). Strengths-based approaches not only

improve relationships with others but also emphasize the idea that individuals are not defined by

their mental health difficulties.

Young adulthood is a critical period for identity formation in a person's life. Often, when

an individual experiences psychological distress, it is common to over-identify with and become

encompassed by the disorder. Rather than stating, "I *have* bipolar disorder," one might say, "I *am*

bipolar." A strengths-based approach promotes the distinction between the person and his or her

symptoms, thereby encouraging the formation of a positive identity outside of being someone

with mental illness. Research strongly supports the use of a strengths-based framework for those

individuals struggling with mental health issues. For example, strengths-based approaches were

shown to significantly increase happiness and well-being while simultaneously decreasing

depression in a sample of 622 adults (Gander, Proyer, Ruch, & Wyss, 2013). Further, adolescents

with severe emotional disturbance experienced significant symptom reductions when exposed to strengths-based resources (Painter, 2012).

To date, it appears that there has been little research on strengths-based mental health programming created specifically for college students. However, research does suggest that a strengths-based approach to education may be effective for the college student population. For example, in a study comparing the effectiveness of a strengths-based advising approach to the traditional advising approach already in place, college students who received the strengths-based approach were significantly more likely to attend their second year of college (Swanson, 2007). Steps to a strengths-based advising method in particular include identifying students' strengths; affirming their strengths and increasing awareness of their positive attributes; assisting students in adapting their strengths to help them reach their goals; creating action plans, and encouraging practical application of their strengths when faced with challenges (Schreiner & Anderson, 2004). Further, a study of 120 students enrolled in community college illustrated a significantly positive relationship between strengths-based education, which emphasizes the development and implementation of talents of both students and educators (Anderson, 2004). Strengths-based education also promotes greater leadership practices in college students, such as inspiring a shared vision, challenging the process, and enabling others to act (Lehnert, 2009). This is particularly relevant given the strong relationship between transformational leadership and overall psychological wellbeing (Arnold, Turner, Barling, Kelloway, & McKee, 2007).

Current programming. A review of the current strengths-based mental health efforts on campus revealed that there are less of these programs than there are of other programs in support of the previously discussed recovery-oriented principles. The vast majority of the programs that do exist tend to be academically driven and are based upon career development, rather than

overall well-being or mental health. This may be because the strengths-based recovery principle is more conceptual in nature. SAMHSA (2009, p. 27) has described this principle as "assuming that each individual has the capacity to draw from a variety of resources, skills, and motivations to focus on their strengths and create change in their lives." Essentially, the strengths-based model can be seen as one that encourages the development of resiliency, thereby helping each individual to establish a positive sense of self. Despite the notion that the strengths-based principle is quite conceptual, there are some current programs on college campuses that reflect the importance of building upon strengths.

California State University, Northridge offers its students the opportunity to join a variety of groups that emphasizing the recognition and development of strengths. For example, there is a group called *Building Self-Esteem*, where students learn to recognize their positive attributes, feel positively about themselves despite their difficulties, and become more supportive of themselves (California State University, Northridge, n.d.). *Choice or Chance* is a workshop for students to identify their skills and interests, better understand their values, discover their personal style and identity, and assess their strengths. *Understanding Self and Others* is a group based upon the idea that individuals must be able to relate to themselves in healthy and positive ways in order to forge meaningful relationships with others. Lastly, *Women's Support* is a group for female students to be able to interact interpersonally with one another and help each other discover their strengths. Further, at University of California, Irvine, there is a group called *My Happy Place* (University of California, Irvine, n.d.). This group teaches students to identify their personal values and strengths in order to increase positive emotions and improve relationships with others.

As mentioned, individuals with mental health issues often have difficulties separating their symptoms or difficulties from their identity or sense of self. As such, it becomes

challenging for these individuals to identify and truly connect to their own strengths. UCLA has

created two strengths-oriented groups for students (University of California, Los Angeles, n.d.a),

which help students develop a more positive sense of self. *Taming Your Inner Critic* targets

students that tend to be very hard on themselves, emotionally, socially, and academically.

Students in this group work on identifying their inner critic, understanding the function of self-

criticism, and practicing nonjudgmental and compassionate self-talk. Another group, *Progress*

(Not Perfection), helps students decrease the negative view of self that occurs when unrealistic

standards of perfectionism are present. This is a group that would be ideal for students who may

be dealing with chronic mental health issues. For these individuals, because symptoms often

reoccur after being seemingly dormant, it may be especially difficult to identify personal

strengths. Teaching these students to rethink perfectionistic tendencies and to find other ways of

conceptualizing the progress that they have made may be especially helpful for students who

experiences setbacks in their recovery process.

Although, as previously stated, many strengths-based resources at college campuses are

primarily academic and career-oriented in nature, some of these resources do incorporate aspects

of well-being and mental health. For instance, at University of California, Davis, there is an

undergraduate career exploration group. Although the primary aim of the group is career

decision making, there is also a focus on personal strengths in order to aid group members to

"better understand internal conflicts and external obstacles" (University of California, Davis,

n.d., para. 1). In addition, Stanford University's website offers its students the opportunity to take

a variety of self-report strengths-based assessments. Again, the primary goal of these

assessments is career planning, but the assessments are also meant to help students identify

personal skills and values in order to "improve self-understanding and build better relationships with others" (Stanford University, n.d., para. 19).

Program effectiveness. Research suggests that, for college students, strengths-based efforts should focus on identifying students' strengths; affirming their strengths and increasing awareness of their positive attributes; assisting students in adapting their strengths to help them reach their goals; creating action plans, and encouraging practical application of their strengths when faced with challenges (Schreiner & Anderson, 2004). According to Charles Rapp (1998), strengths-based programming in general is most successful in improving mental health when there is a focus on four primary types of strengths: personal attributes, talents and skills, environmental (access to relevant opportunities and resources), and interest and aspirations. Desired outcomes, including quality of life, life satisfaction, and overall sense of competency, should also be explored (Rapp, 1998). As such, resiliency occurs as a result of strengths-based resources that are person-centered, emphasize realistic goal-setting, include productive coping strategies, support a holistic sense of wellness, infuse a sense of hope and optimism, and encourage self-empowerment (Hammond, 2010). In this sense, the strengths-based recovery principle can be seen as the glue that ties the other recovery-oriented principles together.

Adaptations and new ideas. The Gallup Organization developed a tool called StrengthsQuest in order to help college students discover and build upon their strengths (About, 2010). Students take a 30-minute online assessment, and then receive a comprehensive report that includes their top five *talent themes* as well as suggestions about how to achieve success. Some examples of *talent themes* are as follows: intellection, self-assurance, positivity, discipline, empathy, focus, and harmony. This is a widespread program that is used at over 600 universities throughout North America. Certainly, personal values are explored, but the primary purpose of

this program is to assist students with reaching their academic goals, investigating career options, and becoming leaders. StrengthsQuest has clearly had success on college campuses; therefore, perhaps StrengthsQuest could expand to develop a strengths assessment with the major purpose of improving the emotional well-being of college students. Similar *talent themes* and values could be used, but could be applied to directly provide students with a strengths-based mental health perspective. In particular, college students who have faced mental health challenges would likely experience great benefits from receiving an individualized report based upon their personal strengths.

In general, it is recommended that universities take a strengths-based approach with all of their programming. This approach would include infusing strengths into resources such as outreach and advocacy efforts, student groups, mental health campaigns, and wellness centers. This may require an attitudinal shift for some schools, but could immensely aid students with mental health issues with developing a positive sense of self.

Cultural Sensitivity

The cultural dimension of recovery emphasizes the idea that each individual's process of recovery is influenced by his or her beliefs, attitudes, values, languages, identities and traditions. Ani (1994) proposed that culture has three primary purposes: to provide us with a worldview that helps us unify our experiences; to allow us to identify with people around us based on shared history and meanings, and to validate shared beliefs, customs, and habits. Although it is not uncommon to primarily consider race and ethnicity when thinking about culture, it should be noted that there are many other dimensions of culture as well. Hays' (2001) ADDRESSING model of understanding culture provides us with a more holistic view of culture. According to Hays, culture consists of age, developmental disability status, physical or psychological

disability status, religion and spiritual orientation, ethnicity, socioeconomic status, sexual orientation, indigenous heritage, nationality, and gender.

Culturally competent approaches to mental health have been shown to be positively associated with satisfaction with treatment outcomes (Fuertes & Brobst, 2002). Research also suggests that individuals are more likely to be engaged in their own mental health and well-being when they receive culturally sensitive care. For example, Trepper, Nelson, McCollum, & McAvoy (1997) found that engagement in treatment for Latina women with substance abuse disorders was contingent on providers showing sensitivity to Latina/o values and traditions. Furthermore, cultural competence is helpful in not only increasing satisfaction with mental health care, but also in reducing symptoms overall (Flores, 2000). Research shows that individuals who receive exposure to culturally congruent programs and resources are more likely to self-disclose during treatment, are more involved in their own recovery process, and have higher rates of motivation for change (Longshore, Grills, & Annon, 1999). The principle of cultural influence within recovery takes each person's contextual factors into consideration and emphasizes the importance of treatment being sensitive to individual preferences and needs.

A plethora of research shows the importance of cultural considerations in treating mental health issues in college students. For example, a strengths-based program originally created for college students in general aimed at enhancing psychosocial competence was adapted for female African-American college students. Specifically, the program was designed to emphasize culturally congruent African-American values such as meaningful connections with others and reliance on supports in the community. Culturally relevant issues related to stereotyping and prejudice were also addressed. The adapted program was significantly more effective in decreasing perceived stress than the generic program for this population (Jones, 2009).

Other research shows similarly efficacious findings for resources that are created with particular cultural groups in mind. These programs place particular emphasis on considering cultural values and norms. For example, a program designed to improve retention for Latina/o college students based upon culturally congruent principles significantly improved retention rates as well as social adjustment to college (Cerezo & McWhirter, 2012). Another program created specifically for female Latina college students successfully reduced risk factors for eating disorders (Franko & George, 2008). Further, a program designed for Pacific Islander college students significantly reduced decision-making confusion and commitment anxiety over and above programs that were not culture-specific (Thrift, Ulloa-Heath, Reardon, & Peterson, 2012). These studies demonstrate the importance of utilizing culturally congruent approaches to address mental health issues within the college student population.

A review of current programs that encourage cultural sensitivity on college campuses indicates that many of these resources are group-oriented, which likely allows students from different backgrounds to feel a sense of community when struggling with mental health issues. Many resources catered to specific cultural groups also explicitly address the stigma against seeking mental health care that may be present. College mental health resources that are culturally congruent and sensitive acknowledge the fact that culture is not solely confined to ethnicity, but also involves other dimensions such as gender and sexual identity.

Campus-specific efforts. A wide variety of campus-specific efforts have been made in order to approach mental health from a culturally sensitive standpoint. Given that, in its very nature, culture is rooted in shared identities or experiences with others, it is not surprising that most of these resources tend to be group-oriented in their approaches. Many of these opportunities can be found through various therapy groups at university counseling centers. A

review of current culture-specific therapy groups revealed that numerous schools offer students the opportunity to join supportive groups based upon a shared element of culture, including gender, ethnicity, immigration status, nationality, gender identity, religious identification, and more. Thus, it should be noted that culture-specific therapy groups appear to be a particular strength of college counseling centers, and the groups described below represent a sampling of the resources that exist overall.

First, at California State University of Northridge (CSUN), there are many culturally relevant resources, such as a women's group, and a deaf and hard of hearing group. There is also a men's group; given that the suicide rate is four times higher in men than in women, this represents an acknowledgment of the need to reach out to this population on college campuses (Center for Disease Control and Prevention, 2013). Additionally, students may join a therapy group called *Expresate*. This is a support group for Latina/o students to be able to discuss what their cultural identity means to them, and to have a supportive and nonjudgmental environmental in order to talk about relevant issues such as family, relationships, day-to-day struggles (California State University of Northridge, n.d.). At UCLA, a similar opportunity exists in the group, *Confiar*, where Latina/o students can discuss issues such as navigating cultural contexts, dating, stigma, work, discrimination, and the way that their experiences on campus are impacted by their Latina/o identity (University of California, Los Angeles, n.d.a). UCLA also offers students a group called *Healing in the Black Family*, in which African-American students are able to explore their cultural identities, process family dynamics, understand how cultural dynamics impact relationships, and learn effective ways to communicate and attain their goals (University of California, Los Angeles, n.d.a).

CSUN also offers a support group for students identifying as lesbian, gay, bisexual, transgender, or questioning (LGBTQ). These students come together to talk about feeling safe on campus, family issues, relationships, and the development of their respective identities. In addition, Pepperdine University has an LGBTQ group for students to be able to express pain and loss about rejection by peers and family members, existential confusion (for example, "Why would God make me this way, if it is not okay?"), and other everyday stresses and concerns (Pepperdine University, 2015). Furthermore, a particularly specialized opportunity exists for LGBTQ students at the University of California, San Diego (UCSD), in the *Coming Out Group*. This group was created especially for students who have either recently come out or are considering coming out, and addresses accompanying anxiety, fear, sadness, loneliness, and concerns during this process (University of California, San Diego, 2013).

In addition, CSUN has a group called *T-time*, for students who specifically identify as being transgender and gender non-conforming to gain support within their community (California State University of Northridge, n.d.). UCLA's Gender Identity Spectrum Group allows for similar opportunities, and addresses issues including coping with stress from gender binary norms, coming out to oneself and others, establishing identity-affirming relationships, and adjusting to a new social identity (University of California, Los Angeles, n.d.a). Given that college students who identify as being transgender are significantly more likely to have anxiety, depression, and suicidal ideation (Eisenberg & Lipson, 2014), these efforts represent a positive step in reaching out to an increasingly growing cultural group on campus.

Other universities have made efforts to engage students who belong to less commonly recognized cultural groups on campus. For instance, the University of Southern California (USC) holds a group called *International Tea Time*. This is meant to reach out to international students

who may be struggling with cultural adjustment. Some topics discussed are culture shock, homesickness, dating in the United States versus dating in their home country, risky behaviors in the United States, and domestic relationships with peers. In addition, USC offers another group, Trail Blazers, to provide first-generation college students with support. Students discuss resiliency and protective factors, expectations that they have about college, pressure from family members to succeed, and ways to develop a sense of belonging (University of Southern California, n.d.b).

Although research shows that these therapy groups are effective in reducing symptoms and increasing overall well-being (Sharkin, 2011), other less traditional approaches may be of great benefit to students who do not feel comfortable attending group psychotherapy for reasons such as stigma, internalized values, or cultural norms. This is particularly relevant for students who come from marginalized cultural groups, where the stigma connected to seeking counseling tends to be greater (Inman, Yeh, Madan-Bahell, & Nath, 2007). University of California, (UCSB) recognizes this, and offers its students the opportunity to participate in culturally congruent workshops or forums. One such example is *Unity is Strength: A Support Space for Students of African Heritage*, a workshop where students meet to discuss unique challenges that they experiences due to their cultural identity (University of California, Santa Barbara, n.d.b). Similar experiences can be found at UCSD, where there are *drop-in forums* such as the Asian Community Forum, the Campus Black Forum, and the Latina/o & Chicana/o Forum (University of California, San Diego, 2013). It is important to note that students do not need to complete intakes, provide personal information, or attend every session to participate in these workshops and forums.

General resources. Non campus-specific resources that aim to address college mental health from explicitly cultural perspectives appear to be less common. However, one such example is the organization known as Campus Pride. This national organization was developed to create safer college environments for LGBTQ students, and is completely volunteer-driven and student-run (Campus Pride, 2015). Campus Pride works alongside LGBTQ groups on campus to develop anti-discrimination trainings, campus fairs, and annual campaigns for equality. Campus Pride's website also offers many resources to students, such as a list of the top 50 most LGBTQ-friendly schools in the country; health and wellness tips; advice about thriving as an LGBTQ college athlete; and a Campus Pride Map, which connects students to LGBTQ student groups, support services, and safe zones on their particular campus. Furthermore, the Human Rights Campaign's website provides LGBTQ college students with information about gender-neutral housing, LGBTQ scholarships, campus advocacy tools, and opportunities for activism (Human Rights Campaign, 2015).

Program effectiveness. A review of the literature revealed that little research has been done on predictors of effectiveness for culturally congruent programs on college campuses. However, there is a plethora of research related to culturally congruent mental health care in general. For example, there is evidence to suggest that culturally adapted approaches are most effective with minority populations when they include destigmatizing language, allow for opportunities to involve family members, explore spirituality, develop partnerships with the community, and provide psychoeducation in ways that are compatible with individuals' beliefs (Kalibatseva & Leong, 2014). In addition, with regards to ethnic cultural identification, the Skills Identification Stage Model (SISM) posits that approaches differ in their effectiveness depending upon the populations that they serve (Gallardo, Yeh, Trimble, & Parham, 2011). For example,

research shows that many individuals identifying as being African-American receive the most

benefits from resources that focus on self-knowledge and social advocacy, while many

individuals who identify as being Asian-American experience the most growth from resources

that emphasize collaborative goal setting and shame reduction (Gallardo et al., 2011). Certainly,

there are exceptions to these notions, as the developers of this model readily acknowledge

(Gallardo et al., 2011), but this framework may be helpful in developing culture-specific

resources for college students. Nevertheless, there is a clear gap in the literature in this area with

regards to college students. This represents the importance of future research within this domain

in order to increase our understanding of how to continually develop and improve these

resources.

   Adaptations and new ideas. As stated, it is evident that there are many campus-specific

programs that directly address mental health from culturally congruent perspectives. However,

there does appear to be room for more general resources such as Campus Pride—that is, mental

health resources that are non campus-specific but explicitly emphasize cultural congruence and

sensitivity for college students. One resource that could be expanded upon is NAMI's

Multicultural Action Center (MAC). The MAC was created to address disparities in mental

health services among underserved and marginalized populations; to increase the amount of

bilingual mental health professionals; to address the underrepresentation of people of color in

psychological research, and to decrease misdiagnosis, institutionalization, and suicide among

youth of color (National Alliance on Mental Illness, 2004). NAMI could create an offshoot of the

Multicultural Action Center in order to specifically address the college student population.

Eventually, perhaps even campus chapters could be created (similar to student-run chapters of

Active Minds), to promote awareness about cultural sensitivity on campus. The fact that these

campus groups would not be run by university counseling centers may also engage students who would otherwise be deterred by internalized stigma against traditional mental health care approaches.

Additionally, it seems that there are opportunities to apply aspects of *intersectionality theory*, which highlights the significance of considering one's multiple group memberships in order to more fully comprehend his or her worldview (Settles & Buchanan, 2014). Research shows that integrating aspects of one's cultural identities in mental health care is effective in reducing symptomatology (Duarté-Vélez, Bernal, & Bonilla, 2010). As such, it seems that mental health programs on campus that address multiple facets of personal identity could be beneficial. There are numerous possibilities of what this could look like, from groups for LGBTQ Christians, to workshops for Asian-Americans who are the first to attend college in their family, to forums for Latina women who are visually impaired. By creating programs that promote the integration of multiple cultural identities, students may feel like their individual needs are more specifically addressed, and may feel more supported as a result.

Family Support

Family support has been described as an unshakable and steady belief in an individual's ability to recover (Mancini, Hardiman, & Lawson, 2005; SAMHSA, 2004). The importance of family support throughout the recovery process is widely documented. For instance, positive messages from one's family support network are significantly correlated with more successful recovery experiences (e.g., hopeful attitudes and feelings of competence) for adults with mental illness (Mancini et al., 2005). The significance of family support reaches across diagnoses as well. For instance, Nasser and Overholser (2005) found that women diagnosed with major depressive disorder had less severe symptoms if they had higher levels of family support.

Stronger family support is associated with better recovery outcomes for individuals with sexual abuse histories as well as for individuals diagnosed with both schizophrenia and eating disorders (Chien & Chan, 2013; Gísladóttir & Svavarsdóttir, 2011).

The support of family members is highly relevant for the well-being of college students. Perceived social support from family members is linked to better coping skills, resiliency, and overall psychological health in college students (Valentiner, Holohan, & Moos, 1994). Although family support is expressed in many different ways, research shows that it is salient for college students across multiple ethnicities and cultural backgrounds. For example, family cohesion and support are negatively correlated with suicidal ideation, depression, and stress in African-American college students (Harris & Mollock, 2000; Barnett, 2004). In addition, low family support is linked to low self-esteem and psychological stress in Asian-American male college students (Wei, Yeh, Chao, Carrera, & Su, 2013). For Latina/o college students, stronger family support is correlated with stronger self-efficacy, while family conflict is associated with psychological distress (Torres & Solberg, 2001).

A review of current parent and family programs on college campuses indicates that the majority of these programs emphasize psychoeducation, coping skills, positive communication, and stigma reduction. Many of them also provide specific information about how to talk to college students about mental health issues. The current efforts for family support programming for college students can be divided into three primary categories: web-based efforts specific to college campuses; general web-based efforts, and in-person efforts.

Campus-specific web-based efforts. The University of LaVerne supports the recovery-oriented principle of family support through its family resource guide to support college students (Regalado, n.d.). This comprehensive online guide is available in both English and Spanish, and

is divided into five general categories. The first section describes wellness strategies for family members, such as discussing sleep patterns, exercise, and healthy eating with their college student. Wellness resources, including meditation and relaxation techniques, are also provided. The second section is designed to aid college students in coping with common transitional issues that often occur when beginning school. Examples of these challenges including difficulties getting along with one's roommate, time management, stress management, realistic self-appraisal, and issues around identity and diversity. Each challenge is described, and then a number of tips for supporting the college student with that particular issue are provided (for example, engaging in long-range career discussions to aid in time management). The third section provides guidance for family members on a number of mental health issues (depression, anxiety, preexisting mental health issues, suicidal ideation, etc.). For instance, it is recommended that family members of college students with preexisting mental health issues set up meetings with campus support systems ahead of time; help the student locate a new therapist, and encourage self-responsibility with regards to consistently taking prescribed medications. The fourth section of the guide contains suggested literature for parents and families, and the final section includes references and campus-specific resources. Parents are reminded that emotional support is often just as important as financial support, and that it is a main contributor to resiliency in college students.

Further, the University of Oregon offers a unique approach to engaging parents and family members of college students with mental health issues by offering *Parent and Family Consultations* (University of Oregon, 2012). The Counseling Center's website provides parents with information about how to schedule private phone consultations with therapists from the counseling center in order to discuss ways to talk about mental health issues with students, help

to identify warning signs of issues of major concern, and connect family members with specific resources that will provide them with further guidance. In addition, the website includes information about suicide prevention, mental health issues on campus, crisis support, and how to best support students who have been exposed to violence on the college campus.

A variety of others schools have made efforts to engage parents and families online on mental-health related topics. For example, the website for the Office for Parent Programs at the University of Southern California provides parents with information about discussing academic expectations with college students, such as empathizing with anxiety and stress about schoolwork, reflecting and validating feelings, and encouraging students to seek out help if needed (University of Southern California, 2011). Another such example is the University of Chicago's website, which includes information for parents about how to provide emotional support for students, as well as how parents can ease the transition from high school to college (University of Chicago, 2015). Further, Tulane University's website provides parents with direct and specific information on suicide warning risks and suicide prevention (Tulane University, n.d.). There is even a link to a presentation on YouTube given by the Director of Counseling and Psychological Services at Tulane about how parents can learn to talk to their college students about mental health issues (Bender, 2014).

General web-based efforts. Transition Year, developed by the Jed Foundation, is a website for families with college students who have emerging mental health problems or previously diagnosed mental health conditions (Transition Year, 2012). The website has sections on choosing a school, making the transition to college, attending college, and transitioning with a diagnosed condition. It includes free resources, tips, and interactive tools that help students and families consider emotional health when selecting a college, adjusting to college life and

managing stress, advice on differentiating between manageable emotional challenges and potentially larger health problems, getting connected with mental health and wellness programs, and maintaining open communication between parents and students.

While Transition Year primarily focuses on the transition period between high school and college, Parents and Families for Active Minds (PFAM) is an online group for parents and family members of college students with three primary goals: reducing stigma around mental health issues, increasing help-seeking behaviors, and suicide prevention (Parents and Families for Active Minds, 2010). PFAM, an initiative of the larger group Active Minds, was created by a mother of a college student with mental health issues in order to increase advocacy among parents and provide a supportive network for family members who are interested in becoming involved with policy change. Members gain access to the Active Minds biannual newsletter, exclusive membership to the PFAM Facebook group, and customized updates on the work that Active Minds is doing to reduce stigma and improve mental health and well-being on college campuses.

Although the aforementioned resources encompass family support efforts for college mental health in general, it should also be noted that similar resources exist based upon specific mental health problems or disorders. For example, Eating for Life's website provides information for family members who are concerned about their college students' eating habits or body image ("Eating for Life," 2015). The website is written from a recovery-oriented perspective, and explains to parents that recovery is "a process, not an endpoint." Parents are provided with psychoeducation about eating disorders, ways to approach students with their concerns, how to support students' development of a healthy body image, and how to encourage students to seek treatment. Further, Eating for Life includes information for parents about

treatment options, how to pay for their child's treatment, ways to evaluate whether their child is

ready to transition to campus life, and how to encourage and support relapse prevention. The

website also includes information about what to do in the event of a relapse, and how to offer

both supportive and effective help. Notably, the website also includes information for parents

about how to discern whether an online resource is credible and recovery-oriented (as opposed to

pro-eating disorder websites that promote *thinspiration* and ways to deceive family members

about weight loss).

In-person efforts. UCLA Parent and Family Programs is an initiative that aims to "guide

parents in guiding their students towards success" (University of California, Los Angeles, 2009).

One example of programming launched by this initiative is Parent and Family Coffee Social

Day. Several times per school year, informal gatherings are held in coffee shops and are hosted

by a specific UCLA parent or family member. At the socials, parents are given the opportunity to

engage with one another, foster positive relationships, and share tips and advice with one another

regarding social, emotional, psychological, and academic issues that their college students may

be encountering. Another development that has occurred as a result of this initiative is the

opportunity for parents who are alumni of UCLA to speak to college students during Move-In

Weekend about their experiences and to offer guidance about transitioning to UCLA.

There are other universities that do not have specific initiatives for family support

programming, but instead provide outreach to parents through a number of campus activities,

including Open-House Day and Family Weekend. One such example of this is Saint Peter's

University (Disla, 2011). Parent discussion groups are led by mental health professionals during

First-Year Orientation sessions. These groups are meant to both provide psychoeducation for

parents on common signs and symptoms of mental health difficulties in college students, in

addition to allow parents to meaningfully connect with one another. During the group sessions,

parents are divided into groups and given *skits* to act out that represent common situations they

may encounter with their college students.

Program effectiveness. In addition to considering the specific characteristics of family

support that are efficacious in improving the mental health and well-being of college students, it

is also important to highlight factors that contribute to family engagement in the university

setting. Research shows that family support programs that allow families to connect with one

another are particularly effective (Solomon, Draine, Mannion, & Meisel, 1996). The literature

also indicates that multifamily psychoeducational support groups increase self-care,

empowerment, and acceptance (Dixon et al., 2004). Families are more likely to share success

stories with other families, self-disclose, and feel less isolated when family support programs

take a recovery-oriented approach, whereby recovery is defined as the ability of individuals with

mental illness to lead fulfilling lives despite the presence of symptoms (Lefley, 2010). Further,

according to the Council for the Advancement of Standards in Higher Education, parent and

family programs on college campuses should be responsive to the needs of individual students

and guided by theories of development and learning. These programs should also encourage

parents and families to work with the student collaboratively, with the ultimate goal of

cultivating independence for the student (Dean, 2006). With this information in mind,

adaptations to current programs as well as new ideas will be offered in order to increase family

support on college campuses.

Adaptations and new ideas. The National Alliance on Mental Illness (NAMI) Family-to-

Family Education Program is a 12-session course designed for family caregivers of adult

individuals living with serious mental illness (Lucksted et al., 2013). The manualized treatment,

recently recognized as an Evidence-Based Practice by SAMHSA, provides psychoeducation regarding serious mental illness, promotes skill-building, problem-solving, and coping techniques and other relevant tools to facilitate support for these designated family members (National Alliance on Mental Illness Family-to-Family Education Program, 2014). This program has been found to increase family functioning and individual empowerment while also decreasing depression and worry (Dixon et al., 2004). Given the support in the literature for multifamily support programs, in conjunction with the importance of family support for college students, this program could be facilitated by college counseling centers and used to connect parents of children with mental health issues at particular universities with one another. The program could be adapted to specifically address issues that family members of college students with mental health issues commonly face, such as aiding students with managing the transition to a novel environment, increased exposure to substance abuse, and new academic and occupational responsibilities.

Due to the unique nature of this population (i.e., parents of college students), it is more than likely that group members would not reside in the same city. Video conferencing technology such as Skype could be utilized to facilitate real-time instruction and discussion with other parents. The ease and convenience of an online course would serve to combat the issue of transportation, which has been recognized as being one of the primary barriers to family participation in mental health-related programs (Pullmann, VanHooser, Hoffman, & Heflinger, 2010). It should also be noted that there is a vast amount of literature suggesting that stigma against mental illness within the family structure often prevents family members from seeking help, as well as providing appropriate emotional support (Pullmann et al., 2010; van der Sanden, Stutterheim, Pryor, Kok, & Bos, 2013). Therefore, the program could consistently address this

stigma among family members. Efforts could be made to reduce shame and embarrassment associated with having a college student with mental health issues, while simultaneously encouraging help-seeking behaviors. University-specific topics, such as current events or policy change on campus as they relate to college student mental health, could also be discussed. This would serve to decrease feelings of isolation, particularly for caregivers who do not have regular contact with other caregivers at the same university. This may also increase community leadership and resiliency among caregivers, which has been shown to be associated with better mental health for the adult children of caregivers (Wandersman & Nation, 1998).

Lastly, a review of current efforts and available resources for family support indicates that the vast majority of these programs tend to cater specifically to parents. However, there appears to be a gap in family support programming focused on including other family members, such as siblings, cousins, and grandparents. The literature shows that the support of siblings and other family members besides parents can be extremely important to the mental health of college students, particularly for sexual and ethnic minorities (Ceja, 2006; Savin-Williams, 1998). Therefore, all of the aforementioned programs could be modified to include siblings and other family members as well. This would allow students without traditional family structures, or students who rely on other family members besides their parents for help, to get the emotional support they need in order to facilitate their recovery and mental health. For example, many universities have Siblings Weekends, but they are primarily focused on providing siblings of college students with academic and social introductions to college. Thus, perhaps universities could create workshops or weekend retreats, in which siblings of college students could learn about mental health issues and ways to provide their sibling with emotional support. Similar modifications could be made to other programs to include cousins, aunts, uncles, and

grandparents.

In sum, the literature suggests that the content of family support resources should primarily emphasize psychoeducation as well as how to talk to college students about mental health issues. Universities can engage family members by capitalizing on ways that they are already likely to intersect with the college environment, such as during Family Weekends. Further, colleges can use their websites as platforms for engaging parents and families on the topic of mental health. This can be done by offering campus-specific information, as well as by including links to more general websites and resources for family support. Lastly, universities can maximize the effectiveness of family support programming by providing parents and families with ways to connect with family members of other students with mental health issues.

Chapter 4: Discussion and Application

Summary of Findings

College students face many unique challenges—they are often away at home for the first time, face a multitude of transitions and changes, and are tasked with significantly more responsibility than they are used to. Given the amount of stress many college students undergo, it is not surprising that more college students than ever before are reporting symptoms of depression, anxiety, and mental health difficulties in general. At the same time, colleges are struggling to meet the needs of these students (Gallagher, 2008). This problem is compounded by relatively low help-seeking behaviors in the college student population. The mental health needs of college students have changed over time; universities must now address issues including cyberbullying, increased violent assaults on campus, posttraumatic stress disorder suffered by student veterans recently returning from war, and, on occasion, even school shootings. As such, there is a need for resources that acknowledge today's most pressing issues, are ecologically valid and appealing to students, and address individual differences.

This dissertation explored the application of five recovery-oriented principles to addressing college mental health issues. This framework was selected because of its non-linear understanding of recovery and its relevance to the college student population. General findings are as follows:

• Holistic resources highlight individual needs, creativity, multidisciplinary support, and the mind-body connection.

• Programs that encourage self-responsibility and self-empowerment underscore the importance of self-screenings, include national campaigns, and are often available online.

• Based upon the review of the literature, strengths-based approaches by themselves are less

common; rather, they are often infused into other resources. However, those that do exist are

centered around building self-esteem, increasing positive emotions, and kinder self-talk.

• Culturally sensitive resources are often group-oriented, cater to specific cultural groups,

acknowledge multiple facets of diversity, and often acknowledge stigma against mental health

care.

• Programming that promotes family support emphasizes psychoeducation, stigma reduction,

positive communication, and coping skills.

The author then made suggestions for ways to both adapt current programs and generate

new resources that reflect these recovery principles. Some of the recommendations made are:

that colleges integrate more spirituality into holistic resources; require students to take wellness

courses; develop more campus-specific programming related to self-responsibility and mental

health; create strengths-based assessments specifically related to emotional well-being; infuse

intersectionality, or multiple aspects of one's identity, into culturally sensitive resources;

increase the amount of multifamily support programs, and continue to develop family support

resources that are catered to family members other than parents (e.g., grandparents, siblings,

cousins, etc.).

Limitations

The first primary limitation to this project is that of researcher limitations. Although the

researcher aimed to do as comprehensive a review of the literature as possible, it was not feasible

to be able to identify all of the resources on every campus across the country that reflect the

recovery-oriented principles. As such, it is probable that some relevant resources were never

identified by the author and were thus omitted from this document. Further, the synthesis of this

document relied heavily upon the availability of information about specific resources and

programs. The vast majority of material uncovered on these programs was found online, either

on colleges' websites or the webpages of university counseling centers. It is more than likely that

not all of these websites are completely up-to-date. Further, some resources may be advertised in

other ways, such as on posters or signs on campus, and thus were not accessible to the author.

Therefore, there may be programs that reflect the recovery principles but that are not readily

available for non-college students to learn about. Perhaps this document can serve as an

opportunity for other less accessible or well-known resources to be identified in the future.

The other main limitation to this work is that there is little research to date on the

effectiveness of many of the campus-specific resources discussed. Although there is research,

both about the recovery principles and about college mental health in general, that suggests these

resources would be of value, quantitative and/or qualitative studies on the short-term and long-

term outcomes of these resources were few and far between. It is the hope of the author that this

work may spark other researchers' interest in beginning to conduct these outcome studies of

many of the specific resources mentioned in this document.

Clinical Implications

The findings of this project indicate that a recovery-based framework may be effective for

addressing mental health issues within the college student population. It is important to

acknowledge that every college is unique, and contextual factors such as financial resources,

student body demographics, and the overall culture of the university may impact the way that

these principles are applied on campus. Having said that, this has larger clinical implications for

the intersections between evidence-based treatment, the recovery model, and college students.

Frese, Stanley, Kress, & Vogel-Scibilia (2001) suggest that integrating the recovery-oriented

principles with evidence-based practice may be highly beneficial for individuals with mental

health issues. Fusing these together would permit individuals to receive the multiple benefits of evidence-based care that have been discussed in the literature (Munetz & Frese, 2001), while simultaneously allowing for a non-linear perspective on healing that emphasizes an individual's strengths and internal resources.

It is clear that the college student population is one that is significantly struggling with mental health issues (American College Health Association, 2013; Gallagher, 2008). As such, finding ways to incorporate the recovery model in clinical settings could be highly valuable. In addition, the recovery-oriented principles have great flexibility, which easily allows them to be adapted or integrated into currently existing treatments, resources, or approaches. Moreover, there is a general consensus that the majority of the recovery-oriented principles have relevance in mental health care, regardless of theoretical orientation, clinical population, setting, or financial resources. For example, most mental health practitioners agree that consumers should be treated with respect for individual needs, as well as awareness of the impact of culture. In addition, the movement towards integrated care in the field has brought with it an emphasis on strengths, collaboration with the individual, and involvement of relevant family members when indicated. Thus, psychologists, therapists, counselors, and clinicians can all find ways to incorporate aspects of the recovery principles into their work, whether this is done by cultivating awareness about cultural differences, providing a short strengths-based assessment, or encouraging self-empowerment.

Further Research

Innovative approaches to research within the areas of college mental health and the recovery-oriented principles are rapidly developing. Organizations including NAMI and Active Minds consistently release new research, and academic journals such as the *Journal of American*

College Health and the *Journal of College Student Psychotherapy* are quickly growing. However, there are still several areas of research that allow for continued growth on these topics. First, as was previously mentioned, there is a relative dearth in the literature on the effectiveness of campus-specific mental health resources. Having a better understanding of this would maximize the chances of making positive impacts on college students.

There are also opportunities for future research within each of the five recovery-oriented principles discussed. With regards to holistic mental health resources, the impact and effectiveness of spiritually focused programming could be explored. For self-responsibility and self-empowerment, there is room for more overall research on self-directed care for college students. In addition, more research on programs on college campuses that are specifically strengths-based would be helpful. Effectiveness data on culturally congruent mental health programming that emphasizes intersectionality would likely be useful, particularly as culture itself becomes more commonly understood as having multiple intersecting dimensions. Lastly, research on campus-specific multifamily support programs could be explored as well.

Conclusion

This dissertation explored both the current and potential application of five recovery-oriented principles (holistic, self-responsibility, strengths-based, cultural sensitivity, and family support) to college mental health resources. In considering the recovery-oriented principles discussed throughout this document, it is likely that college students would benefit from treatment that encourages the following: (a) embracing individual differences, rather than making attempts to conform to predetermined norms, (b) having an active role in one's mental health care, and thus greater agency over one's life, (c) emphasizing strengths as opposed to deficits, (d) cultivating a sense of community based upon shared facets of culture and identity,

and (e) including family members in order to provide extra support and to increase family members' understanding of mental health issues. It should be noted that this dissertation was written from an outsider's perspective, with the hope of initially bringing this information to counseling centers and other axes of mental health on campus. Ultimately, it will also be important to find ways to increase college students' awareness of existing resources that reflect these principles, possibly by advertising them on college counseling center websites, in dormitories, or at new student orientations.

Overall, the research suggests that each of these principles has significant relevance to the college student population, and that resources that incorporate this framework are likely to be effective. The author identified current resources that reflect these principles, and also provided recommendations for new programs as well as adaptations to existing ones. The results from this study support continued research and development with this area.

REFERENCES

Active Minds. (n.d.). About us. Retrieved from http://www.activeminds.org

Adedoyin, C., Burns, N., Jackson, H., & Franklin, S. (2014). Revisiting holistic interventions in substance abuse treatment. *Journal of Human Behavior in the Social Environment, 24*(5), 538-546. doi: 10.1080/10911359.2014.914718

American College Health Association. (2013). *National College Health Assessment II*. Retrieved from http://www.acha-ncha.org/docs/ACHA-NCHA-II_ReferenceGroup _ExecutiveSummary_Spring2013.pdf

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed). Arlington, VA: American Psychiatric Publishing.

Anderson, E. C. (2004). What is strengths-based education? Retrieved from https://www.apu.edu/strengthsacademy/downloads/strengths_based_advising _handout.pdf

Ani, M. (1994). *Yurugu: An African-centered critique of European cultural thought and behavior.* Trenton, NJ: African World Press.

Arnold, K. A., Turner, N., Barling, J., Kelloway, E. K., McKee, M. C. (2007). Transformational leadership and psychological well-being: the mediating role of meaningful work. *Journal of Occupational Health Psychology, 12*(3), 193-203. doi: 10.1037/1076-8998.12.3.193

Association for University and College Counseling Center Directors. (2012). *National survey of college counseling*. Retrieved from http://www.iacsinc.org/NSCCD%202012.pdf

Astin, A.W., Astin, H. A., & Lindholm, J. A. (2011). Assessing students' spiritual and religious qualities. *Journal of College Student Development, 52*(1), 39-61. doi:

10.1353/csd.2011.0009

Baer, J. S., Kivlahan, D. R., Blume, A. W., McKnight, P., & Marlatt, G. (2001). Brief

intervention for heavy-drinking college students: 4-year follow-up and natural history.

American Journal Of Public Health, *91*(8), 1310-1316. doi: 10.2105/AJPH.91.8.1310

Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York, NY: W.H. Freeman.

Barnett, M. (2004). A qualitative analysis of family support and interaction among

Black college students at an Ivy League university. *Journal Of Negro Education*, *73*(1),

53-68. doi: 10.2307/3211259

Bender, D. (2014). [Tulane Orientation]. (2014, December 12). Tulane Parent Programs webinar:

How to talk to your student [Video file]. Retrieved from

https://www.youtube.com/watch?v=2gSd3m-Gssw

Blimling, G. (2013). *The resident assistant: Applications and strategies for working with college*

students in residence halls (7th ed.). Dubuque, IA: Kendall Hunt Publishing.

Boldt, R. W., & Paul, S. (2011). Building a creative-arts therapy group at a university counseling

center. *Journal of College Student Psychotherapy, 25*(1), 39-52. doi:

10.1080/87568225.2011.532472

Boston College. (n.d.). Feel better now resources. Retrieved from

https://www.bc.edu/offices/counseling/external.html

British Association for the Person-Centered Approach. (2013). *What is the person-centered*

approach? Retrieved from http://www.bapca.org.uk/about/what-is-it.html

Brown, S. A., D'Amico, E. J., McCarthy, D. M., & Tapert, S. W. (2001). Four-year outcomes

from adolescent alcohol and drug treatment. *Journal of Studies on Alcohol, 62,* 381-388.

doi: 10.15288/jsa.2001.62.381

Brown, T. C., & Fry, M. D. (2014). College exercise class climates, physical self-concept, and

    psychological well-being. *Journal of Clinical Sport Psychology, 8*(3), 299-313. doi:

    10.1123/jcsp.2014-0031

Caldwell, K., Harrison, M., Adams, M., Quin, R. H., & Greeson, J. (2010). Developing

    mindfulness in college students through movement based classes: Effects on self-

    regulatory self-efficacy, mood, stress, and sleep quality. *Journal of American College*

    Health, 58(5), 433-442. doi: 10.1080/07448480903540481

California State University, Northridge. (n.d.). Therapy groups. Retrieved at

    http://www.csun.edu/counseling/therapy-groups

Campus Pride. (2015). What is Campus Pride? Retrieved from

    http://www.campuspride.org/about/

Carroll, J., & McGinley, J. (2000). An agency follow-up outcome study of graduates from four

    inner-city therapeutic community programs. *Journal of Substance Abuse Treatment,*

    18(2), 103-118. doi: 10.1016/S0740-5472(99)00036-7

Ceja, M. (2006). Understanding the role of parents and siblings as information sources in the

    college choices process of Chicana students. *Journal of College Student Development,*

    47(1), 87-104. doi: 10.1353/csd.2006.0003

Center for Collegiate Mental Health. (2014). *Center for Collegiate Mental Health 2014 Report.*

    Retrieved from http://ccmh.psu.edu/wp-content/uploads/sites/3058/2015/02/2014-

    CCMH-Annual-Report.pdf

Center for Disease Control (CDC). (2010). 10 leading causes of death by age group. *National*

    Center for Injury Prevention and Control. Retrieved from

    http://www.cdc.gov/injury/wisqars/pdf/10LCID_All_Deaths_By_Age_Group_2010-a.pdf

Center for Disease Control (CDC). (2013). Fatal injury reports. *National*

   Center for Injury Prevention and Control. Retrieved from

   http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html

Cerezo, A., & McWhirter, B. T. (2012). A brief intervention designed to improve social

   awareness and skills to improve Latino college student retention. *College Student*

   Journal, *46*(4), 867-879.

Chien, W., & Chan, S. C. (2013). The effectiveness of mutual support group intervention

   for Chinese families of people with schizophrenia: A randomised controlled trial with 24-

   month follow-up. *International Journal Of Nursing Studies*, *50*(10), 1326-1340. doi:

   10.1016/j.ijnurstu.2013.01.004

Chiu, M., Ho, W., Lo, W., & Yiu, M. (2010). Operationalization of the SAMHSA model of

   recovery: A quality of life perspective. *Quality of Life Research, 19*, 1–13. doi:

   10.1007/s11136-009-9555-2

CollegeXpress. (2013). Research on risky behaviors by first-semester college students. Retrieved

   from http://www.collegexpress.com/counselors-and-parents/parents/blog/research-risky-

   behaviors-first-semester-college-students/

Council for the Advancement of Standards in Higher Education. (2011). *CAS Professional*

   Standards for Higher Education. Retrieved from

   http://standards.cas.edu/getpdf.cfm?PDF=E8699C37-0C59-178D-55317F65F4B1036C

Davidson, L. (2011, February). What does it mean to say that recovery is 'nonlinear'? And what

   implications does this have for recovery-oriented practice? *Recovery to Practice, 2*(5).

Dean, L. (2006). *CAS Professional standards for higher education* (3rd ed.). Washington, DC:

   Council for the Advancement of Standards in Higher Education.

de Girolamo, G., Dagani, J., Purcell, R., Cocchi, A., & McGorry, P. D. (2012). Age of onset of

    mental disorders and use of mental health services: Needs, opportunities and obstacles.

    Epidemiology and Psychiatric Sciences, 21, 47-57. doi: 10.1017/S2045796011000746

de Pillis, E., & Parsons, B. (2013). Implementing self-directed work teams at a college

    newspaper. *College Student Journal*, *47*(1), 53-63.

Disla, J. (2011). Mental health outreach and stigma reduction campaigns. Retrieved from

    http://www.sprc.org/sites/sprc.org/files/event_materials/Campus%202D_Disla%20Same

    %20Language,%20Different%20Cultures.pdf

Dixon, L., Lucksted, A., Stewart, B., Burland, J., Brown, C.H., & Postrado, L. (2004). Outcomes

    of the peer-taught 12 week family-to-family education program for severe mental illness.

    Acta Psychiatrica Scandinavica, 109, 207-215. doi: 10.1176/ps.62.6.pss6206_0591

Drysdale, D., Modzeleski, W., & Simons, A. (2010). Campus attacks: Targeted violence

    affecting institutions of higher education. *U.S. Secret Service, U.S. Department of*

    Homeland Security, Office of Safe and Drug-Free Schools, U.S. Department of

    Education, and Federal Bureau of Investigation, U.S. Department of Justice.

    Washington, DC. Retrieved from http://www2.ed.gov/admins/lead/safety/campus-

    attacks.pdf

Duarté-Vélez, Y., Bernal, G., & Bonilla. K. (2010). Culturally adapted cognitive-behavioral

    therapy: Integrating sexual, spiritual, and family identities into an evidence-based

    treatment of a depressed Latino adolescent. *Journal of Clinical Psychology, 66*(8), 895-

    906. doi: 10.1002/jclp.20710

Early, T. J. & Glen Maye, L. F. (2000). Valuing families: Social work practice with families

    from a strengths perspective. *Social Work, 45*(2), 118-130. doi: 10.1093/sw/45.2.118

Eating for Life. (2015). Eating for life. Retrieved from http://www.eatingforlife.org

Eisenberg, D., & Lipson, S. K. (2014). *The Healthy Minds study*. Retrieved from

http://healthybodiesstudy.org/wp-content/uploads/2014/07/HMS_national.pdf

Eisenberg, D., Golberstein, E., & Gollust, S. E. (2007). Help-seeking and access to mental health

care in a university student population. *Medical Care, 45*, 594-601. doi:

10.1097/MLR.0b013e31803bb4c1

Fabricatore, A. N., Handal, P. J., & Penzel, L. M. (2000). Personal spirituality as a moderator of

the relationship between stressors and subjective well-being. *Journal of Psychology and

Theology, 28,* 221-228.

Flores, G. (2000). Culture and the patient-physician relationship: Achieving cultural competency

in health care. *The Journal of Pediatrics, 136,* 14-23. doi: 10.1016/S0022-

3476(00)90043-X

Foster, L., Brown, R., Phillips, B., Schore, J., Lepidus, R., & Carlson, B. (2003). Improving the

quality of Medicaid personal assistance through consumer direction. *Health Affairs Web

Exclusive* [serial online], Retrieved from

http://www.healthaffairs.org/WebExclusives/FosterWebExcl032603.htm

Franko, D. L., & George, J. (2008). A pilot intervention to reduce eating disorder risk in Latina

women. *European Eating Disorders Review, 16*(6), 436-441. doi: 10.1002/erv.891

Frese, F., Stanley, J., Kress, K., & Vogel-Scibilia, S. (2001). Integrating evidence-based

practices and the recovery model. *Psychiatric Services, 52*(11), 1462-1468. doi:

10.1176/appi.ps.52.11.1462

Fuertes, J. N., & Brobst, K. (2002). Clients' ratings of counselor multicultural competency.

Cultural Diversity and Ethnic Minority Psychology, 8(3), 214–223. doi:

10.1037/1099-9809.8.3.214

Gallagher, J. P. (2008). National survey of counseling center directors. *The International Association of Counseling Services.* (Monograph Series Number 8Q). Retrieved from http://www.iacsinc.org/2008%20National%20Survey%20of%20Counseling%20Center%20Directors.pdf

Gallardo, M., Yeh, C., Trimble, J., & Parham, T. (2011). *Culturally adaptive counseling skills: Demonstrations of evidence-based practices.* Thousand Oaks, CA: Sage Publications.

Gallego, J., Aguilar-Parra, J. M., Cangas, A. J., Langer, A. I., & Mañas, I. (2014). Effect of a mindfulness program on stress, anxiety and depression in university students. *Spanish Journal of Psychology, 17,* 1-6. doi: 10.1017/sjp.2014.102

Gander, F., Proyer, R., Ruch, W., & Wyss, T. (2013). Strength-based positive interventions: further evidence for their potential in enhancing well-being and alleviating depression. *Journal of Happiness Studies, 14*(4), 1241-1259. doi: 10.3389/fpsyg.2015.00456

Gieck, D., & Olsen, S. (2007). Holistic wellness as a means to developing a lifestyle approach to health behavior among college students. *Journal of American College Health, 56*(1), 29-35. doi: 10.3200/JACH.56.1.29-36

Giedd, J. N. (2004). Structural magnetic resonance imaging of the adolescent brain. *Annals of the New York Academy of Sciences, 1021*(1), 77-85. doi: 10.1196/annals.1308.009

Gísladóttir, M. M., & Svavarsdóttir, E. K. (2011). Educational and support intervention to help families assist in the recovery of relatives with eating disorders. *Journal Of Psychiatric And Mental Health Nursing, 18*(2), 122-130. doi: 10.1111/j.1365-2850.2010.01637.x

Gonzalez, J., Tinsley, H., & Kreuder, K. (2002). Effects of psychoeducational interventions on

opinions of mental illness, attitudes toward help seeking, and expectations about

psychotherapy in college students. *Journal of College Student Development, 43*(1), 51-

63.

Grimes, S. K. (1997). Underprepared community college students: Characteristics, persistence,

and academic success. *Community College Journal of Research and Practice*, *21*(1), 47-

56. doi: 10.1080/1066892970210105

Gutierrez, L.M. (1990). Working with women of color: An empowerment perspective. *Social

Work, 35*, 149-153. doi: 0.1093/sw/35.2.149

Hammond, W. (2010). *Principles of strengths-based practice.* Alberta, Canada: Resiliency

Initiatives.

Harris, T., & Molock, S. (2000). Cultural orientation, family cohesion and family support

in suicide ideation and depression among African American college students. *Suicide And

Life-Threatening Behavior*, *30*(4), 341-353. doi: 10.1111/j.1943-278X.2000.tb01100.x

Harvard University. (n.d.). National Alcohol Screening Day. Retrieved from

http://aods.harvard.edu/nasd

Hays, P. (2001). *Addressing cultural complexities in practice: A framework for clinicians and

counselors*. Washington, DC: American Psychological Association.

Healy, M. (2012, August 22). How to help your college student stay healthy away from home.

USA Today. Retrieved from http://usatoday30.usatoday.com/news/health/backtoschool

/story/2012-8-22/healthy-start-college/57192080/1

Healthy Campus 2020. (2015). About. Retrieved from

http://www.acha.org/HealthyCampus/about

Healthy Campus 2020. (2015). MAP-IT Framework. Retrieved from

https://www.acha.org/HealthyCampus/Implement/MAP-IT_Framework/HealthyCampus/

Map-It_Framework.aspx?hkey=bc5a1b28-ae96-4f06-b3ee-ed492441e7db

Healthy Campus 2020. (2015). Objectives. Retrieved from

https://www.acha.org/HealthyCampus/Objectives/HealthyCampus/Objectives.aspx?hkey

=64e3d205-403e-40b8-b4bb-758ca72fd310

Human Rights Campaign. (2015). Resources: Campus & young adult. Retrieved from

http://www.hrc.org/resources/category/campus-young-adult

Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among

college students. *Journal of Adolescent Health, 46*, 3-10. doi:

10.1016/j.jadohealth.2009.08.008

Hyde, B. (2013). Mutual aid group work: Social work leading the way to recovery-

focused mental health practice. *Social Work With Groups, 36*(1), 43-58. doi:

10.1080/01609513.2012.699872

Inman, A., Yeh, C., Madan-Bahel, A., & Nath, S. (2007). Bereavement and coping of South

Asian families post 9/11. *Journal of Multicultural Counseling and Development, 35*,

101-115. doi: 10.1002/j.2161-1912.2007.tb00053.x

International Association of College Counseling Services. (2010) *Standards for university and

college counseling services.* Retrieved from http://0201.nccdn.net/1_2/000/000

/197/672/IACS-STANDARDS-rev-10-3-11.pdf

Jed Foundation. (2014). JedCampus. Retrieved from

https://www.jedfoundation.org/professionals/programs-and-research/jedcampus-info-

schools

Jones, L. V. (2009). Claiming your connections: A psychosocial group intervention study of

Black college women. *Social Work Research*, *33*(3), 159-171. doi: 10.1093/swr/33.3.159

Kalibetsava, Z., & Leong, F. (2014). A critical review of culturally sensitive treatments for

>depression: Recommendations for interventions and research. *Psychological Services,*
>
>*11*(4), 433-450. doi: 10.1037/a0036047

Knox, K. L., Litts, D. A., Talcott, G. W., Feig, J. C., & Caine, E. D. (2003). Risk of suicide and

>related adverse outcomes after exposure to a suicide prevention programme in the U.S.
>
>Air Force: Cohort study. *British Medical Journal, 327*(7428), 1376-1380. doi:
>
>10.1136/bmj.327.7428.1376

Lee, D., Sirgy, M. J., Yu, G. B., & Chalamon, I. (2015). The well-being effects of self-

>expressiveness and hedonic enjoyment associated with physical exercise. *Applied*
>
>*Research in Quality of Life, 10*(1), 141-159. doi: 10.1007/s11482-014-9305-7

Lefley, H. P. (2010). Treating difficult cases in a psychoeducational family support group

>for serious mental illness. *Journal of Family Psychotherapy, 21*(4), 253-268. doi:
>
>10.1080/08975353.2010.529014

Lehnert, A. (2009). *The influence of strengths-based development on leadership practices among*

>*undergraduate college students*. (Doctoral dissertation, Regent University). Virginia
>
>Beach, VA.

Liberman, R. (1988). *Psychiatric rehabilitation of chronic mental patients*. Washington, DC:

>American Psychiatric Press.

Longshore, D., Grills, C., & Annon, K. (1999). Effects of a culturally congruent intervention on

>cognitive factors related to drug-use recovery. *Substance Use and Misuse, 34*(9), 1223-
>
>1241. doi: 10.3109/10826089909039406

Lorig, K., & Holman, H. (2003). Self-management education: History, definition, outcomes, and

mechanisms. *Annals of Behavioral Medicine, 26*, 1-7. doi:

10.1207/S15324796ABM2601_01

Lucksted, A., Medoff, D., Burland, J., Stewart, B., Fang, L. J., Brown, C…Dixon, L. B. (2013).

Sustained outcomes of a peer-taught family education program on mental illness.

Acta Psychiatrica Scandinavica, 127(4), 279-286. doi: 10.1111/j.1600-

0447.2012.01901.x

Macdonald, C. D., & Roberts-Pittman, B. (2010). Cyberbullying among college students:

Prevalence and demographic. *Procedia Social and Behavioral Sciences, 9*, 2003-2009.

doi: 10.1016/j.sbspro.2010.12.436

Mancini, M. A., Hardiman, E. R., & Lawson, H. A. (2005). Making sense of it all: Consumer

providers' theories about factors facilitating and impeding recovery from psychiatric

disabilities. *Psychiatric Rehabilitation Journal, 29*(1), 48-55. doi: 10.2975/29.2005.48.55

Mathew, Reji. (2012). *SOS for emotions: Tools for emotional health* [Brochure]. New York, NY:

NYU Counseling and Wellness Services.

McAlpine, C., Marshall, C. C., & Doran, N. H. (2001). Combing child welfare and substance

abuse services: A blended model of intervention. *Child Welfare, 80*(2), 129-149. doi:

10.1016/j.childyouth.2010.06.017

Mermelstein, L. C., & Garske, J. P. (2014). A brief mindfulness intervention for college student

binge drinkers: A pilot study. *Psychology of Addictive Behaviors, 29*(2), 259-269. doi:

10.1037/adb0000040

Mindcheck. (n.d.). About us. Retrieved from http://mindcheck.ca/about-us.

Munetz, M. R., & Frese, F. J. (2001). Getting ready for recovery: Reconciling mandatory

treatment with the recovery vision. *Psychiatric Rehabilitation Journal, 25*(1), 35-42. doi:

10.1037/h0095052

NAMI FaithNet. (n.d.). Missions and guidelines. Retrieved from

http://www2.nami.org/MSTemplate.cfm?Section=Mission_and_Guidelines&Site=FaithN

et_NAMI&Template=/ContentManagement/HTMLDisplay.cfm&ContentID=68225

Nasser, E. H., & Overholser, J. C. (2005). Recovery from major depression: The role of

support from family, friends, and spiritual beliefs. *Acta Psychiatrica Scandinavica,*

111(2), 125-132. doi: 10.1111/j.1600-0447.2004.00423.x

National Alliance on Mental Illness. (2004). Multicultural Action Center. Retrieved from

https://www.nami.org/Press-Media/Press-Releases/2004/NAMI-Establishes-New-

Multicultural-Action-Center

National Center on Addiction and Substance Abuse at Columbia University. (2007). *Wasting the*

best and the brightest: Substance abuse at America's colleges and universities. Retrieved

from http://www.casacolumbia.org/addiction-research/reports/wasting-best-brightest-

substance-abuse-americas-colleges-universitys

National Alliance on Mental Illness. (2012). *College students speak: A survey report on mental*

health. Retrieved from

http://www.nami.org/Content/NavigationMenu/Find_Support/NAMI_on_Campus1/NAM

I_Survey_on_College_Students/collegereport.pdf

National Alliance on Mental Illness Family-to-Family Education Program. (2014). Intervention

summary. Retrieved from http://nrepp.samhsa.gov/ViewIntervention.aspx?id=315

National Center on Addiction and Substance Abuse at Columbia University. (2011). *Adolescent*

substance use: America's #1 public health problem. Retrieved from

http://www.casacolumbia.org/addiction-research/reports/adolescent-substance-use

National Institute on Alcohol Abuse and Alcoholism. (2013). *College drinking*. Retrieved from

      http://pubs.niaaa.nih.gov/publications/CollegeFactSheet/CollegeFactSheet.pdf

National Institute on Mental Health. (2005). *Mental illness exacts heavy toll, beginning in youth*.

      Retrieved from http://www.nimh.nih.gov/news/science-news/2005/mental-illness-exacts-

      heavy-toll-beginning-in-youth.shtml

New York University. (n.d.). Toolkits. Retrieved from

      http://www.nyu.edu/life/safety-health-wellness/student-health-center/services/mental-

      health/toolkits.html

Painter, K. (2012). Outcomes for youth with severe emotional disturbance: A repeated measures

      longitudinal study of a wraparound approach of service delivery in systems of care. *Child

      & Youth Care Forum*, *41*(4), 407-425. doi: 10.1007/s10566-011-9167-1

Parents and Families for Active Minds. (2010). Parents and Families for Active Minds. Retrieved

      from http://www.activeminds.org/about/media-center/press-releases/6-press-

      releases/377-%09announcing-parents-and-families-for-active-minds-pfam

Pepperdine University. (2015). Group counseling. Retrieved from

      http://community.pepperdine.edu/counselingcenter/counseling/groups.htm

Peterson, N. A., Farmer, A. Y., & Zippay, A. (2014). The implicit curriculum in an urban

      university setting: Pathways to students' empowerment. *Journal of Social Work

      Education, 50,* 630-647. doi: 10.1080/10437797.2014.947163

Presley, C. A., Meilman, P. W., & Cashin, J. R. (1996). *Alcohol and drugs on American college

      campuses: Use, consequences, and perceptions of the campus environment* (vol. IV).

      Carbondale, IL: Core Institute, Southern Illinois University.

Pullmann, M. D., VanHooser, S., Hoffman, C., Heflinger, C. A. (2010). Barriers to and supports

of family participation in a rural system of care for children with serious emotional

problems. *Journal of Community Mental Health, 46,* 211-220. doi: 10.1007/s10597-009-9208-5

Rapp, C. (1998). *The strengths model: Case management with people suffering from severe and persistent mental illness.* New York, NY: Oxford University Press.

Reed, M. J., Kennett, D. J., Lewis, T., Lund-Lucas, E., Stallberg, C., & Newbold, I. L. (2009). The relative effects of university success courses and individualized interventions for students with learning disabilities. *Higher Education Research & Development*, *28*(4), 385-400. doi: 10.1080/07294360903067013

Regalado, J. (n.d.). Family resource guide for supporting college student wellness & mental health. Retrieved from http://sites.laverne.edu/student-affairs/family-resource-guide/

Resnick, S.G., & Rosenhack, R.A. (2008). Integrating peer-provided services: A quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services, 59*(11), 1307-1314. doi: 10.1176/ps.2008.59.11.1307

Rogers, E.S., Chamberlin, J., Ellison, M.L., & Crean, T. (1997). A consumer-constructed scale to measure empowerment among users of mental health services. *Psychiatric Services, 48*(8), 1042-1047. doi: 10.1176/ps.48.8.1042

Saleebey, D. (1996). The strengths perspective in social work practice: extension and cautions. *Social Work, 41*(3), 296-305. doi: 10.1093/sw/41.3.296

Savin-Williams, R. C. (1998). The disclosure to families of same-sex attractions by lesbian, gay and bisexual youths. *Journal of Research on Adolescence, 8*(1), 49-68. doi: 10.1207/s15327795jra0801_3

Schrank, B., & Slade, M. (2008). Recovery in psychiatry. *Psychiatric Bulletin, 31*, 321-325. doi:

10.1192/pb.bp.106.013425

Schreiner, L.A., & Anderson, E.C. (2004). Strengths-based advising. *StrengthsQuest*

Educator Resource. Retrieved from https://www.apu.edu/strengthsacademy/downloads

/strengths_based_advising_handout.pdf

Screening for Mental Health. (n.d.). College SOS. Retrieved from

http://shop.mentalhealthscreening.org/products/college-sos

Settles, I., & Buchanan, N. (2014). Intersectionality: Multiple categories of identity and

difference. In V. Benet-Martinez & Y. Hong (Eds.), *The Oxford Handbook of*

Multicultural Identity. (pp. 160-180). New York: Oxford University Press.

Sharkin, B. (2011). College counseling and student retention: Research findings and implications

for college counseling centers. *Journal of College Counseling, 7*(2), 99-108. doi:

10.1002/j.2161-1882.2004.tb00241.x

Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and

critical ingredients. *Psychiatric Rehabilitation Journal, 27*(4), 392-401. doi:

10.2975/27.2004.392.401

Solomon, P., Draine, J., Mannion, E., & Meisel, M. (1996). The impact of individualized

consultation and group workshop family education and interventions on ill relative

outcomes. *Journal of Nervous & Mental Disease, 184,* 252-254.

Soysa, C. K., & Wilcomb, C. J. (2015). Mindfulness, self-compassion, self-efficacy, and gender

as predictors of depression, anxiety, stress, and well-being. *Mindfulness, 6*(2), 217-226.

doi: 10.1007/s12671-013-0247-1

Stanford University. (n.d.). Self-Assessments. Retrieved at

https://studentaffairs.stanford.edu/cdc/identify/self-assessments

Stanghellini, G., Bolton, D., & Fulford. W. (2013). Person-centered psychopathology of

schizophrenia: Building on Karl Jaspers' understanding of patient's attitude

toward his illness. *Schizophrenia Bulletin, 39*(2), 287-294. doi:

10.1093/schbul/sbs154

Stanhope, V., Ingoglia, C., Schmelter, B., & Marcus, S. C. (2013). Impact of person-

centered planning and collaborative documentation on treatment adherence.

Psychiatric Services, 64(1), 76-79. doi: 10.1176/appi.ps.201100489

Strength of Us. (2015). About. Retrieved from http://strengthofus.org/about

StrengthsQuest. (2010). About. Retrieved from

http://www.strengthsquest.com/content/141728/index.aspx

Substance Abuse and Mental Health Service Administration. (2004). *National consensus*

statement on mental health recovery. [Pamphlet]. Washington, DC: U.S. Department of

Health and Human Services.

Substance Abuse and Mental Health Service Administration (2009). *Guiding principles and*

elements of recovery-oriented systems of care: What do we know from the research?

Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental

Health Services Administration.

Substance Abuse and Mental Health Service Administration. (2010). *Self-directed care in mental*

health: Learnings from the Cash & Counseling Demonstration Evaluation. Retrieved

from http://store.samhsa.gov/shin/content//SMA10-4522/SMA10-4522.pdf

Substance Abuse and Mental Health Service Administration. (2011). *SAMHSA announces a*

working definition of "recovery" from mental disorders and substance use disorders.

Retrieved from http://www.samhsa.gov/newsroom/advisories/1112223420.aspx

Swanson, J. E. (2007). Success in the first year: Impact of alternative advising on students at a

liberal arts college. *Dissertation Abstracts International Section A*, *67*, 4481.

Thrift, M., Ulloa-Heath, J., Reardon, R. C., & Peterson, G. W. (2012). Career interventions and

the career thoughts of Pacific Island college students. *Journal of Counseling &*

Development, *90*(2), 169-176. doi: 10.1111/j.1556-6676.2012.00022.x

Tilly, J., & Wiener, J. (2001). *Consumer-directed home and community services: Policy issues*.

Washington, DC: The Urban Institute.

Torres, J. B., & Solberg, V. (2001). Role of self-efficacy, stress, social integration, and family

support in Latino college student persistence and health. *Journal of Vocational Behavior*,

59(1), 53-63. doi: 10.1006/jvbe.2000.1785

Transition Year. (2012). Transition year. Retrieved from http://www.transitionyear.org

Trepper, T. S., Nelson, T. S., McCollum, E. E., & McAvoy, P. (1997). Improving substance

abuse service delivery to Hispanic women through increased cultural competencies: A

qualitative study. *Journal of Substance Abuse Treatment, 14*(3), 225-234. doi:

10.1016/S0740-5472(96)00061-X

Tulane University. (n.d.). Parents and Families. Retrieved from

http://tulane.edu/health/wellness/families-mentalhealth.cfm

ULifeline. (2015). Self-evaluator. Retrieved from http://www.ulifeline.org/self_evaluator

University of California, Davis. (n.d.). Undergraduate career exploration group. Retrieved from

https://shcs.ucdavis.edu/services/groups/uceg.html

University of California, Irvine. (n.d.). Joining a group. Retrieved from

http://www.counseling.uci.edu/services/groups.html

University of California, Los Angeles. (n.d.a). Wellness skills groups. Retrieved from

http://www.counseling.ucla.edu/Portals/25/Documents/Spring%202015.pdf

University of California, Los Angeles. (n.d.b). What is mindfulness? Retrieved from

http://www.counseling.ucla.edu/wellness.html

University of California, Los Angeles. (2009). UCLA Parent and Family Programs. Retrieved

from http://parents.ucla.edu/involvement/pfp/whatis/help

University of California, San Diego. (2013). Psychotherapy & support groups. Retrieved from

http://caps.ucsd.edu/groups.html

University of California, San Diego. (2013). Drop-in forums. Retrieved from

http://caps.ucsd.edu/groups.html

University of California, Santa Barbara. (n.d.a). Health and wellness. Retrieved from

http://wellness.sa.ucsb.edu/aboutus.aspx

University of California, Santa Barbara. (n.d.b). Workshops. Retrieved from

http://caps.sa.ucsb.edu/services/group-counseling/groups-offered

University of Chicago. (2015). Parents & Families. Retrieved from

http://parents.uchicago.edu/parentexperience/tips/first

University of Michigan. (2015). Welcome to MiTalk! Retrieved from http://mitalk.umich.edu/

University of Missouri. (n.d.). What does SHAC do? Retrieved from

http://studenthealth.missouri.edu/programs/shac/shacdo.html

University of Oregon. (2012). Parents and family. Retrieved from

http://counseling.uoregon.edu/topicsResources/ParentsFamily.aspx

University of Southern California. (n.d.a). Be Well USC. Retrieved from https://bewell.usc.edu/

University of Southern California. (n.d.b). Group counseling. Retrieved from

https://engemannshc.usc.edu/counseling/groups/

University of Southern California. (n.d.c). Nutrition and exercise. Retrieved from

https://bewell.usc.edu/nutrition-exercise/

University of Southern California. (2011). Office for Parent Programs. Retrieved from

http://www.usc.edu/student-affairs/parents/parentresources.html

University of Wisconsin, Whitewater. (2015). UW-W Sexual Assault Awareness Month Events.

Retrieved from http://www.uww.edu/Documents/uhcs/SAAMCalendar2015.pdf

U.S. Census Bureau. (2012). *The 2012 statistical abstract*. Retrieved from

https://www.census.gov/compendia/statab/2012edition.html

U.S. Department of Education. (2012). *Enrollment – Fast facts*. Retrieved from

http://nces.ed.gov/fastfacts/display.asp?id=98

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon

General.* Rockville, MD: U.S. Department of Health and Human Services, Substance

Abuse and Mental Health Service Administration, Center for Mental Health Services,

National Institutes of Health, National Institute of Mental Health.

U. S. Department of Veteran Affairs. (2012). *Who are today's student veterans?* Retrieved from

http://www.mentalhealth.va.gov/studentveteran/studentvets.asp

Valentiner, D., Holohan, J., & Moos, R. (1994). Social support, appraisals of event

controllability, and coping: An integrative model. *Journal of Personality and Social

Psychology, 66*(6), 1094-1102. doi: 10.1037/0022-3514.66.6.1094

van de Sanden, R., Stutterheim, S., Pryor, J., Kok, G., & Bos, A. (2013). Experiences of stigma

by association among family members of people with mental illness. *Rehabilitation

Psychology, 58*(1), 73-80. doi: 10.1037/a0031752

Wandersman, A. & Nation. M. (1998). Urban neighborhoods and mental health: psychological

    contributions to understanding toxicity, resilience, and interventions. *American*

    Psychologist, 43, 647-656. doi: 10.1037/0003-066X.53.6.647

Wei, M., Yeh, C., Chao, R., Carrera, S., & Su, J. C. (2013). Family support, self-esteem, and

    perceived racial discrimination among Asian American male college students. *Journal of*

    Counseling Psychology, *60*(3), 453-461. doi: 10.1037/a0032344

Westra, H. A. (2012). *Motivational interviewing in the treatment of anxiety*. New York, NY: The

    Guilford Press.

White, V. E., Trepal-Wollenzier, H., & Nolan, J. (2002). College students and self-injury:

    Intervention strategies for counselors. *Journal Of College Counseling*, *5*(2), 105-113. doi:

    10.1002/j.2161-1882.2002.tb00212.x

Winkelman, M. (2003). Complementary therapy for addiction: "Drumming out drugs." *American*

    Journal of Public Health, 93(4), 647-651.

APPENDIX A

Current College Mental Health Resources

Resource	Location	Category	Purpose	Recovery Principle	Website
Active Minds	Non-specific	General	Active Minds empowers college students to get involved with mental health resources on their campuses through advocacy and education. Student-run chapters of Active Minds across the country promote awareness campaigns at their schools, including Eating Disorders Awareness Week, National Day Without Stigma, Suicide Prevention Month, and Stress Less Week.	Self-Responsibility/ Empowerment	www.activeminds.org
Be Well USC	University of Southern California	In-person (campus specific)	The Be Well at USC initiative was created by the Division of Student Affairs at USC in order to help students realize their "fullest potential of an individual physically, psychologically, socially, spiritually, and economically." As such, free meditation and yoga classes are offered, as well as a Mindful Eating and Self-Compassion Workshop and a Massages and Therapy Dogs Workshop.	Holistic	https://bewell.usc.edu
Be Well USC	University of Southern California	Web-based (campus specific)	Includes healthy recipes, stress management tips, and psychoeducational information about the importance of good nutrition and exercise.	Holistic	https://bewell.usc.edu/nutrition-exercise/
Building Self-Esteem	California State University, Northridge	Campus-specific	In this group, students learn to recognize their positive attributes, "feel good about themselves despite	Strengths-Based	http://www.csun.edu/counseling/therapy-groups

			life's shortcomings", and become more supportive of themselves.		
Campus Pride	Non-specific	General	Campus Pride is a volunteer-driven national organization that works alongside LGBTQ groups on campus to develop anti-discrimination trainings, campus fairs, and campaigns for equality. Campus Pride's website also offers a list of the top 50 most LGBTQ-friendly schools in the country; health and wellness tips; advice about thriving as an LGBTQ college athlete; and a Campus Pride Map, which connects students to LGBTQ student groups, support services, and campus safe zones.	Cultural Sensitivity	www.campuspride.org
Choice or Chance	California State University, Northridge	Campus-specific	This is a workshop for students to identify their skills and interests, better understand their values, discover their personal style and identity, learn decision-making techniques, and assess their strengths.	Strengths-Based	http://www.csun.edu/counseling/therapy-groups
College SOS	Non-specific	General	College SOS is a screening effort created by Screening for Mental Health. The mission of this effort is to "empower college students to take charge of their mental health." Students are able to take comprehensive screenings and are then provided with multiple resources specific to their university.	Self-Responsibility/ Empowerment	http://shop.mentalhealthscreening.org/products/college-sos

Coming Out Group	University of California, San Diego	Campus-specific	This group was created specifically for LGBTQ students who have either recently come out or are considering coming out, and addresses accompanying anxiety, fear, sadness, loneliness, and concerns during this process.	Cultural Sensitivity	http://caps.ucsd.edu/groups.html
Confiar	University of California, Los Angeles	Campus-specific	A group where Latina/o students can discuss issues such as navigating cultural contexts, dating, stigma, work, discrimination, and the way that their experiences on campus are impacted by their Latina/o identity.	Cultural Sensitivity	http://www.counseling.ucla.edu/Portals/25/Documents/Spring%202015.pdf
Counseling and Psychological Services	University of California, Los Angeles	Web-based (campus specific)	Contains a "Wellness Resources" section, with information about mindfulness and meditation. A variety of meditation podcasts (body scans, walking meditations, loving kindness meditations) are included as well.	Holistic	http://www.counseling.ucla.edu/wellness.html
Counseling and Wellness Services	New York University	In-person (campus specific)	NYU's Counseling Center offers two-part workshops to students called "toolkits." These workshops are designed to enhance "personal, academic, and social well-being" Some examples of these toolkits are Trauma and Wellness; Meditation/Self-Hypnosis; Mindfulness-Based Relapse Prevention (MBRP), and Life Skills.	Holistic	http://www.nyu.edu/life/safety-health-wellness/student-health-center/services/mental-health/toolkits.html
Counseling and Wellness Services	New York University	Web-based (campus specific)	NYU's website contains a brochure, *SOS for Emotions: Tools for Emotional*	Holistic	http://www.nyu.edu/content/dam/nyu/studentHealthServices/d

			Health. Several wellness tools are suggested and expanded upon, such as deep breathing, relaxation, prayer, meditation, listening to music, and painting. The brochure is written from a recovery-oriented perspective, suggesting that students create relapse-prevention plans and also reminding them that recovery is a non-linear process. Psychoeducation is also provided about evidence-based holistic therapeutic interventions that emphasize creativity, such as art therapy and music therapy.		ocuments/PDFs /mental-health/CWS_S OS_for_Emotio ns_Booklet.pdf
Drop-In Forums	University of California, San Diego	Campus-specific	Forums for students to be able to "drop in" at their convenience to gain support from their communities and to promote activism. Examples include the Asian Community Forum, Campus Black Forum, and Latina/o & Chicana/o Forum. Students do not need to complete intakes, provide personal information, or attend every session in order to participate.	Cultural Sensitivity	http://caps.ucsd. edu/groups.htm l
Eating for Life	Non-specific	Web-based (general)	Online resource for family members with concerns about their college students' eating habits or body image. Provides psychoeducation, ways to approach students with concerns, strategies to evaluate readiness for transitioning to	Family Support	www.eatingforl ife.org

			campus life, and how to encourage relapse prevention.		
Expresate	California State University, Northridge	Campus-specific	This is a support group for Latina/o students to be able to discuss what their cultural identity means to them, and to have a "safe place" to talk about relevant issues such as family, relationships, day-to-day struggles.	Cultural Sensitivity	http://www.csun.edu/counseling/therapy-groups
Family Resource Guide	University of LaVerne	Web-based (campus-specific)	Comprehensive online guide for family members that includes wellness strategies, wellness resources, ways to aid students in coping with college transition, guidance for family members on other mental health issues, relevant literature, and other resources.	Family Support	http://sites.laverne.edu/student-affairs/family-resource-guide/
Gender Identity Spectrum Group	University of California, Los Angeles	Campus-specific	This is a group for students who are or may be transgender, gender fluid, or gender nonconforming. Issues that are addressed include coping with stress from gender binary norms, coming out to oneself and others, establishing identity-affirming relationships, and adjusting to a new social identity.	Cultural Sensitivity	http://www.counseling.ucla.edu/Portals/25/Documents/Spring%202015.pdf
Healing in the Black Family	University of California, Los Angeles	Campus-specific	A group in which African-American students are able to explore their cultural identities, process family dynamics, understand how cultural dynamics impact relationships, and learn effective ways to communicate and attain their goals.	Cultural Sensitivity	http://www.counseling.ucla.edu/Portals/25/Documents/Spring%202015.pdf
Healthy Campus 2020	Non-specific	General	Healthy Campus 2020 is an initiative that	Holistic	http://www.acha.org/HealthyC

			utilizes the MAP-IT (Mobilize, Assess, Plan, Implement, Track) framework to address major determinant of mental health on campus, including nutrition, physical health, sexual health, and mental wellness.		ampus/index.cf m
Human Rights Campaign	Non-specific	General	The Human Rights Campaign (HRC) is the largest LGBTQ civil rights advocacy group in the United States. The HRC's website provides LGBTQ college students with information about gender-neutral housing, LGBTQ scholarships, campus advocacy tools, and opportunities for activism.	Cultural Sensitivity	http://www.hrc. org/resources/c ategory/campus -young-adult
International Tea Time	University of Southern California	Campus-specific	This is a group for international students who may be struggling with cultural adjustment. Some topics discussed are culture shock, homesickness, dating in the United States versus dating in their home country, risky behaviors in the United States, and domestic relationships with peers.	Cultural Sensitivity	https://engeman nshc.usc.edu/co unseling/groups /
Jed and Clinton Health Matters Campus Program	Non-specific	General (via Jed Foundation)	Encourages and assists universities with providing comprehensive, holistic resources on campus. Emphasizes identifying at-risk students; increasing help-seeking behavior; providing mental health and substance use disorder services; utilizing strategic planning, and	Holistic	www.thecampu sprogram.org

			promoting environmental safety, life skills, connectedness, academic performance, and overall student wellness. Provides colleges with recommendations, feedback, suggestions, and support.		
LGBTQ Group	Pepperdine University	Campus-specific	A confidential therapy group for LGBTQ students to be able to express pain and loss about rejection by peers and family members, existential confusion (for example, "Why would God make me this way, if it is not okay?"), and other everyday stresses and concerns. The primary goal of the group is social and emotional support.	Cultural Sensitivity	http://community.pepperdine.edu/counselingcenter/counseling/groups.htm
LGBTQ Support	California State University, Northridge	Campus-specific	A support group for LGBTQ students to come together to talk about feeling safe on campus, family issues, relationships, and the development of their respective identities.	Cultural Sensitivity	http://www.csun.edu/counseling/therapy-groups
Mindcheck	Non-specific	General	This website is designed to help youth and young adults better understand their emotions and quickly connect to mental health resources and support. Support includes education, self-care tools, website links, and assistance in connecting to local professional resources.	Self-Responsibility/ Empowerment	http://mindcheck.ca
MiTalk	University of Michigan	Campus-specific	This website provides students with online mental health screenings, skill-building and coping resources,	Self-Responsibility/ Empowerment	http://mitalk.umich.edu/

			psychoeducation, multimedia workshops, mood tracking tools, and additional resources specific to the University of Michigan. It also provides students with ways to connect to peers for support.		
My Happy Place	University of California, Irvine	Campus-specific	This group teaches students to identify their personal values and strengths in order to increase positive emotions and improve relationships with others. Students are also introduced to positive coping skills and practices.	Strengths-Based	http://www.counseling.uci.edu/services/groups.html
National Alcohol Screening Day	Harvard University (for example)	Campus-specific	National Alcohol Screening Day is an initiative to raise awareness about harmful drinking behaviors and connect at-risk individuals with resources. At Harvard University, attendees fill out brief questionnaires about their alcohol use and privately speak to health professionals about next steps.	Self-Responsibility/ Empowerment	http://aods.harvard.edu/nasd
Office of Parent Programs	University of Southern California	Web-based (campus specific)	Gives parents ways to discuss academic stress with students, such as reflecting and validating feelings as well as encouraging help-seeking behaviors.	Family Support	http://www.usc.edu/student-affairs/parents/parentresources.html
Parents and Families for Active Minds (PFAM)	Non-specific	Web-based (general)	Online group for parents and family members with the goals of stigma reduction, suicide prevention, and increasing help-seeking behaviors among college students.	Family Support	http://www.activeminds.org/about/media-center/press-releases/6-press-releases/377-%09announcing-parents-and-families-for-active-minds-

					pfam
Parent and Family Program	University of Chicago	Web-based (campus-specific)	Provides parents and family members with strategies for supporting students emotionally and easing the transition from high school to college.	Family Support	http://parents.uchicago.edu/parentexperience/tips/first
Parent and Family Programs	University of Oregon	Web-based (campus-specific)	Provides parents and family members with phone consultations about mental health issues or concerns; includes information about suicide prevention, mental health issues on campus, crisis support, and how to best support students with mental health issues.	Family Support	http://counseling.uoregon.edu/topicsResources/ParentsFamily.aspx
Parents as Partners	Tulane University	Web-based (campus-specific)	Educates parents about suicide warning risks and suicide prevention; includes online presentations from counseling center with information on how parents can help.	Family Support	http://tulane.edu/health/wellness/families-mentalhealth.cfm
Progress (Not Perfection)	University of California, Los Angeles	Campus-specific	This group helps students decrease the negative view of self that occurs when unrealistic standards of perfectionism are present. Students learn how to have success despite setbacks.	Strengths-Based	http://www.counseling.ucla.edu/Portals/25/Documents/Spring%202015.pdf
Self-Assessments	Stanford University	Campus-specific	Stanford University's website offers its students the opportunity to take a variety of self-report strengths-based assessments. The primary goal of these assessments is career planning, but the assessments are also meant to help students identify personal skills and values in order to "improve self-understanding and build better	Strengths-Based	https://studentaffairs.stanford.edu/cdc/identify/self-assessments

			relationships with others."		
Sexual Assault Awareness Month	University of Wisconsin-Whitewater (for example)	Campus-specific	Sexual Assault Awareness Month is an annual campaign to raise awareness about sexual assault and to educate others to prevent sexual violence. At UW-W, this includes a self-defense workshop, a "Survivors and Allies Meeting", and an international march to stop sexual violence.	Self-Responsibility/ Empowerment	http://uwww.edu/Documents/uhcs/SAAMCalendar2015.pdf
St. Peter's University Center for Personal Development	St. Peter's University	In-person	Organizes parent discussion groups during First-Year Orientation sessions to both provide psychoeducation for parents on common signs and symptoms of mental health difficulties in college students, in addition to allow parents to meaningfully connect with one another.	Family Support	http://www.sprc.org/sites/sprc.org/files/event_materials/Campus%202D_Disla%20Same%20Language,%20Different%20Cultures.pdf
Strength of Us	Non-specific	General	This is a user-generated and user-driven website designed by NAMI to empower young adults who are impacted by mental health issues. Registered users are able to connect with others on the website, share their own experiences, share videos, and engage in discussion groups.	Self-Responsibility/ Empowerment	http://strengthofus.org/
Student Health Advisory Council	University of Missouri	Campus-specific	Students are involved with activism and policy-making with regards to the way that mental health is approached on campus. Students provide suggestions and recommendations, attend policy meetings, and obtain	Self-Responsibility/ Empowerment	http://studenthealth.missouri.edu/programs/shac/shacdo.html

			student opinions on mental health issues.		
Taming Your Inner Critic	University of California, Los Angeles	Campus-specific	This group targets students that tend to be very hard on themselves, emotionally, socially, and academically. Students in this group work on identifying their inner critic, understanding the function of self-criticism, and practicing nonjudgmental and compassionate self-talk.	Strengths-Based	http://www.counseling.ucla.edu/Portals/25/Documents/Spring%202015.pdf
Trail Blazers	University of Southern California	Campus-specific	A group designed to provide first-generation college students with support. Students discuss resiliency and protective factors, expectations that they have about college, pressure from family members to succeed, and ways to develop a sense of belonging.	Cultural Sensitivity	https://engemannshc.usc.edu/counseling/groups/
Transition Year	Non-specific	Web-based (general)	Provides family members of students with mental health problems with information on making the transition to college. Includes interactive tools that help students and families consider emotional health when selecting a college, get connected with mental health and wellness resources, and maintain open communication.	Family Support	http://www.jedfoundation.org/programs/transition-year
T-Time	California State University, Northridge	Campus-specific	A support group for students who identify as transgender, gender fluid, or gender nonconforming to gain support from one another and from within their	Cultural Sensitivity	http://www.csun.edu/counseling/therapy-groups

			community.		
UCLA Parent and Family Programs	University of California, Los Angeles	In-person	Initiative to provide family members of students with opportunities to connect with one another in person regarding social, emotional, academic, psychological, and academic issues that their college student may be experiencing. Also arranges for parents of alumni to speak to new students about college transition.	Family Support	http://parents.ucla.edu/involvement/pfp/whatis/help
ULifeline	Non-specific	General	ULifeline was created by The Jed Foundation to provide students with relevant resources pertaining to their emotional health and well-being. The Self-Evaluator tool screens for the thirteen most common mental health problems faced by college students today. In addition to providing students with psychoeducation, ULifeline also asks students to anonymously enter the name of their school to obtain resources specific to their university.	Self-Responsibility/ Empowerment	http://www.ulifeline.org/
Undergraduate Career Exploration Group	University of California, Davis	Campus-specific	The primary aim of the group is career decision making, there is also a focus on personal strengths in order to aid group members to "better understand internal conflicts and external obstacles."	Strengths-Based	https://shcs.ucdavis.edu/services/groups/uceg.html
Understanding Self and Others	California State University, Northridge	Campus-specific	This is a group based upon the idea that individuals must be able to relate to themselves in healthy and positive ways in	Strengths-Based	http://www.csun.edu/counseling/therapy-groups

			order to forge meaningful relationships with others.		
Unity in Strength	University of California, Santa Barbara	Campus-specific	"Unity is Strength: A Support Space for Students of African Heritage," where students meet to discuss unique challenges that they experiences due to their cultural identity. Students do not need to complete intakes, provide personal information, or attend every session in order to participate.	Cultural Sensitivity	http://caps.sa.ucsb.edu/services/group-counseling/groups-offered
University Counseling Services	Boston College	Web-based (campus specific)	Includes "Feel Better Now Resources" that encourage a creative and individualized approach to mental health recovery. Stress relief activities, meditation exercises, journaling prompts, and even coloring pages with motivational quotes to be printed are all included for students.	Holistic	https://www.bc.edu/offices/counseling/external.html
Wellness Center	University of California, Santa Barbara	In-person (campus specific)	The mission of UCSB's Wellness Center is to promote the "mental, physical, and social health of all students" utilizing a comprehensive, research-based framework. Events include free back massages, hikes, yoga classes, dog therapy, art walks, and trips to the local farmer's market. The Wellness Center recruits and trains students volunteers who hold weekly meetings to educate their peers on a variety of topics, including healthy eating, body image,	Holistic	http://wellness.sa.ucsb.edu/aboutus.aspx

			stress management, alcohol and other drugs, sexual health, positive psychology, and relationships.		
Women's Group	California State University, Northridge	Campus-specific	A group for female students to be able to interact interpersonally with one another, help each other discover their strengths, explore their identities, and develop inner balance.	Strengths-Based	http://www.csun.edu/counseling/therapy-groups

APPENDIX B

GPS IRB Exemption Notice

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

October 13, 2014

Protocol #: N1014D01
Project Title: Addressing Mental Health Needs on College Campuses: Utilizing Recovery Principles that Encourage a Holistic Approach, Self-Responsibility, Strengthens-Based Practice, Cultural Sensitivity and Family

Dear Ms. Jackson,

Thank you for submitting the Non-Human Subjects Verification Form and supporting documents for your above referenced project. As required by the Code of Federal Regulations for the Protect for Human Subjects (Title 45 Part 46) any activity that is research and involves human subjects requires review by the Graduate and Professional Schools IRB (GPS-IRB).

After review of the Non-Human Subjects Verification Form and supporting documents, GPS IRB has determined that your proposed research[1] activity does not involve human subjects. Human subject is defined as a living individual about whom an investigator (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information. (45 CFR 46102(f))

As you are not obtaining either data through intervention or interaction with living individuals, or identifiable private information, then the research activity does not involve human subjects, therefore GPS IRB review and approval is not required of your above reference research.

We wish you success on your non-human subject research.

Sincerely,

Dr. Thema Bryant-Davis
Chair, Graduate and Professional Schools IRB
Pepperdine University

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives
        Mr. Brett Leech, Compliance Attorney
        Dr. Dennis Lowe, Faculty Advisor

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[1] *Research m*eans a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported un-der a program which is considered research for other purposes. (45 CFR 46.102(d)).