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Student as Active Agent: A Grounded Theory of the Postsecondary Transition Experiences for Students with Psychiatric Disabilities

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STUDENT AS ACTIVE AGENT: A GROUNDED THEORY OF THE
POSTSECONDARY TRANSITION EXPERIENCES FOR STUDENTS WITH
PSYCHIATRIC DISABILITIES

BY

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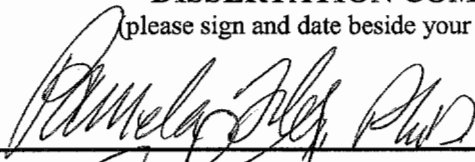### OFFICE OF GRADUATE STUDIES

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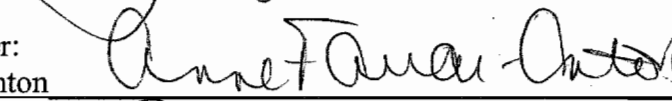
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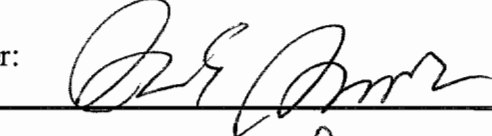
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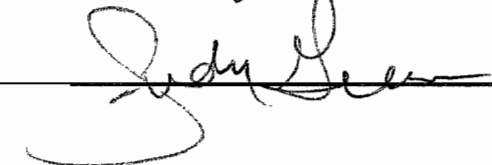
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ABSTRACT

STUDENT AS ACTIVE AGENT: A GROUNDED THEORY OF THE
POSTSECONDARY TRANSITION EXPERIENCES FOR STUDENTS WITH
PSYCHIATRIC DISABILITIES

Although research indicates a trend toward increased representation of students

with psychiatric disabilities in postsecondary education, the experiences of these students

tend to be marked by academic failure and social isolation. However, the existing

qualitative and quantitative research on this student population largely excludes the

transition experiences of students with psychiatric disabilities that take place before

entering postsecondary education or for those who received services under an IEP or 504

plan. The purpose of the current study was to gain a clearer understanding of the

facilitative and inhibitory influences that act upon the student as he or she transitions

from secondary to postsecondary education. An additional focus of the study was the

student's perceptions of his or her role in the transition process.

Using a grounded theory methodology, nine participants who previously had IEPs

or 504 plans for psychiatric disabilities participated in an in-person interview and follow-

up telephone interview. Eight were currently attending either a four-year institution or

community college and one was at home following a medical leave of absence. All had

completed 60 or fewer credits. Participants reported diagnoses including major

depression, bipolar disorder, posttraumatic stress disorder (PTSD), and schizophrenia.

Four participants had graduated from public high schools and five from private special

education high schools.

Data analysis generated the core category of *Student as Active Agent,* which described participants' identity work and self-advocacy skills prior to entering postsecondary education. The emergent theory discusses the causal conditions (i.e., others' involvement and expectations) that influenced the development of core category as well as the maintaining context (i.e., opportunities for giving, illness status, and anchors). The grounded theory model also discusses the resulting strategies used by the *Student as Active Agent* (i.e., self-disclosure and other strategies) and their consequences (i.e., revisions to path and revisions to identity work).

The emergent grounded theory model offers a means of better understanding the postsecondary transition experiences of students with psychiatric disabilities. Specifically, the findings suggest ways in which secondary and postsecondary personnel working with these students can facilitate more successful transitions by creating environments that foster the student's active role in the process.

ii

helping me celebrate the little victories along the way. Colleen, your research assistance and, even more importantly, your friendship helped me see this project through. Since my dissertation proposal, I have also expanded my family through my marriage and would like to also thank all of my in-laws for their support.

To my former classmates (Masami, Maria, Chris) and the 05-06 UPenn CAPS interns (Dahomey, Jen, and Tera), I am proud to call you colleagues and friends. I am equally proud of the friends I've made and kept outside of the program, such as Stacey, Sandy, Lori, Dana and Brooke. Despite all that you've balanced in your own lives, you always made a point to check in with me about how I was doing and to cheer me on.

To my supervisor, Dr. Dawn Gemeinhardt and my therapist, Marion Houghton, you have both played an important role in helping me learn so much about myself as a professional and as a person. These are lessons I know I won't soon forget.

I have spent so many years of my life as a student, and it will be difficult to leave that identity behind. However, I am excited about the new adventures that await me, including those I create by being my own active agent.

TABLE OF CONTENTS

CHAPTER I

Introduction

Research has noted a trend toward increased representation of students with psychiatric disabilities in postsecondary education (Eudaly, 2002; Sharpe, Bruininks, Blacklock, Benson, & Johnson, 2004). However, this has also been accompanied by a discouraging trend of academic failure and social isolation for these students when in a climate of poorly coordinated services (Blacklock, Benson, & Johnson, 2003). This introductory chapter will outline changes that have facilitated increased participation in postsecondary education and review the existing literature regarding the secondary and postsecondary experiences of students with psychiatric disabilities that influence the transition to postsecondary education. Next, the limitations of existing studies will be outlined, with particular emphasis on the failure to include important early aspects of the transition experience and the experiences of students whose psychiatric disability and receipt of services predates their postsecondary experience. Later sections will focus on the consequences of these research gaps, which result in less effective interventions at the secondary and postsecondary levels and a failure to capitalize on the availability of a vulnerable student group.

Factors Increasing Access to Postsecondary Education

Among the factors contributing to the increase of students with psychiatric disabilities in higher education is supportive legislation affecting students at the secondary and postsecondary levels. Medical and therapeutic advances have also allowed for these students to participate more fully in the environment and make the most of the opportunities now afforded to them.

Relevant Legislation

Since the 1970s, legislation supporting the rights of students with disabilities has increased access to higher education settings. The Education for All Handicapped Children Act (EHA) of 1975 and its later incarnation, the Individuals with Disabilities Education Act (IDEA) of 1990 (amended 1997 and 2004), supported a "free appropriate public education" (FAPE) within the "least restrictive environment" (LRE) to all children with disabilities, including those with emotional disturbances, through high school graduation or age twenty-one. Under the IDEA (updated 2004), the least restrictive environment pertains to educating the child within the regular educational environment with his or her non-disabled peers whenever possible (20 U.S.C. § 1412 (a)(1)(A), 20 U.S.C. § 1412 (a)(5)(A)). Each student receiving special education and related services must have an individualized education plan (IEP) that describes the educational program designed to meet his or her specific needs (20 U.S.C. § 1414(d)). The 1990 American Disabilities Act (ADA) increased the rights of students with documented disabilities, including students with psychiatric disabilities, by entitling them to "reasonable academic accommodations" that provide equal access to courses and activities in the postsecondary

environment (Souma, Rickerson, & Burgstahler, 2002). Under Section 504 of the

Rehabilitation Act of 1973, students with disabilities in postsecondary educational

settings are entitled to accessible facilities and services; nondiscriminatory admission

policies/practices and subsequent opportunities for participation; testing procedures and

formats reflecting appropriate accommodations; and auxiliary aids and services provided

by the institution (e.g., adaptive equipment) (Sec. 104.42, Sec. 104.43, Sec. 104.44 (c),

Sec. 104.44 (d)).

Treatment Advances

In addition, improved medications and treatment modalities have allowed students

with psychiatric disabilities to increasingly participate in higher education (Eudaly, 2002;

Unger, 1991; Weiner & Wiener, 1996). For example, a review of findings from 31

published studies found that newer atypical antipsychotic medications led to more

improvements in negative symptoms as compared to conventional antipsychotic

medications. Some of these antipsychotic medications also resulted in improved

psychosocial functioning (Corrigan, Reinke, Landsberger, Charate, & Toombs, 2003).

Supports During Secondary Education

Students with psychiatric disabilities often rely on support in their school and

outside environment to assist them with managing their illness and related difficulties.

However, these support systems often fail to provide the necessary level of support and

may actually represent negative experiences for students.

School-Based Supports

A review of the limited existing literature revealed several shortcomings in interventions with students with psychiatric disabilities during their high school years. High school personnel appear to sometimes be unaware of the rights of students with emotional disturbances, do not have adequate staffing to meet the individualized needs of each student, and are not trained in how to address the mental health issues of students (Doll, 1996; Mowbray, Megivern, & Strauss, 2002; Wagner, Kutash, Duchnowski, Epstein, & Sumi 2006). Further, high schools appear to have insufficient resources (e.g., school social workers, school psychologists) to facilitate early identification and intervention (Mowbray et al., 2002). This shortcoming is reinforced in the Report of the Surgeon General's Conference on Children's Mental Health (U.S. Public Health Service, 2000), which stated that schools do not have the necessary infrastructure to handle the mental health needs of its students. More support for these findings is also provided by Wagner, Kutash, Duchnowski, Epstein, and Sumi's (2005) review of the preliminary data (2001, 2004) from the Special Education Elementary Longitudinal Study (SEELS) and the (2000-2001, 2003) National Longitudinal Transition Study-2 (NLTS2). Their findings included lags in service delivery (e.g., special education, early intervention services) following identification for students classified as Emotionally Disturbed (ED) at the elementary and secondary school levels as compared to their peers diagnosed with other disabilities.

Regarding the high school experiences of students with serious mental illnesses, Mowbray and colleagues (2002) reported that they needed to provide repeated probes to their focus group participants to ascertain how teachers, administrators, or other staff

supported these students. Overall, interviewed students recalled negative attitudes or behaviors from teachers and a lack of involvement or meaningful help from other individuals in the school setting. In their personal account, Hawkins and Hawkins (2000), a single parent and her daughter with bipolar disorder, recounted a lack of understanding and compassion by school personnel. The daughter recalled feeling alienated from the educational decision-making process. Further, Wagner and colleagues (2005) found that parents of students classified with ED expressed more dissatisfaction about the schools, teachers, and special education services as compared to parents of students classified with other disabilities (for both the elementary and secondary school levels). This parent group was also more likely to indicate that it took "a lot of effort" to secure needed services.

Outside Supports

Students with mental illnesses also reported difficulties with social supports during their high school years. Within their peer network, these students lacked peer support and acceptance upon disclosing their illness. Although these students found support elsewhere, these new friendships were often with others experiencing difficulties and sometimes resulted in additional social, addictions, or legal problems (Mowbray, Megivern, & Strauss, 2002; Vander Stoep, Davis, & Collins, 2000). Additionally, family members were not necessarily able to provide support, as they were typically poorly informed about mental illness and sources of help or socially isolated themselves (Mowbray et al., 2002; Vander Stoep et al., 2000). Family willingness to offer support also varied, with family reactions ranging from supportive and involved to an additional

stressor due to parents' negative perceptions of treatment or a generally negative home environment (Mowbray et al., 2002).

Students with mental illnesses were also not consistently connected to outside professional help. A significant number of participants in Mowbray et al.'s (2002) study had not utilized school-based services due to uncertainty about the appropriateness of their problems or due to the perception of stigma associated with seeking help. Even those who did ultimately seek help reported that stigma and confusion regarding service delivery served as initial barriers.

Transition to Postsecondary Education

Students with serious emotional disturbances face an especially challenging transition from high school to higher education (Mowbray et al., 2002; Vander Stoep et al., 2000). As they prepare to make the transition, they face multiple challenges for which they may not be adequately prepared. Coping with a mental illness can disrupt other developmental tasks such as developing close peer and intimate relationships and asserting independence (Ekpone & Bogucki, 2003; Vander Stoep et al., 2000). In this latter task, they may have relied on parents and educational institutions to advocate for them and to construct accommodations through materials such as IEPs (Gil, 2007).

In addition to difficulties navigating developmental tasks, students with mental illnesses may not have received the necessary support in the form of important planning for higher education. Managing the illness and its symptoms may have overshadowed developing educational and career-related plans and goals. Parents, school personnel, and mental health professionals may all fail to attend to college and career planning or goal-

setting (Ekpone & Bogucki, 2003). Beyond specific educational and career planning, students with disabilities often lack adequate or appropriate self-advocacy and communication skills that will facilitate their independence and success in higher education (Gil, 2007; Test, Fowler, Wood, Brewer, & Eddy, 2005). As a result, Gil asserted that students must be intentionally prepared to assume the role of self-advocate.

Knowledge deficits may also accompany these skills deficits. Students with psychiatric disabilities may be unaware of their rights and responsibilities regarding access to support services in postsecondary education. More specifically, they may not be aware that the responsibility for disclosure and accessing services has now shifted to them and may expect that they will continue receiving the same environmental supports that they received in high school (Gil, 2007; Lynch & Gussel, 1996).

Transition Tools and Their Efficacy

The IDEA Amendments of 1997 and 2004 mandated that each student's annual IEP must contain a statement of needed transition services, including instruction and educational experiences that will facilitate the transition from secondary education to postsecondary study or employment. The process of individual planning for transition services should begin by age 14 and should include measurable annual goals. Beginning at age 16, the IEP must include a statement of needed transition services for the student and outline the responsibilities and expected collaborations of any involved agencies. Although the IDEA Amendments of 1997 and 2004 also required that students be invited to participate in IEP meetings, students are typically unfamiliar with their IEP and do not participate in the meetings (Test, Mason, Hughes, Konrad, Neale, & Wood, 2004). Test

and colleagues as well as Van Dycke, Martin, and Lovett (2006) suggested that these students may consequently be missing an important opportunity to develop self-determination and self-advocacy skills.

Formalized programs have been directly implemented on the federal level or indirectly through funds to local programs to assist students with psychiatric disabilities in the transition to postsecondary education (Bazelon Center for Mental Health Law, 2005). Despite the existence of such programs, many students with psychiatric disabilities may not be able to access them. The high dropout rate of secondary students with psychiatric disabilities makes them ineligible for many federal, school-based programs. Other barriers to participation may include confusion due to a lack of coordination among programs (e.g., no central office or entity), the sheer number of programs, and eligibility differences among them.

Experiences in Higher Education Settings

Due to shortcomings such as reliance on student self-report and self-disclosure as well as variations in categorizing students with psychiatric disabilities (e.g., placing them into broader disability categories such as "other disabilities" in statistical analyses), information on the exact number of students with psychiatric disabilities in higher education is not available (Rickerson, Souma, & Burgstahler, n.d.). However, the most recent findings from the U.S. Department of Education's National Center for Educational Statistics (2006) are that of the 11% of undergraduate students reporting a disability during the 2003-2004 academic year, 22% reported a mental illness. Wolf (2001)

reported that the greatest rise in disabilities on campuses is in hidden disabilities such as psychiatric disability.

Barriers in Higher Education Settings

Once on campus, students with psychiatric disabilities face familiar barriers as well as new challenges. Students with hidden disabilities who are within their first two years of higher education appear to have particular difficulty transitioning from secondary to postsecondary settings (Wolf, 2001). Specifically, students with psychiatric disabilities have reported technical, medical, and social barriers. Typical technical barriers reported by other students (e.g., size of school, course selections) were experienced as even more significant due to these students' illnesses (Weiner, 1999). The illness itself can also act as a barrier by causing executive dysfunction (e.g., impaired concentration, attention, short-term memory, flexibility, planning ability, time management) (Megivern, Pellerito, & Mowbray, 2003; Souma, Rickerson, & Burgstahler, 2002; Weiner, 1999; Weiner & Wiener, 1997; Wolf, 2001). Students with psychiatric disabilities may also experience difficulties related to managing medication side effects and interpersonal interactions such as generally interacting with others, approaching authority figures, and handling negative feedback (Souma et al., 2002).

These difficulties are compounded by the frequent comorbidity of psychiatric disabilities with other disabilities such as Attention Deficit Hyperactivity Disorder and learning disabilities. As alluded to earlier, comorbidity is frequently missed in the diagnosis and treatment of school problems (Wolf, 2001). For example, many psychiatric disorders (e.g., depression, bipolar disorders, anxiety disorders, Schizophrenia, Obsessive

Compulsive Disorder, and personality disorders) are comorbid with or mimic ADHD symptoms (Stanberry, 2005; Wolf, 2001). Estimates place 40 to 60% of children diagnosed with ADHD as also having a psychiatric disorder (Stanberry, 2005). Compared to their peers without learning disabilities, college students with learning disabilities present with MMPI profiles showing high levels of stress and anxiety (Wolf, 2001). Unfortunately, Wolf also observed that this comorbidity is frequently missed in terms of diagnosis and treatment. Although the specific relationship between learning and other disabilities and psychiatric disabilities remains unclear, Wolf posited that learning disabilities may place these students at high risk for psychological distress and psychiatric disorders.

Despite the lack of clarity regarding the exact relationship between psychiatric and other disabilities (e.g., whether one disability influences the development of another as opposed to mere comorbidity), researchers do suggest some common ground in treatment. In discussing the postsecondary needs of students with multiple diagnoses of a psychiatric disability, learning disability or ADHD, Wolf (2001) remarked that the overlap in the clinical characteristics and outcomes suggests that their postsecondary presentations and needs may be similar.

Among the most damaging and frequently reported barriers for students with psychiatric disabilities are pervasive social barriers in the form of general stigma toward individuals with psychiatric disabilities; professors or staff who are unsupportive, inaccessible, or unfamiliar with mental health issues; and avoidant peers (Becker, Martin, Wajeeh, Ward, & Shern, 2002; Blacklock et al., 2003; Brockelman, Chadsey, & Loeb, 2006; Collins & Mowbray, 2005; Ekpone & Bogucki, 2003; Enright, Conyers, &

Szymanski, 1996; Eudaly, 2002; Fichten, 1988; Unger, 1991; Weiner, 1999). In addition to external social barriers, students also reported internal social barriers such as the internalization of stigma, which affected their feelings about themselves and their ability to reach out to others for assistance or social connection (Blacklock et al., 2003; Weiner, 1999).

Parents of students with psychiatric disabilities may be unsure of their new roles, as they receive little guidance and support once their son or daughter leaves high school (PACER Center, 2002). Despite emerging findings that parental involvement at the postsecondary level actually facilitates self-determination, postsecondary institutions and support staff may still be hesitant or resistant to engage parents due to unfamiliarity with doing so or concerns about student privacy. Parents themselves may find striking the right balance between support and promoting their son or daughter's self-advocacy and independence difficult.

Issues regarding service delivery may also contribute to barriers for students with psychiatric disability who rarely access offices of student services (Becker et al., 2002; Mowbray, 1999). The campus community may be unclear about the delineation of responsibilities among different support services and unsure of where to send students (Collins & Mowbray, 2005; Eudaly, 2002; Unger, 1991). Further, some campus services may not be tailored to the needs of students with disabilities. Disability support services may also not have experience or training related to working with students with psychiatric disabilities and may therefore not reach out to this population to engage them in services (Collins & Mowbray, 2005; Megivern, Pellerito, & Mowbray, 2003; Sharpe et al., 2004). Additional barriers include student perceptions (as well as some realities) of

unclear, uncoordinated, and difficult-to-access services in the postsecondary environment that can lead to academic and social failures (Blacklock et al., 2003). Further, although coordination between secondary and postsecondary providers is recommended, it rarely occurs (Gil, 2007). Statistics compiled from a representative sample of postsecondary institutions revealed that only 22 % of institutions offered special career placement services geared toward students with disabilities (Lewis & Farris, 1999).

Students' own attitudes toward and knowledge about support services may also inhibit on-campus service utilization, which tends to be low. For example, Wagner, Newman, Cameto, Levine, and Garza (2006) found that only 40% of participants with psychiatric disabilities in the NLTS2 had disclosed their disability at their institution. Some professionals working within the university environment have made anecdotal observations that on-campus support services may only interact superficially with some of these students, who may only enter health services to state their diagnosis and request a refill of their medication (Carter & Winseman, 2001). This trend of underutilization may be partially attributable to students' lack of awareness regarding available on-campus support services or their mistaken beliefs that disability services only serve students with physical disabilities (Becker et al., 2002; Megivern et al., 2003). Still others may view the transition to college as a chance for independence and do not plan on asking for any assistance (Lynch & Gussel, 1996). Wagner, Newman, Cameto, and colleagues' (2006) NLTS2 findings also indicated that about half of participants engaged in higher education did not consider themselves to have a disability.

Forces and Influences Facilitating Success in Higher Education

Research has also focused on facilitative factors related to college success for

students with psychiatric disabilities. Becker and colleagues (2002) cited previous

research (Carroll & Johnson-Brown, 1997; Cook & Solomon, 1993; Lieberman,

Goldberg, & Jed, 1993) that indicated that support from multiple on- and off-campus

resources as well as individual resources is essential to the academic success of students

with psychiatric disabilities. This support should be strong, in-depth, and continuous

across the student's tenure (Ekpone & Bogucki, 2003; Wiener, 1997). Common academic

accommodations in the college setting for this population include early provision of

syllabi and texts; notetakers or taping of lectures; previously arranged breaks during class

session; assignments or exams in alternate formats; testing accommodations such as

extended time or separate test-taking environment; and flexibility in due dates if absences

are caused by hospitalization or other medical reason (Rickerson et al., n.d.). Participants

in Weiner's (1999) qualitative study of the meaning of education for students with

psychiatric disabilities reported that on-campus academic and psychosocial supports

helped them address challenges such as managing their academics and negotiating

bureaucracy, and may have even prevented their withdrawal. Outside of the campus

environment, family relationships and involvement in personal therapy and/or drug

therapy have been cited as important factors in student retention and successful

functioning on campus (Megivern et al., 2003; Weiner & Wiener, 1997; Weiner, 1999).

Intrapersonal factors are also important to the success of students with psychiatric

disabilities. It has been suggested that students who do not solely identify with their

illness but also as a student are the most successful (Straw, 2003). In a study of factors

involved in the decision to withdraw or resume studies, Wiener (1997) found that students with psychiatric disabilities who resumed studies believed themselves capable of the work and were highly motivated to engage in their studies. Further, the student's self-acceptance of their illness was associated with their motivation.

The student's own inner resources are also important to their success. For example, Weiner (1999) found that the ability of students with psychiatric disabilities to assume responsibility for their learning, draw upon effective coping strategies (e.g., choosing appropriate courses, avoiding early classes, communicating concerns to others), and access available supports contributed to their successful functioning. Students who were proactive in connecting with supports were also more successful than those who delayed in disclosing (Lynch & Gussel, 1996). Conversely, when students with disabilities are not aware of available services or how to access them, they may not receive the necessary accommodations or services to facilitate their success in postsecondary education (Gil, 2007). Finally, students who are skilled in self-advocacy may be more likely to achieve their educational goals. Self-advocacy takes the form of assuming an active role in recognizing and managing symptoms; learning about available resources and taking necessary steps to connect with them; and maintaining a vast on-campus and off-campus professional and personal support network (Ekpone & Bogucki, 2003).

Limitations of Existing Studies

While the literature discussed above has shed some light on the experiences of students with disabilities in transition to higher education, the voices of students coping

with serious emotional disturbances still need to be further integrated into the literature. Mowbray and colleagues (2002) reported that too few studies exist to allow for conclusions about what factors contribute to successful outcomes in higher education settings. Further, they report that existing studies are limited in their sources and perspectives. Some of the most significant limitations of existing studies are described below.

Focus of Existing Literature

At the time of onset of this study, published quantitative and qualitative studies had largely ignored the transition experiences of students with psychiatric disabilities that take place before their entry into higher education institutions (e.g., transition planning within the schools). Although Megivern and colleagues (2003) and Mowbray and colleagues (2002) address the high school experiences of students with mental illness, there is no mention of students' preparation for the transition to college.

Demographic Variables

Published and unpublished (e.g., dissertation) studies also focus on the higher education experiences of students who have shown persistence in their educational careers (e.g., remaining in higher education 2-6 years, attaining previous degrees, having upperclassmen status, pursuing graduate studies) (Unger, Pardee, & Shafer, 2000; Werner, 2001). In other qualitative studies that have greatly contributed to the literature (e.g., Blacklock et al., 2003), students with psychiatric disabilities are included but their specific demographic characteristics are not. The experiences of these students may not

reflect the typical experiences of students with psychiatric disabilities and may not target the most vulnerable students (those within their first two years of postsecondary education) (Wolf, 2001).

Another significant limitation is the lack of representation of students who were diagnosed with a psychiatric disability before or during their time in high school and received services under an IEP or 504 plan. The experiences of these students are likely to be qualitatively different than students who are first diagnosed while in college. These students have been subject to special education, related services or both that impact their transitional experiences. For example, they are accustomed to others assuming responsibility for meeting their emotional and educational needs and may struggle with the transfer of responsibility that comes with the transition to postsecondary education (Gil, 2007).

Statement of the Problem

Due to supportive legislation as well as improved medications and therapies, students with psychiatric disabilities have had and will likely continue to have an increasing presence in higher education settings (Eudaly, 2002; Sharpe et al., 2004). However, these students have traditionally failed to engage in transitional services aimed at increasing their success in higher education and have received inadequate guidance in academic and career planning as well as developing the necessary self-advocacy skills for postsecondary success (Ekpone & Bogucki, 2003; Gil, 2007; Test et al., 2005). This pattern often continues in higher education settings, where they fail to access support services or do so only after they have encountered significant difficulties and are at risk

for academic failure (Becker et al., 2002; Gil, 2007; Lynch & Gussel, 1996; Mowbray, 1999). Research findings suggest that adolescents with psychiatric disabilities are often inadequately prepared for the transition to postsecondary education and are in need of coordinated and comprehensive interventions from support services (at both the high school and post-secondary levels) to maximize their chances for success in higher education (Blacklock et al, 2002; Lynch & Gussel, 1996; Mowbray et al., 2002; Rickerson, Souma, & Burgstahler, n.d.; Satcher & Dooley-Dickey, 1991; Weiner & Wiener, 1997).

Significant gaps in the current research prevent secondary and postsecondary personnel from more effectively engaging these students in a comprehensive network of essential support services. For example, Rickerson, Souma, and Burgstahler (n.d.) observed that few research studies identify success factors for students with psychiatric disabilities. By failing to engage those students most vulnerable for failure in discussions of their experiences with the transition to higher education, valuable information that can inform interventions is left untouched.

Students who have been diagnosed with psychiatric disabilities before or during their high school years (and classified under IDEA or served via Section 504 of the Rehabilitation Act through the school system) offer a captive audience for early interventions that prepare them for the difficult transition to higher education. However, no studies have assessed these students' perceptions of the transitional supports received and what factors and individuals were both helpful and detrimental to their transition experiences.

Purpose of the Study

The overarching purpose of this study is to gain a clearer understanding of the forces and influences (both inhibitory and facilitative) that act upon the transitioning student with a psychiatric disability, as well as how the student perceives him- or herself as an active agent in the transition process. In focusing on the early part of the transition process, the purpose is to better understand how the student's transition plan facilitated or failed to facilitate his or her transition into higher education. The student's own perceptions of how he or she arrived at the chosen postsecondary institution was also examined. Additional areas of focus was the student's perceptions of forces and influences (both inhibitory and facilitative) at both the secondary and postsecondary levels that influenced his or her transition experience. Particular emphasis was also placed on the student's role in the transition experience at the postsecondary level by examining decisions regarding disclosure.

Significance of the Study

Research has found that adolescents with serious emotional disturbances face an especially challenging transition from high school to college (Ekpone & Bogucki, 2003; Mowbray et al., 2002; Vander Stoep et al., 2000; Wolf, 2001). In addition to normal developmental tasks, these students must make multiple decisions regarding how to manage their hidden disability, with these decisions having serious repercussions for their success. The increase of students with psychiatric disabilities in higher education means that counselors and postsecondary education personnel will need to become aware of issues that these students may confront before and after beginning their postsecondary

education experience and intervene more effectively (Collins & Mowbray, 2005; Hartman, 1993; Lynch & Gussel, 1996; Sharpe et al., 2004). Such interventions are important to change the trend of underrepresentation of students with psychiatric disabilities in on-campus support services and the negative consequences these students face when not connected to a comprehensive support network.

Statistics related to the retention rates of students with psychiatric disabilities are of concern. Previous research has indicated that nearly two-thirds of students with hidden disabilities, including psychiatric disabilities, drop out (Horn, Berktold, & Bobbit, 1999). Blackorby and Wagner's (1996) longitudinal study of youth with disabilities found that between three and five years after high school completion, only 25% of students with serious emotional disturbances were enrolled in postsecondary education, as compared to enrollment rates of approximately 68% for their counterparts without a disability. Within the population of students with disabilities, only students with cognitive impairments or multiple disabilities had lower attendance rates. More current research from the NLTS-2 (Wagner, Newman, Cameto, et al., 2006) continues to highlight disparities, finding that since leaving high school only 9% of participants had attended a four-year college or university (6% doing so at the time of the interview). This was in contrast to approximately 28% of students in the general population taking courses at a four-year college or university.

When students with psychiatric disabilities fail to successfully engage in their postsecondary environment, the consequences are paramount. Becker and colleagues (2002) pointed to previous research (Unger, Anthony, Sciarappa, & Rogers, 1991; Walsh, Sharac, Danley, & Unger, 1991) that indicated negative outcomes such as educational

underachievement, underemployment, or unemployment for students whose psychiatric symptoms disrupt their completion of educational tasks.

Postsecondary success for students with psychiatric disabilities also has important implications beyond better employment outcomes. In assuming the role of student, individuals with psychiatric disabilities are able to move toward normalization and take on a role other than psychiatric patient. Those engaged in higher education also reported feeling less isolated and more in touch with the student culture, even if they did not interact with many other students on campus (Straw, 2003; Weiner, 1999). Other less tangible but equally valuable outcomes also included providing daily structure, something to look forward to, and a new sense of purpose (Weiner, 1999).

This study will offer an important contribution to secondary and postsecondary professionals working with students with psychiatric disabilities. Specifically, professionals will have the opportunity to hear from a group of students that have not yet been incorporated into existing studies. These students not only represent those most in need of intervention but also those most readily available to participate in them. The findings of this study will assist professionals in developing more responsive interventions that address the full range of experiences comprising the transition to postsecondary education.

Research Questions

Research Question 1: How did the IEP or 504 transition plan facilitate or fail to facilitate the transition to higher education for students with psychiatric disabilities?

Research Question 2: How do students with psychiatric disabilities understand how they decided upon their postsecondary institution?

Research Question 3: What forces and influences at the secondary level, both inhibitory and facilitative, influenced the transition to higher education for students with psychiatric disabilities?

Research Question 4: How well were the psychological components of disability addressed in transition plans, particularly for those students diagnosed with multiple disabilities (e.g., learning disability and psychiatric disability)?

Research Question 5: For students with psychiatric disabilities, what forces and influences at the postsecondary level, both inhibitory and facilitative, influenced the transition to higher education?

Research Question 6: How do students with psychiatric disabilities arrive at decisions related to self-disclosure in the postsecondary setting?

Definition of Terms

Transition

In referring to traditional-age students with disabilities, the term transition has been defined as the move from high school to arenas of adult life (i.e., employment, postsecondary education, independent lifestyle). According to Tinto (1975; 1993), transition is the process where a student becomes integrated into the academic and social fabric of the college. This requires the student to master separation, transition, and incorporation. Transition occurs when the student has mastered the separation phase. In this study,

transition will encompass the student's time in higher education as determined by having completed 60 or fewer credits (i.e., sophomore standing).

Emotionally Disturbed

Under the IDEA (1997, 2004) a student must be evaluated by a psychologist and judged to have a DSM-IV diagnosis that is educationally handicapping. In order to be classified as emotionally disturbed (ED), the condition must be distinguishable from social maladjustment or delinquency. The classification of ED is given to conditions that exhibit one or more of the following characteristics, which must be displayed over a long period of time and to the extent that education performance is adversely impacted: (a) an inability to learn that is not explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) inappropriate types of behavior or feelings under normal circumstances (e.g., frustration tolerance); (d) a general pervasive mood of unhappiness or depression; and (e) a tendency to develop physical symptoms or fears associated with personal or school problems (20 U.S.C. § 1401(3)(A). These criteria are similar under Section 504 of the Rehabilitation Act (1973) (34 C.F.R. § 300.8(c)(4)).

Psychiatric Disability

The terms psychiatric disability, mental illness, and psychiatric disorder are often used interchangeably in research and academic literature (Ekpone & Bogucki, 2003). According to Souma and colleagues (2002), mental illness refers to "all diagnosable mental disorders causing severe disturbances in thinking, feeling, relating, and/or

functional behaviors. It can result in a substantially diminished capacity to cope with daily life demands" (p. 1). A mental illness is considered a hidden disability, as it is less visible to others than other disabilities (e.g., mobility impairment) (Wolf, 2001). Symptoms such as confused or disorganized thinking, extreme highs and/or lows in mood, and heightened anxieties, fears, or suspicions may interfere with educational goals and create a "psychiatric disability" (Souma et al., 2002).

A student with a mental illness may have one or more of the following DSM-IV psychiatric diagnoses that fall under ADA protections: Major Depression, bipolar disorder, Borderline Personality Disorder, Schizophrenia, and anxiety disorders. Souma and colleagues (2002) cited Blacklock's paper at the National Association of Student Personnel Administration Conference (2001), which explains that the disorders of transvestitism, transsexualism, Pedophilia, Voyeurism, gender identity disorders, compulsive gambling, Kleptomania, and Pyromania are excluded from ADA coverage.

Other Classifications Protected Under ADA

There are thirteen categories of disability identified under IDEA that are also protected under ADA: (a) autism, (b) specific learning disability, (c) speech or language impairments, (d) emotional disturbance, (e) traumatic brain injury, (f) visual impairment, (g) hearing impairment, (h) deafness, (i) cognitive impairment, (j) deaf-blindness, (k) multiple disabilities, (l) orthopedic impairment, and (m) other health impairment (having limited or heightened alertness to environmental stimuli due to chronic or acute health problems that adversely impact educational performance). Students with ADHD may qualify for coverage under this law if symptoms result in learning or emotional

disabilities that meet the criteria under the categories of learning disability or emotional disturbance or if the student meets criteria for other health impairment (de Bettencourt, 2002; Wolf, 2001).

Support Services

For the purposes of this study, student health services, counseling and assessment services, disability support services, academic support services, and career planning and placement services will be considered the campus support services. Services within the individual's postsecondary environment or home environment that are identified by the student as supports will be considered off-campus support services.

Supports

Any individual that the student identifies as a support will be included in this definition. This includes peers, family members, faculty, secondary school personnel, and postsecondary school personnel.

Self-Disclosure

Self-disclosure is a skill associated with self-advocacy (Rocco, 2001). For the purposes of this study, self-disclosure refers to the participant informing another individual about his or her disability (Lynch & Gussel, 1996). Self-disclosure may occur through verbal or written communications from the student to another individual. Mediums for self-disclosure include telephone, electronic mail, or provision of written documentation from the disability support office to another person (Rocco, 2001).

Self-Advocacy

Within the research literature, there are a plethora of varying definitions for self-advocacy. In this study, self-advocacy will use the multi-faceted definition provided by Test and colleagues (2005) that was created following an extensive literature review and feedback from teachers, researchers, parents, and individuals with disabilities. They describe knowledge of self and rights as the foundations of self-advocacy since the student cannot advocate for his or her needs or find ways to address strengths and areas for growth if not attuned to them. The next component, communication, involves acquiring the skills for effectively conveying information by negotiation, problem-solving and appropriate assertiveness in one-on-one and group interactions. The act of self-disclosure would fall under this facet of self-advocacy. Lastly, leadership transcends self-advocacy by the individual now advocating for a group with common needs or concerns. Test and colleagues explained that acts of self-advocacy and their complexity vary across the lifespan.

CHAPTER II

Literature Review

This chapter contains an overview of the existing literature on students with

psychiatric disabilities, much of which is based upon qualitative studies or the personal

experiences and observations of writers. This chapter begins with a review of relevant

developmental theory within which to consider the student during his or her secondary

and postsecondary experiences. This is followed by a review of relevant legislation in

order to provide the reader with a framework for the legislation and related services

supporting these students. The remaining sections trace the journey of these students

from the secondary school experience through preparation for and entry into higher

education. In these sections, particular emphasis will be placed on the factors and forces

that both facilitate and inhibit the transition to higher education. Finally, this chapter will

close with a discussion of the significance of success in higher education for students

with psychiatric disabilities.

Relevant Developmental Theory

The transition to higher education for young adults can also be better understood

when considering developmental theories. Erikson's (1964) theory of identity

development and Chickering's (1969) life cycle theory are particularly relevant and also

share similar concepts. Erikson's theory is comprised of eight psychosocial stages, in

which the individual's handling of developmental tasks in the current stage influence future development as well as his or her sense of self. The task most applicable to the college student population is identity versus identity confusion, which typically occurs during late adolescence. Young adulthood also involves resolving the conflicts presented by intimacy versus isolation. Chickering's theory, later revised by Chickering and Reisser (1993), focuses on the intersection of identity and education and is comprised of seven vectors. These vectors are considered developmental tasks for the student, with the first three vectors being most pertinent to the first few years of college. These are the following: developing competence, managing emotions, and moving through autonomy to interdependence. The student's competence is enhanced through personally relevant intellectual, social, and physical achievements such as extracurricular involvement. Managing emotions entails the student learning how to manage strong emotions appropriately. The final vector, moving through autonomy to independence, focuses on the student becoming self-sufficient while also maintaining connections to others.

Relevant Legislation

Beginning in the 1970s, several key pieces of legislation have increased the proportion of special education students in elementary and public schools and expanded their options for postsecondary education. Among the most notable pieces of legislation were the Education for All Handicapped Children Act (EHA, 1975), Individuals with Disabilities Education Act (IDEA, 1990, amended 1997, 2004), Section 504 of the Rehabilitation Act (1973, and the Americans with Disabilities Act (ADA, 1990).

Elementary and Secondary School-Related Legislation

The passage of the EHA in 1975 strengthened the educational rights of children

with disabilities. Specifically, this legislation reinforced their right to a free and

appropriate public education through federally funded special education programs. The

EHA has been amended several times to improve the transition experiences of students

with disabilities, such as in 1983 when parent training and information centers were

added and the National Clearinghouse on Postsecondary Education for Individuals with

Disabilities were established. In 1990, the EHA was renamed the IDEA and continued to

cover all children from age three to either graduation from high school or age 21

(Hartman, 1993; Wolf, 2001). However, the IDEA also introduced several important

changes, including the expansion of categories of disabilities (i.e., autism and traumatic

brain injury) and related services (i.e., social work services, rehabilitation counseling) as

well as the introduction of the concept of education occurring within the least restrictive

environment (LRE). The 1990 IDEA also included the introduction of the "Person First"

law, whereby terminology was changed to place the child before his or her disability

(e.g., student with a learning disability) and eliminate references to children that were

prefaced with "handicapped." Provisions for nondiscriminatory identification and

evaluation as well as due process were added. Beyond this, several changes that directly

addressed the transition needs of students were added. These included requirements for

the incorporation of transition services and assistive technology into IEPs through

individualized transition plans (ITPs) as well as provisions that transition planning begin

by the time a student reaches the age of 16. The IEP was to include information about the

student's current performance, special education and related services (including start

dates and duration), inclusion in general education environment (including any modifications or reasons for non-participation), measurable annual goals and an annual evaluation of progress. Stipulations for annual IEP meetings were also included, and parents were added as essential members of the IEP team. In 2004, the IDEA was reauthorized, with most provisions effective in 2005 and the publication of regulations occurring in 2006. As will be discussed later under *IEPs and ITPs*, this included clarification of ages for student inclusion in transition planning as well as specific components of plans (U.S. Department of Education Office of Special Education Programs, 2007).

Federal Legislation

Section 504. The Rehabilitation Act of 1973 is part of the Civil Rights Restoration Act. Section 504 of the Rehabilitation Act prohibited exclusion or discrimination from any federally funded program or activity solely on the basis of disability if the individual was otherwise qualified (Sec. 104.1). Subpart E of Section 504 specifically addressed the rights of individuals with disabilities in federally funded postsecondary educational institutions. Institutions falling under this umbrella included public and private institutions receiving federal grants and contracts as well as institutions whose students received guaranteed federal grants or other federal assistance.

Under Section 504 of the Rehabilitation Act (1973), an individual with a disability is defined as anyone who has a significant limitation in one or more activities of daily living such as walking, sleeping, eating, breathing, and learning (Sec. 104.3 (2)(i)(ii)). As mentioned earlier, Section 504 mandates that students with disabilities in

postsecondary educational settings receive accessible facilities and services; nondiscriminatory admission policies, practices, and opportunities for participation; testing procedures that use appropriate formats and accommodations; and auxiliary aids and services (e.g., adaptive equipment) (Sec. 104.42, Sec. 104.43, Sec. 104.44 (c), Sec.104.44 (d)). If the institution provides counseling, (free) tutoring, advising, transportation and housing services to the general student body, they are also under obligation to provide these services for students with disabilities (Sec. 104.43). Section 504 does not stipulate that personal care and other services must be provided to students with disabilities, even if these services are necessary for the individual's participation in programs at the institution (Sec. 104.44 (d)(2)).

Since its implementation in 1977, Section 504 has resulted in increased postsecondary attendance and the development of related programs for students with disabilities (Jarrow, 1993). Early implementation of Section 504 largely focused on the removal of physical barriers for students with visible disabilities. However, in the 1980s, campuses were confronted with an influx in the number of students with learning disabilities and struggled with determining and providing appropriate accommodations to this subgroup.

ADA. The ADA is another important piece of legislation affecting this population. Signed into law in 1990, the ADA reaffirmed Section 504 and extended nondiscrimination protections to institutions that are not federally funded but are instead financed by state and local governments. Furthermore, private institutions that provided public accommodations were also included under the scope of the ADA (Frank & Wade,

1993; Hartman, 1993; Jarrow, 1993). The ADA defines a person with a disability as having a physical or mental impairment that significantly limits one or more major life activity (Sec. 12102 (2)(A)). Under Title II provisions of the ADA, otherwise qualified students with psychiatric disabilities are entitled to reasonable academic accommodations in higher education settings. Such accommodations serve to provide students with equal access to housing, academic courses, and activities (Souma et al., 2002).

Implementation of Section 504 and ADA. In outlining the implementation of Section 504 and ADA in postsecondary settings, it is important to highlight the important shifts in responsibility for the provision of services occurring at this level. The provision and funding of services are no longer the legal responsibility of the secondary institution. Instead, the primary legal responsibility lies with the student and postsecondary institution. Students with disabilities and the postsecondary institutions must both be aware of their rights and fulfill their respective responsibilities in order for successful implementation to occur.

Student rights and responsibilities. The protections afforded under Section 504 and the ADA apply to all students with disabilities currently residing in the United States, including international students (Lynch & Gussel, 1996). However, it is also important to clarify that a student has the right to choose whether or she or he wishes to identify, connect with services, and use offered accommodations (e.g., participating in a general program despite existence of special program) (Ekpone & Bogucki, 2003; Gil, 2007; Jarrow, 1993; Lynch & Gussel, 1996; Wolf, 2001). Once a student has disclosed a

disability, he or she has a right to confidentiality regarding this information. Ekpone and Bogucki (2003) explained that according to the Family Education Rights and Policy Act (FERPA; amended 1996), this information cannot be accessed or shared without the student's written consent. Even then, specific details about the nature of the disability are not required when communicating with professors and other university personnel.

Students with disabilities also have multiple responsibilities they must meet in this process. The student must first meet the same eligibility standards and legitimate, essential criteria as other applicants to determine whether or not he or she is considered qualified (Ekpone & Bogucki, 2003; Heyward, 1993). This is an essential difference between K-12 and higher education, where the latter offers no specific special education program and only reasonable accommodations for the student once they have otherwise qualified for admission. Such accommodations do not include significantly altering fundamental components of academic programs in order to accommodate one's disability (Ekpone & Bogucki, 2003; Frank & Wade, 1993; Rickerson et al., n.d.). This will be discussed in more detail in the following section regarding institutional rights and responsibilities. The student's responsibilities continue upon admission, when he or she must self-identify with the institution's appointed disability office and provide current (less than three years old) documentation of the disability in order to receive accommodations (Ekpone & Bogucki, 2003; Frank & Wade, 1993; Souma, et al., 2002; Wolf, 2001). However, documentation standards vary between institutions, and some institutions may require that high school students entering college should be retested as adults or that documentation of a psychiatric disability be performed at more frequent intervals (e.g., every 6 months to one year) due to the changes in the course of the illness.

For students with psychiatric disabilities, a licensed or certified professional with expertise in differential diagnosis of psychiatric disabilities should conduct the report. A specific diagnosis, along with the diagnostic criteria and diagnostic tests used in the evaluation, should also be included. In addition, the report should describe the student's presenting symptoms, current treatment, and medications. It is important that the report include a description of the impact of the illness (and its treatment) upon the student's participation in the academic environment (i.e., ongoing, significant impairment in one or more major life activities) as well as suggested reasonable and appropriate academic accommodations (Ekpone & Bogucki, 2003; Wolf, 2001). The submission of these support materials, as well as subsequent requests for accommodations, must be made by the student in a timely fashion (Ekpone & Bogucki, 2003; Frank & Wade, 1993). Once accommodations have been provided, it is still the student's responsibility to meet academic requirements (Ekpone & Bogucki, 2003; Rickerson et al., n.d.; Souma et al., 2002).

Unger (1991) reported that the student also has behavioral responsibilities on campus, such as complying with the student code of conduct. Imposing on the rights of other students or disrupting community functioning should be considered breeches of the code and subject to disciplinary review. However, Unger cautioned that behavior that is merely unusual should not be considered a violation of the code of conduct. Further, the Bazelon Center for Mental Health Law (2007) cautions against general, punitive responses to students in crisis (e.g., self-injurious thoughts or behavior), such as bringing the student up on disciplinary charges or automatically removing them from housing or academic life. They reported that a number of students with psychiatric disabilities have

successfully implemented ADA challenges to such practices and precipitated policy changes at their respective institutions.

Institutional rights and responsibilities. The postsecondary institution also maintains multiple rights under Section 504 and the ADA. Regarding admission, institutions are not required to disregard disabilities by admitting students with disabilities to specific programs in which the nature of their disability will significantly impede their successful performance. Postsecondary institutions are also not required to waive criteria or standards that the student cannot meet even with the use of reasonable accommodations (Ekpone & Bogucki, 2003; Heyward, 1993; Rickerson et al., n.d.). Federal regulations also stipulate that institutions have the right to flexibility in choosing appropriate accommodations for students. For example, Section 504 of the Rehabilitation Act (1973) outlined that all types of aids do not have to be available at all times and devices or services of a personal nature (e.g., readers for personal use) do not have to be provided (Sec. 104.44 (2)).

The postsecondary institution is not responsible for providing accommodations until the student with a disability discloses his or her disability and needs, makes a request for accommodation, and provides supporting documentation (Ekpone & Bogucki, 2003; Frank & Wade, 1993; Jarrow, 1993; Lynch & Gussel, 1996). Further, institutions are not held responsible to endure undue financial and administrative burdens in order to meet accommodation requests (Ekpone & Bogucki, 2003; Rickerson et al., n.d.). In addition, institutions cannot be held responsible for a student's poor or failing academic

performance if they have provided him or her with appropriate accommodations (Ekpone & Bogucki, 2003; Souma et al., 2002).

Under Section 504 and the ADA, the postsecondary institution's primary responsibilities relate to nondiscriminatory access based upon disability status and meaningful access to otherwise qualified students (Heyward, 1993). Postsecondary institutions cannot inquire about disabling conditions as part of the admissions process or from identifying students with disabilities (Frank & Wade, 1993). Meaningful access requires reasonable accommodations, and the postsecondary institution has an obligation to notify students of their availability (Frank & Wade, 1993; Heyward, 1993). The postsecondary institution is also responsible for providing all members of the campus community and the public with readily available information regarding policies and procedures (Lynch & Gussel, 1996).

Accommodations. Some students with psychiatric disabilities may require accommodations, which remove barriers the student encounters related to learning and participation at the institution (Ekpone & Bogucki, 2003; Rickerson et al., n.d.; Souma et al., 2002). An accommodation is the removal of a barrier to learning and full participation. These accommodations are individualized and based on the nature and impact of the disability and the student's current, resulting needs (Ekpone & Bogucki, 2003). Following working with the student to identify his or her needs, disability support services personnel typically send instructors a letter or an accommodation plan documenting the specific accommodations the student requires (Souma et al., 2002).

Classroom, exam, and assignment accommodations are commonly recommended for and utilized by students with psychiatric and other disabilities. Common classroom accommodations include preferential seating, frequent (prearranged) breaks, early availability of syllabus/textbook(s) and notetaker or tape recorder use (Eudaly, 2002; Rickerson et al., n.d.; Souma et al., 2002; Unger, 1991). Note taking assistance, one of the most commonly offered accommodations, can alleviate a student's anxiety and allow him or her to better attend to course material (Eudaly, 2002). Examples of common examination accommodations include alternate-format exams, extended time for tests, alternate exam venues, and individually proctored exams (Eudaly, 2002; Lewis & Farris, 1999; Souma et al., 2002; Unger, 1991). Lastly, common assignment accommodations include substitute assignments, extended time to complete assignments (if the student is absent due to hospitalization or other medical reasons), and alternate assignment formats (e.g., written instead of oral presentations) (Eudaly, 2002; Rickerson et al., n.d.; Souma et al., 2002).

Additional reasonable accommodations may be determined for students with psychiatric disabilities. These may include assignment assistance during hospitalization, use of computer software or other technical assistance, and flexibility in determining full-time status (Center for Psychiatric Rehabilitation, 1997). Bazelon Center for Mental Health Law (2007) also proposed several accommodations aimed at facilitating continued enrollment or a return to school due to his or her illness status. These included reduced course load, changes in living situation (e.g., changing roommate or room), allowing guests in student's room, facilitating student withdrawal from courses if difficulties were attributable to psychiatric disability, and permission for the student to work from home.

Supports for Students with Psychiatric Disabilities during High School

Through their time in high school, students with psychiatric disabilities may

receive support from the school as well as outside professional support. Additionally,

their peers and family may serve as important forms of support. Unfortunately, these

same potential sources of support can also act as barriers for these students when they are

unresponsive to their needs. This section discusses the potential strengths and drawbacks

associated with these supports.

School Support Infrastructure

In general, secondary schools appear to be unaware of the rights of students with

psychiatric disabilities. In fact, researchers have suggested that schools are doing a very

poor job of identifying children as ED, specifically in identifying them appropriately at

an early age. In a study of 13 year-old children classified with ED from 12 special

education classrooms, led by Dr. Forness and cited in the Report of the Surgeon

General's Conference on Children's Mental Health (U.S. Public Health Service, 2000),

found that half of these children were originally misidentified (e.g., as learning disabled)

and did not receive the right services until they were approximately 10 years of age. This

is particularly troubling when one considers that problems were first identified by parents

at an average age of 3.5 years. Several reasons for this misidentification and under-

identification have been proposed. These include vague federal definition of emotional

disturbance as well as some more troubling aspects originating within the culture of

schools and larger society. School officials and parents may be influenced by the stigma

of mental and emotional disorders to avoid giving the child a mental health label. Schools

also appear to have insufficient resources (e.g., school social workers, school psychologists) to facilitate early identification and intervention (Mowbray et al., 2002; Wagner, Friend, Bursuck, et al., 2006). The Report of the Surgeon General's Conference on Children's Mental Health also cited this lack of insufficient support infrastructure (U.S. Public Health Service, 2000). Even when mental health issues become apparent, teachers and administrators are typically not trained in how to address them. For example, Wagner, Friend, Bursuck, and colleagues (2006) found that general education teachers (especially at the secondary level) reported few professional development opportunities for working with students classified as ED and thus limited tools to increase their competence in working with them.

Wagner and colleagues (2005) review of the preliminary data from the SEELS and the NLTS2 provides further support and clarification of the above findings. Their findings included that although the age of identification for students classified as Emotionally Disturbed (ED) during elementary school was roughly the same as that for students classified with other disabilities, the age at which the former group of students first received special education services was more than one year later than the latter group. Similar lags are found for students classified as ED in secondary school settings. Compared to their peers with other disability classifications, students in secondary school who received a diagnosis in this disability category were usually older at time of first diagnosis and at age of first interaction with related professional services. Further, they reported:

> In addition, even when identified at the at the appropriate age to receive early
>
> intervention or preschool special education services for their disability, secondary

school youth classified with ED are less likely to receive those services than are students with other disabilities. A similar difference in receipt of preschool special education services is noted for elementary/middle school children. (p. 88)

The weaknesses in current school supports are also echoed by students with psychiatric disorders and their parents. In an anecdotal account of managing a high school student's serious mental illness, as told by the student and her mother, they described being ignored by school officials (Hawkins & Hawkins, 2000). In their focus group interviews of current college students and recent college graduates with mental illnesses, Mowbray and colleagues (2002) reported that repeated probes of participants were necessary to ascertain how secondary school teachers, administrators, or other staff supported these students. The resulting information was largely negative, with students recalling negative attitudes or behaviors of teachers. Many participants in both the focus groups and individual interviews reported a lack of anyone helpful at school and only 8 of the 34 interviewed participants reported school staff involvement in their emotional problems. This involvement came in the form of discussion with parents or provision of referral information. School counselors were described as overwhelmed and primarily responsible for administrative tasks such as college preparation. Participants also spoke negatively of schools' handling of unofficial requests for accommodation. However, findings in this study may have been influenced by loose inclusion criteria which made it unclear as to whether the student was classified as ED or was even diagnosed with a mental illness prior to entering college. In an overview of the final report for the NLTS-2, Wagner, Newman, Cameto, and colleagues (2006) found that secondary students classified with ED who dropped out before graduation attributed this to reasons such as

disliking school and negative relationships with teachers and fellow students. Parents of students classified with ED also expressed more dissatisfaction about the schools, teachers, and special education services as compared to parents of students classified with other disabilities.

Outside Support

Regarding service utilization in high school, Mowbray and colleagues (2002) found that a significant number of participants had not utilized school-based or outside services due to general unavailability of mental health services within the school environment, uncertainty as to whether their problems were of appropriate severity or due to the stigma associated with seeking professional help. Stigma was even cited as a barrier by those who had sought professional help, who described the process of connecting with appropriate help as confusing and involving trial-and-error. However, the majority of these participants viewed the services they received as beneficial and effective.

Peer Support

The stigma toward mental illness and seeking professional help also strongly influences peer relationships. Mowbray and colleagues (2002) reported that students who were open about their symptoms and mental illnesses often suffered negative social consequences such as being seen as too open, different or strange. When existing friends were not supportive, participants reported finding support elsewhere. Specifically, participants often found friends with similar experiences, which enabled them to feel a

sense of commonality, belonging and support. However, such friendships in the absence of additional help sometimes resulted in additional problems. For example, some participants described their friends as lacking effective coping skills. Although they reported that they found peers with addictions or legal problems as understanding and accepting, these involvements also led to the individual's own similar problems. Vander Stoep and colleagues (2000) also reported that students with emotional or behavioral difficulties may engage in sexual relationships or substance abuse in order to appear similar to their peers, seem more mature, or as a coping strategy. Unfortunately, they also observed that these behaviors can backfire by actually postponing healthy development.

Students with psychiatric disabilities may also be at a general disadvantage in relating to their peers. In their report of SEELS data, Blackorby, Knokey, Wagner, Levine, Schiller, and Sumi (2007) reported that among students with disabilities, students with ED are especially prone to difficulties with social adjustment. Wagner, Newman, Cameto and colleagues' (2006) findings for the NLTS-2 also indicated that students with ED were vulnerable to social difficulties. Although SEELS data analyses did not find significant relationships to student outcomes, students with ED generally scored lower in the areas of social skills and classroom behavior as compared to their peers with other disabilities (Blackorby et al.,2007).

Family Support

Participants in the qualitative study by Mowbray and colleagues (2002) described family relationships as critical to both positive and negative outcomes. Reactions of

family members were complex and ranged from supportive and involved to unsupportive and creating an additional source of stress for the student. In the latter scenario, families sometimes prevented access to treatment. In some cases, family relationships were strained and even abusive, which contributed to declining mental health (although not necessarily to the onset of the illness). Across all scenarios, both parents and students appeared to be poorly informed about mental illness and the availability of professional help. Given their son or daughter's unique difficulties, these parents may feel isolated from other parents and potential sources of support related to transition (Vander Stoep et al., 2000). In addition, they typically receive little in the way of family support services (Wagner, Friend, Bursuck, et al., 2006).

Shortcomings in Transitional Supports Prior to Entry into Higher Education

Adolescents with serious emotional disturbances face an especially challenging transition from high school to college (Mowbray et al., 2002; Vander Stoep et al., 2000). Coping with a mental illness can disrupt other developmental tasks such as asserting independence and developing close peer and romantic relationships (Ekpone & Bogucki, 2003; Vander Stoep et al., 2000). In addition, high school students with emotional disturbances may not have the skills (academic and nonacademic) necessary to succeed in the higher education environment and may encounter transition tools that do not meet their needs or facilitate skill development (Lynch & Gussel, 1996; Wolf, 2001).

Academic Deficits

Students with disabilities have historically faced difficulties meeting expected

academic standards within the postsecondary environment. For example, their skills in

math, science, and language were below age expectancies (Hartman, 1993). More

recently, this trend continues, with researchers citing concerns that academic skills

deficits put students with hidden disabilities, including psychiatric disabilities, at a high

risk for failure and attrition. Students with psychiatric disabilities also may not have

mastered effective study strategies (e.g., time management and organization) related to

academic success (Wolf, 2001). Further, such reported concerns are not limited to

researchers: interviewed adults with psychiatric illnesses who went on to higher

education and later withdrew recalled having their own concerns about being

academically prepared (Megivern et al., 2003). Further, Wagner and colleagues (2005)

reported that students classified as ED tend to receive low grades in their general

education courses and also have fewer opportunities to work with their peers than their

classmates in general education classrooms. They suggested that the latter may be

attributable to social skill deficits, fewer opportunities, or both.

Nonacademic Deficits

In addition to difficulties in the classroom, students with psychiatric disabilities

may have difficulty mastering nonacademic skills that are also necessary to succeed in

college (Lynch & Gussel, 1996; Wolf, 2001). These include important skills in effective

self-disclosure and other aspects of self-advocacy, which are frequently discussed in the

literature related to students with psychiatric disabilities. This section discusses the

specific deficits students with psychiatric disabilities may display in these two related areas (as self-disclosure is a skill of self-advocacy).

Self-disclosure. Prior to arriving in higher education, students with psychiatric disabilities have had little experience in disclosing their disability to others, and do so in dysfunctional or ineffective ways. Students may not know how to appropriately disclose their disability and may self-disclose in a confrontational manner after problems have arisen (Gil, 2007; Lynch & Gussel, 1996). In addition, a student's experiences with self-disclosure up to this point (e.g., peers) may have been demeaning and exposed them to social stigma (Ekpone & Bogucki, 2003; Weiner, 1999). Self-disclosure decisions are also further complicated for students with invisible disabilities such as psychiatric disabilities, since they have the option of not disclosing (Enright et al., 1996; Lynch & Gussel, 1996; Rocco, 2001). Since effective disclosure can allow a student to connect with timely and necessary accommodations, it is imperative that students develop effective self-disclosure skills prior to entering higher education.

Self-advocacy. More generally, students with psychiatric disabilities may not necessarily possess the necessary skills related to effective self-advocacy and need specific training in this area (Ekpone & Bogucki, 2003; Gil, 2007). This becomes more important when considering that the demands related to self-advocacy increase with various transitions, including transitioning to secondary and postsecondary education from previous educational environments. With each transition, the student becomes involved in the transition planning process (Test et al., 2005). Specifically, students may

need training in how to initiate assistance and communicate effectively with faculty (Fichten, Goodrick, Tagalakis, Amsel, & Libman, 1990). These students may present at two opposite ends of the spectrum regarding their self-advocacy skills: some may be unable to effectively advocate for themselves while others are overly aggressive or assertive in requesting accommodations (Lynch & Gussel, 1996; Unger, 1991). Further, it is important to note that students with disabilities may not even be aware of their important advocacy role in higher education. An incoming college student with a disability may not be aware that responsibility for disclosure has now shifted to him or her and may expect to receive similar environmental supports to those they received in high school (Gil, 2007; Lynch & Gussel, 1996). They may have relied on parents and institutions to advocate for them and to construct accommodations through materials such as IEPs. Other students with disabilities may be aware of their need to self-advocate but are not planning on asking for assistance, viewing the impending move to college as an opportunity for independence (Lynch & Gussel, 1996).

Career Planning Deficits

Secondary students with disabilities are also at a disadvantage in the area of career development. In their review of relevant research, Ochs and Roessler (2001) concluded that across instruments, grade levels, and age, students with disabilities had lower levels of career maturity as compared to their peers without disabilities. In a study comparing career maturity levels of secondary students in general education or special education classes (75% learning disabilities, 7% "other" which included severe emotional), students in special education classes scored significantly lower on four of the

five measures of career maturity (i.e., career decision-making self-efficacy beliefs; career outcome expectations; intentions to engage in career exploratory beliefs; and levels of vocational identity). One of the most striking differences between the groups was on the Vocational Identity Scale of the My Vocational Situation scale, where scores for students in special education were well below previously reported norms for high school students and indicated an unclear and unstable vocational identity. The authors reported that this suggests less readiness to make future educational and career decisions.

Several factors may contribute to the lower levels of career maturity observed in students with disabilities. In their examination of vocational and transition services needed and received by students with disabilities during their last year of high school, Benz and Halpern (1993) found that students with disabilities may have fewer opportunities to participate in experiences that provide a foundation for making appropriate career decisions and developing a clearer vocational identity. Further, students with disabilities may also have had fewer opportunities in general to make decisions in their lives, which can negatively affect self-efficacy beliefs (Abery, 1994). Parents, teachers, and counselors may all have low expectations related to career possibilities for the student, who may also ultimately internalize these low expectations (Ochs & Roessler, 2001).

Transition Tools and their Efficacy

Although formalized efforts to assist students with disabilities in the transition to postsecondary education have been implemented on the state and federal levels, these programs have also failed to address the needs of students with psychiatric disabilities.

The structures of these programs, as well as their reported deficiencies, are described below.

IEPs and ITPs. An outgrowth of legislation, the IEP can assist the student with the transition to higher education. However, it must be used as envisioned in order to do so. The IDEA Amendments of 1997 mandated that each student's annual IEP must contain an ITP, which is a statement of needed transition services for postsecondary education or employment, including related instruction and educational experiences. The IDEA reauthorization of 2004 carried over many of the tenets of the 1997 amendments, including annual inclusion of ITPs beginning at age 16. This can occur earlier if the IEP team working with that particular student feels it is appropriate (34 CFR § 300.320(b)). The reauthorization requirements also specified that transition goals and objectives should be based on the individual student's strengths, preferences, and interests. In addition, it reaffirmed the requirement that the student should be invited to IEP meetings whenever "consideration of postsecondary goals" will be covered (34 CFR § 300.321(b)(1)). However, students are often not engaged in their ITP formulation or subsequent decisions. In considering reasons for their lack of involvement, students are frequently unprepared to advocate for themselves or disinterested in the process. This trend may also be attributable to the attitudes of teachers and administrators, who recognize the importance of self-advocacy skills but fail to train students in these areas despite available programs and curricula (Test et al., 2004; Test et al., 2005; Van Dycke et al., 2006). Test and colleagues (2004) proposed that this training is not a high priority for teachers and general educators. Alternately, Test and colleagues (2005) suggested that designing and implementing a self-advocacy training program is made difficult by the

plethora of definitions of self-advocacy. Such training is important, however. In their literature review of 16 studies utilizing IEP interventions with students with disabilities (primarily learning disabilities), Test and colleagues (2004) found that the interventions had a positive impact on IEP involvement skills. However, the long-term gains of these interventions remain unknown.

504 plans. Under Section 504, qualification is not based upon need for special education. Instead, the student must have an identified physical or mental condition that substantially limits a major life activity such as learning, working, or caring for self (Advocacy Center for Persons with Disabilities, n.d.). Given the vague definition and lack of regulations by the federal government, it is up to the school district to determine eligibility and specific assistance and monitoring provided the student. Students falling under Section 504 protections are usually placed in general education classrooms. Section 504 does not require an IEP but does require a plan, known as a 504 Plan. Like the IEP, the 504 plan identifies the nature of the disability and the specific accommodations that will be implemented by the school. These accommodations are termed "reasonable accommodations" and do not result in a modified curricula (Advocacy Center for Persons with Disabilities, n.d.; deBettencourt, 2002). According to the Advocacy Center for Persons with Disabilities, the construction and implementation of the 504 plan can (and should) be as thorough as is legally required for an IEP. Federal law requires that both 504 plans and IEPs provide transition services beginning at age sixteen. However, although students are entitled to transition planning as part of their 504 plans, schools not legally required to construct separate transition plans. If a separate transition plan is

incorporated into the 504 Plan, it should include plans for higher education and employment as well as any necessary preparations. Professionals in the field of higher education and employment settings can be invited to join school 504 team members in contributing to the transition plan.

State and federal support. For the past 20 years, the United States Department of Education has provided funding for the National Clearinghouse on Postsecondary Education for Individuals with Disabilities (also known as the HEATH Resource Center), which collects and distributes information about postsecondary education to students with disabilities and their parents. Additionally, their services are available to professionals working with these students at the secondary and postsecondary levels (Hartman, 1993). HEATH has also been a frequent collaborator with the Association of Higher Education and Disability (AHEAD), a professional organization of disability support service personnel.

Although there are many federal programs available for transitioning students with psychiatric disabilities that have the potential to improve postsecondary outcomes, there are some barriers to their utilization. The Bazelon Center for Mental Health Law (2005) reviewed 57 federal programs for students with psychiatric disabilities and identified barriers such as lack of coordination among programs, the large number of programs, and eligibility differences among programs. These characteristics can create confusion in accessing these available programs. Further, these programs are not available to students who have dropped out before completing high school. Prospective

state recipients may also encounter barriers such as when applying for funding to some of

the smaller programs, where they have a small likelihood of securing a grant.

Representation of Students with Psychiatric Disabilities in Higher Education Settings

Before examining the aspects of the higher education environment that act as

barriers and facilitators to the success of students with psychiatric disabilities, it is

important to first consider the context within which these students find themselves.

Specifically, this section discusses the estimated numbers of students on campus with

psychiatric disabilities as well as expected trends for this student group. Advances that

have facilitated (and will likely continue to facilitate) increased representation are also

briefly highlighted.

Representation in Higher Education

It has been difficult for researchers to obtain the exact number or proportion of

students with psychiatric disabilities in postsecondary settings, due in part to a reliance on

student disclosure, student interpretation of the definition of disability, and

inconsistencies in inclusion criteria and record-keeping (Jarrow, 1993; Lewis & Farris,

1999; Rickerson et al., n.d.; Wolf, 2001). In a study requested by the Office of Special

Education and Rehabilitative Services (OSERS) within the Department of Education,

Lewis and Farris provided the first nationally representative data from postsecondary

institutions regarding the enrollment of students with disabilities, as well as the support

services and accommodations available to them. Their findings indicated that 428,280

students in higher education (2-year and 4-year postsecondary institutions) identified as

having a disability in 1996-7 or 1997-8. Of these students, 33,260 reported psychiatric disabilities (mental illnesses or emotional disturbances). However, these figures should be interpreted in light of several caveats. Lewis and Farris reported that institutions' report of students with disabilities included not only those students who were receiving accommodations or services but also those students who identified but did not necessarily provide verification or seek out services. Twelve percent of the institutions based their counts upon students that became known to the disability services office, regardless of whether or not the office had actual contact with the student. Lastly, nine percent of the included institutions reported that they did not maintain any formal records on students with disabilities.

More recent data for the 2003-2004 academic year from the U.S Department of Education's National Center for Education Statistics (2006) included a sample that represented approximately 19 million undergraduate students. Results found that of the 11% of undergraduates reporting a disability, 22% reported a mental illness.

Trends in Representation

In the 1990s, researchers noted a trend toward increasing numbers of students with psychiatric disabilities entering higher education settings and predicted that this trend would continue (Unger, 1991; Weiner & Wiener, 1996). Recent anecdotal observations continue to suggest a strong increase in the number of students with psychiatric disabilities in higher education (Carter & Winseman, 2001; Eudaly, 2002; Pledge, Lapan, Heppner, Kivlighan, & Roehlke, 1998; Sharpe et al., 2004).

There have also been noted trends in institutional attendance and choices. Statistics compiled for the 1996-97 and 1997-98 school years indicated that approximately 72 % of postsecondary institutions enrolled students with disabilities (Lewis & Farris, 1999). However, students with disabilities who pursue higher education typically enroll at community colleges (approximately 6%), which have traditionally included and accommodated students with disabilities (Savukinas, 2003). In general, students with disabilities are better represented at larger and public institutions, which are also more likely to provide services and accommodations (Lewis & Farris, 1999). The 2003-2004 data for students reporting psychiatric disabilities partially revealed somewhat different trends. Less-than-two year institutions had the highest percentage of students reporting any disability whereas private four-year doctorate-granting institutions had the largest percentage of undergraduates reporting a psychiatric disability. Other institutional types with a high percentage of students reporting psychiatric disabilities included private, less-than-four-year institutions and public, four-year doctorate-granting institutions (U.S. Department of Education National Center for Education Statistics, 2006).

Factors Facilitating Increased Representation

The literature has cited several factors contributing to this group's increased representation in higher education. Together, factors such as supportive legislation, improved treatments, improved therapies, and more effective medications have supported the ability of students with psychiatric disabilities to not only participate but to succeed in higher education. The passage of Section 504 of the Rehabilitation Act of 1973 also

contributed to the increase of students with psychiatric and other disabilities in higher education (Lynch & Gussel, 1996; Unger, 1991). In addition, improved medications and treatment modalities have offered stabilization and allowed students with psychiatric disabilities to increasingly participate in higher education (Corrigan et al., 2003; Eudaly, 2002; Mowbray, Megivern, Mandiberg, Strauss, Stein, Collins, Kopels, Curlin, & Lett, 2006; Unger, 1991; Weiner & Wiener, 1996). Additionally, a paradigm shift toward recovery (versus simply stabilization) signified an important impetus for increased participation (Mowbray et al., 2006).

Barriers to Success During Higher Education

Students with disabilities may face protracted and difficult transitions to postsecondary education, with their journey marked by barriers along the way. Within the student disability community, students with psychiatric disabilities are particularly vulnerable during the first two years of higher education and encounter difficulty in their transition to higher education settings (Wolf, 2001). This section discusses the various social and service barriers these students must often confront as well as the challenges their illnesses can present.

Social Barriers

Pervasive social barriers are among the most damaging and frequently reported barriers for students with psychiatric disabilities (Megivern et al., 2003; Weiner, 1999). Stigma toward mental illnesses and those diagnosed with them may originate at the larger societal level, but also translates into difficulties in interactions with faculty and peers for

students with psychiatric disabilities pursuing higher education (Blacklock et al., 2003; Eudaly, 2002; Megivern et al., 2003). This section provides an in-depth discussion of the social barriers presented by faculty and peers within the university setting, as well as their potential negative impact on a student's experiences and success.

Faculty. Students with psychiatric disabilities may encounter difficulties in the form of unsupportive, poorly informed (regarding mental health), or inaccessible professors and academic advisors (Becker et al., 2002; Brockelman et al., 2006; Eudaly, 2002; Weiner, 1999). In a study of faculty and student attitudes toward and factual knowledge about students with mental illnesses, Becker and colleagues (2002) found that a majority faculty (81%) believed students with mental illness to be capable of academic success. However, approximately half of the faculty also reported feeling uncomfortable dealing with a student displaying symptoms of a mental illness, with 10 % reporting feeling very uncomfortable with such a scenario. Furthermore, Becker et al. reported that a "troubling minority" of faculty expressed that students perceived as having a mental illness would make them feel unsafe (13%) or that these students are generally dangerous (8%). Such concerns about the safety risks posed by student with psychiatric disabilities, along with concerns regarding their disruptive contributions to the classroom environment, have been frequently cited (Eudaly, 2002; Megivern et al., 2003; Unger, 1991). In the aftermath of the tragedy at Virginia Tech, pre-existing concerns about potentially dangerous students have been amplified. For example, many higher education institutions are reexamining their mental health staffing or looking for ways to improve communication between different campus services. Additionally, many have constructed and implemented policies for assessing students who are returning from medical leaves of

absence or inpatient hospitalizations for mental health issues. These protocols must tread a fine line of not violating student rights to pursue an education while also meeting institutional demands for ensuring that at-risk students do not go unnoticed or unmonitored (Shuchman, 2007). Faculty may also communicate a negative attitude toward accommodations established for those students who have disclosed their disability, viewing them as special privileges or treatment (Eudaly, 2002; Weiner, 1999). Along with more positive findings about faculty attitudes toward students with psychiatric disabilities (e.g., belief these students should be able to attend classes), faculty still felt that they had inadequate knowledge or present resources to be able to effectively work with this group of students and discomfort with out-of-classroom interactions (Brockelman et al., 2006). However, Collins and Mowbray (2005) reported that although faculty attitudes can act as a barrier, their interviews with staff and faculty found that the most common question from faculty and staff was a more neutral desire for more information about understanding and intervening appropriate with students with psychiatric disabilities.

Faculty concerns and negative attitudes may ultimately act as a barrier to success or even completion of requirements (Becker et al., 2002). At the very least, it may act as a barrier to student disclosure of disability. The overwhelming majority of participants (33 of 35 respondents) in Megivern and colleagues (2003) qualitative study chose not to disclose their disability to faculty or staff. It should be noted that participants were former students (last attendance from four to 23 years ago) whose participation in higher education may have predated the implementation of important disability support legislation (e.g., ADA) and related services. However, literature that reflects on the recent

experiences of students with psychiatric disabilities continues to point toward a trend of nondisclosure in the face of stigma (Eudaly, 2002).

Peers. Students with psychiatric disabilities may also encounter difficulties in social interactions outside of the classroom. Successful transitions of students with disabilities are at least partially predicted by how socially integrated they feel within the college community (Tinto, 1993). Unfortunately, beliefs about students with disabilities may impede social interactions between students with and without disabilities (Blacklock et al., 2003, Collins & Mowbray, 2005). For example, Blacklock and colleagues (2003) found that when students did not disclose to peers, this contributed to a sense of social isolation on campus. Students with psychiatric disabilities may also be contending with desires to avoid social situations and anxiety that may accompany entering new or specific situations. Further, they may also be impeded in their interactions by socially inappropriate behaviors (Vander Stoep et al., 2000). The social consequences of having less opportunities to work with their peers without disabilities (e.g., in general education classes) may continue to impede social interactions at this level as well (Wagner et al., 2005).

Overall, these attitudes translate into restricted social interactions, where these student groups avoid contact with each other. Student recollections of their social lives while in college and experiencing a psychiatric illness further validate these findings. For example, students in Megivern and colleagues (2003) study characterized themselves as chronically isolated and as having difficulty initiating and maintaining friendships. Some respondents attributed these difficulties to other students' unwillingness to interact.

Similarly, participants in Weiner's (1997) study reported feeling awkward and self-conscious in social interactions. Vander Stoep and colleagues (2000) noted a tendency toward social withdrawal or instead engage in high-risk behaviors such as substance use or other illegal activities.

Consequences of social barriers. In addition to the consequences specifically discussed as related to faculty and peer interactions, it is important to emphasize the long-term effects of social barriers. The encountered stigma can be internalized and affect students' feelings about themselves as well and their seeking social and formal supports (Blacklock et al., 2003; Weiner, 1999). Ultimately, individuals with disabilities may come to internalize messages related to prospects of success in employment, independent living, and higher education (Megivern et al., 2003).

Service Barriers

Issues regarding service delivery may also result in barriers for students with psychiatric disabilities. These issues are wide in scope and include a lack of specialized services, coordination between various service providers, and information regarding services. In addition to providing a discussion regarding these, the following section explores the repercussions for student utilization.

Lack of specialized services. Services sensitive to the needs of students with disabilities may not necessarily be available on campus. Disability support personnel may be unfamiliar with the needs of these students or lack adequate training in working with

them and may therefore not reach out to these students in an effort to engage them in services (Collins & Mowbray, 2005; Megivern et al., 2003; Sharpe et al., 2004). For example, many disability support services staff have instead been trained in areas such as learning disabilities (Sharpe et al., 2004). Further, although higher education institutions must have staff dedicated to addressing disability concerns, how this is carried out varies widely (Mowbray & Collins, 2005).

Additionally, statistics compiled from postsecondary institutions in the past decade revealed that only 22% of institutions offered special career placement services geared toward students with disabilities (Lewis & Farris, 1999). The literature has further suggested that existing career service models and programming may be unresponsive to the needs of students with disabilities. For example, traditional theories of career development, which place central importance upon the decision-making process, may not capture the lived experiences of students with mental illnesses, who have had little independent experience in decision-making, in career or other domains (Hagner & Salomone, 1989). In addition to suggestions to draw upon multiple theories of career development, researchers have charged career professionals with the task of providing integrated workshops and activities that also speak to the experiences and needs of students with disabilities (Enright et al., 1996). Such career-related interventions may be especially important to students with psychiatric disabilities, as they often change their career goals and majors. Although such behavior may be reflective of all college students (as observed by Pascarella & Terenzini, 1991, cited in Megivern et al., 2003), these students report that their illness sometimes affects these changes (Megivern et al., 2003).

Poor coordination between providers. Institutions may contribute to student confusion regarding available services and support due to their own confusion regarding how to best serve these students (Unger, 1991). Students have also cited the lack of coordination among on-campus and off-campus service providers as problematic (Blacklock et al., 2003; Megivern et al., 2003). In fact, students in Megivern and colleagues (2003) study reported that they believed such coordination could have prevented their withdrawal. Blacklock and colleagues (2003) found that participating students with psychiatric disabilities were not engaged with a network of coordinated support services. Although staff in different areas of the institution devote significant amounts of time to addressing the complex issues of students with psychiatric disabilities, they often do so in isolation. The result is not only an inefficient use of faculty and staff time but also possible negative experiences for the student such as academic failure, withdrawal, social isolation, and even dismissal from the institution.

While presenting a somewhat different issue, parent and provider relationships are typically strained, with postsecondary professionals being cautious about collaborating with parents or viewing such participation as impeding the student's necessary independence (Ekpone & Bogucki, 2003; PACER Center, 2002). Although materials have been developed for the parents of high school students with disabilities, they primarily focus on helping parents prepare their students for the transition to postsecondary education (e.g., legal protections and responsibilities). These parents often find themselves with little guidance and support once their child graduates high school. At this time, they face new parenting challenges such as trying to support their son or daughter while also fostering their independence and communicating their confidence in

their decision-making abilities. While still an advocate, their role has shifted from being the initiator of efforts to supporting their son or daughter in advocating for him- or herself. Unfortunately, they may not be able to effectively serve in this role without receiving information and support (PACER Center, 2002).

Lack of service-related information. Others on campus may be confused about the role of disability support services and believe that they are involved in clinical services (i.e., crisis intervention, assessment, treatment) (Eudaly, 2002). Conversely, students with psychiatric disabilities may misperceive disability support services as having a very narrow scope of services that are geared toward students with physical disabilities (Megivern et al., 2003). Although on-campus support may exist, administrators, faculty, and students themselves frequently are not aware of these resources. According to Berman, Strauss, and Verhage (2000), as cited in Becker and colleagues (2002), on-campus mental health services receive little attention as compared to physical health services during new student orientation. In a mail survey at the University of South Florida, Becker and colleagues sought to gauge the campus climate about mental illness by surveying faculty and students. Three hundred and fifteen faculty members (21.2%) and 1,901 students (36.8% of the randomized and stratified sample of undergraduate and graduate students) responded to the survey. They found that only 14.7% of faculty reported being very familiar with campus mental health services. Seventy-three percent of students reported being unfamiliar with these services. Other studies have found that many students with disabilities are unaware of the existence of on-campus support

services or are unsure of where they should go for support on campus (Megivern et al., 2003).

  Consequences. In response to these service-related barriers, students may fail to utilize a comprehensive array of campus-based support services and face serious academic and social consequences (Blacklock et al., 2003). Despite the existence of at least one form of support services at most institutions enrolling students with disabilities, these services are often not accessed by students with mental illnesses (Collins & Mowbray, 2005; Lewis & Farris, 1999; Megivern et al., 2003; Mowbray, 1999). In fact, offices of student services report rarely serving individuals with mental illnesses (Becker et al., 2002). Some professionals working within the university environment have made anecdotal observations that on-campus support services may only interact superficially with some of these students, who may only enter health services to state their diagnosis and request a refill of their medication (Carter & Winseman, 2001).While many of these trends may be attributable to the utilization of off-campus support services, some students may not be connecting with any services or at least on-campus services that can facilitate the provision of important accommodations. For example, Megivern and colleagues (2003) reported that the majority of students entering college with a previously diagnosed psychiatric disability reported receiving off-campus mental health services during their first enrollment. However, one-third of these students did not avail themselves of formal on-campus or off-campus mental health supports and no participants reported utilizing disability support services or other on-campus support services.

Illness-Related Barriers

Students with psychiatric disabilities also encounter difficulties associated with or exacerbated by their illnesses. The student's illness made typical barriers reported by other students (e.g., size of school, course selections) even more significant (Weiner, 1999). The illness itself also acted as a barrier through cognitive and processing deficits associated with their illness, such as difficulties with attention, concentration, organization, short-term memory, higher-order conceptual thinking, and motivation (Megivern et al., 2003; Souma et al., 2002; Weiner & Wiener, 1997; Weiner, 1999; Wolf, 2001). These difficulties may exacerbate the difficult transition most students face in completing more rigorous and demanding coursework that demands critical thinking skills (Wolf, 2001). For example, Wolf pointed out that more flexible schedules and little external structure can work against students with these difficulties. Participants in Megivern and colleagues (2003) study reported that the actual symptoms (e.g., hallucinations, paranoia, anxiety, and depression) also posed problems. Further, medication aimed at reducing symptomatology may actually exacerbate other problems for students. Some participants in Weiner and Wiener's (1997) described disruptive physical impairments such as damaged vision and stiffness.

Psychiatric hospitalizations, while necessary to the student's health, may also be viewed as short-term barriers to continuous participation in higher education (Megivern et al., 2003; Weiner& Wiener, 1997). In exploring factors related to retention and withdraw of Canadian university students with psychiatric disabilities, Weiner and Wiener concluded that situational factors such as the unpredictability of illness significantly impacted students' ability to function as effective students. At the acute

stage of the illness, the student's ability to attend to course work predicts withdrawal. Students with psychiatric disabilities may need to reduce their course load, request more accommodations, or even take a temporary leave from their studies. For some students with psychiatric disabilities, a hospitalization may need to take place and its duration may require withdrawal (Bazelon Center for Mental Health Law, 2007; Weiner & Wiener, 1997). In fact, students may need to leave and reenter the institution several times due to their symptomatology (Weiner & Wiener, 1997).

Factors Facilitating the Success of Students with Psychiatric Disabilities

In addition to factors that act as barriers to success in higher education for students with psychiatric disabilities, studies have also identified factors associated with their success. Among the research, there is a general consensus that the success of students with psychiatric disabilities depends upon their utilization of multiple supports across their postsecondary experience (Blacklock et al., 2003; Ekpone & Bogucki, 2003; Megivern et al., 2003; Sharpe et al., 2004; Weiner & Wiener, 1997). According to Wolf (2001):

> The combination of psychological, cognitive, and social/interpersonal difficulties may seriously erode even the best academic efforts of a student by undermining his or her use of available resources. Support systems become particularly important in providing the student with navigational skills to overcome these obstacles. (p.388)

This section will detail the various support systems that can assist students with psychiatric disabilities, specifically on-campus resources, off-campus resources, and inner resources.

On-Campus Resources

The retention of students with psychiatric illnesses is facilitated by on-campus supports such as access to a peer support group, counseling, reduced course load, assistance with admissions/readmissions, financial aid, orientations, and learning skills workshops (Blacklock et al, 2003; Megivern et al., 2003; Unger, 1991, 1992; Weiner & Wiener, 1997). Students in Weiner's (1999) study reported that on-campus academic and psychosocial supports helped them manage challenges such as managing their academics and negotiating bureaucracy. In addition, all of the participants in Weiner's (1999) study reported that on-campus advocates were important allies in navigating bureaucracy and making the institution appear less intimidating. In speaking to the importance of these supports, students reported that they might have withdrawn without such support. Megivern and colleagues (2003) study found that one-fifth of participants reported that supports such as mental health treatments and study groups prevented psychiatric symptoms from impeding their academic performance. Overall, a positive relation was observed between utilization of mental health services and completed semesters. Interacting with members of general student body or members of a peer support group were also cited as important factors to improving self-esteem and sense of success by students with psychiatric disabilities (Blacklock et al., 2003; Weiner, 1999).

Off-Campus Resources

Outside of the campus environment, family relationships as well as involvement in personal and drug therapy have been cited important factors in student retention and successful functioning on campus (Ekpone & Bogucki, 2003; PACER Center, 2002; Weiner & Wiener, 1997). When family relationships are positive and supportive, they can offer students with psychiatric disabilities financial, emotional, and social support. When possible, family financial support can help alleviate the additional stress of financial responsibilities. In providing a safe haven and encouragement, family members may also help to promote the emotional and social well-being of students with psychiatric disabilities (Ekpone & Bogucki, 2003). However, more research is needed to determine the specific aspects of parental involvement and support that are effective in assisting students with disabilities in postsecondary education (PACER Center, 2002).

Personal therapy and medication can also play integral roles in the functioning of college students with psychiatric disabilities (Eudaly, 2002; Unger, 1991; Weiner & Wiener, 1997). Participants in Megivern and colleagues (2003) study generally reported their experiences with off-campus therapy as helpful. Psychotropic medications were also reported as helpful to some students. For example, some students in Weiner and Wiener's (1997) study reported that medication reduced their symptoms, facilitated their class attendance, and eased social interactions. One student even reported that his medication allowed him to feel hopeful.

Inner Resources

A consideration of factors related to success in higher education would not be complete without calling attention to the importance of the student's own inner resources. For example, Weiner (1999) found that the ability of students with psychiatric disabilities to assume responsibility for their learning, draw upon effective coping strategies (e.g., choosing appropriate courses, avoiding early classes, communicating concerns to others), and access available supports contributed to their successful functioning. Lynch and Gussel (1996) also contended that the timing of the disclosure is essential to consider in outcomes, as a student's disclosure early in the semester may be more effective than one made well into the semester or immediately before an exam. In a study of factors involved in the decision to withdraw or resume studies, Weiner and Wiener (1997) found that students with psychiatric disabilities who resumed studies believed themselves capable of the work and were highly motivated. They suggested that participant motivation was associated with their self-acceptance of their illness. Students with psychiatric disabilities themselves reported that finding a balance between always needing support and refusing some accommodations was essential to their success (Weiner, 1999).

The Significance of Success in Higher Education

Although the factors that inhibit and facilitate success in higher education have been focused upon, one question still needs to be answered: Why is success in higher education so important for students with psychiatric disabilities? Successful engagement in postsecondary education can bring personal and career-related benefits to any student,

but these benefits are even more profound for students with psychiatric disabilities. The following section will describe the unique benefits these students may derive from their successful experiences.

Success in higher education assumes a very personal meaning for students with psychiatric disabilities. In a qualitative study of students with psychiatric disabilities, Weiner (1999) found that students viewed education as a means of achieving normalization. Assuming the role of student meant assuming a normal role and one other than that of psychiatric patient. Further, being in the higher education setting resulted in participants' feeling less isolated, more socially successful and more a part of the campus culture, even if they were not involved with many other students (Straw, 2003; Weiner, 1999). Attending a postsecondary school also provided participants with structure in their daily lives, giving them something to look forward to and establishing purpose in their lives (Weiner, 1999). Finally, Ekpone and Bogucki (2003) suggested that students with psychiatric disabilities who establish and strive toward postsecondary educational and vocational goals may have more successful community reintegration and improved self-esteem.

Participating in the higher education environment may also lead to better quality of life and opportunities for independence. Cycles of underachievement and underemployment are often observed in the lives of individuals with psychiatric disabilities (Ekpone & Bogucki, 2003). For example, students with psychiatric disabilities are among the population of students with disabilities that report a dropout rate of nearly two-thirds, as compared to an overall rate of nearly half for students with disabilities and one-third for students without disabilities (Horn et al., 1999). However,

successful engagement in higher education may work toward breaking this cycle through increasing employment rates. According to the National Organization on Disability and Harris Interactive survey conducted in 1998, college graduates with disabilities were 63% more likely than their peers with disabilities who did not have degrees to be employed. Although these findings were not specific to students with psychiatric disabilities, Ekpone and Bogucki (2003) suggested that these students might similarly benefit.

Chapter Summary

The literature reviewed in this chapter was intended to provide the reader with an increased familiarity with the higher education experiences of students with psychiatric disabilities. Additionally, the reviewed literature provided a picture of the earlier school experiences of students who self-reported as having a mental illness as well as research on school-based interventions toward students eventually classified as ED. However, the transitional experiences of this latter group of students are not represented in the qualitative literature. This current study will attempt to bridge this gap in knowledge by exploring the unique transitional experiences of current college students who received services for a psychiatric disability under an IEP or 504 plan. The emergent theory can be used to better inform secondary and postsecondary personnel who are in contact with these students.

CHAPTER III

Methodology

This study offers an in-depth look at the postsecondary transition experiences of students with psychiatric disabilities, specifically those students who received services under an IEP or 504 plan prior to postsecondary attendance. These students' experiences with the phenomenon of transition to higher education, a process about which little is currently known, can be uncovered and better understood using qualitative methodology. Through use of the grounded theory method, I gained a better understanding of these students' unique experiences and also built a theory whose implications will prove useful to secondary and postsecondary personnel.

The focus of this chapter is to familiarize the reader with the methodology used in this study. More specifically, this chapter provides a detailed description of the grounded theory approach of constant comparative analysis and the rationale for its use in the present study. Further, the reader will be provided with a detailed description of the related procedures as well as techniques for ensuring the reliability and validity of the emergent findings of this study.

Overview of Grounded Theory

Grounded theory is a research method that was developed collaboratively by Glaser and Strauss and was originally described in their 1967 book, *Discovery of*

Grounded Theory. In grounded theory, an entirely deductive approach is abandoned. Instead, those utilizing a grounded theory framework work inductively by using a systematic set of procedures to derive a theory from the data itself, ultimately producing a theory that is "grounded" in the data (Glaser & Strauss, 1967; Strauss & Corbin, 1990). Strauss and Corbin explained, "One does not begin with a theory, then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge" (p. 23). By refusing to rely on a lens of previously generated theories, new discoveries are not overlooked and new information fitted into pre-existing theories. Hypotheses only emerge after a theory can be tested in subsequent studies (Devers & Robinson, 2002).

Strauss and Corbin (1990) maintained that a well-constructed grounded theory will meet four criteria: fit, understanding, generality, and control. If the theory reflects the reality of a phenomenon and is pulled from diverse data, it should fit that phenomenon under study. It should also follow that it makes sense to the people who were studied as well as those with expertise in that area. In addition, the theory should also be abstract and broad enough to be applied to multiple contexts related to the phenomenon. At the same time, the theory should meet the criteria for control, which refers to action toward the phenomenon under study. This means that the specific conditions for these relationships should be clearly communicated. In further explaining the need for control, Strauss and Corbin explained, "This is because the hypotheses proposing relationships among concepts- which later may be used to guide action- are systematically derived from actual data related to that (and only that) phenomenon" (p. 23).

Readers may be able to gain a better understanding of grounded theory by highlighting some of its essential differences from quantitative methods of research. From the outset, grounded theory accepts that the researcher inevitably brings biases, prejudices, and stereotypical perspectives to the study (Strauss & Corbin, 1990). Although a review of the literature is important to both quantitative and qualitative research, its role in qualitative research is somewhat different. While the qualitative researcher needs to be aware of existing theory, becoming overly familiar with or immersed in the literature may be counterproductive as this may bias data analysis in the current study (Devers & Robinson, 2002). As new concepts are uncovered during data analysis, the researcher returns to the literature in an effort to gain further insight into them and integrates findings into the text. The researcher also revisits to the literature for a secondary literature review once data analysis is complete to find materials that support the newly developed theory.

Despite its differences from quantitative methods, grounded theory is also a scientific method. As will also be discussed in the following sections, its procedures are designed to meet the criteria for "good science:" significance, theory-observation compatibility, generalizability, reproducibility, precision, rigor, and verification (Strauss & Corbin, 1990). The following sections describe how grounded theory principles were applied in the present study.

Combined Design

The current study utilized a combination of qualitative and quantitative approaches as a method of data triangulation. Triangulation is achieved when there is

agreement between multiple sources or procedures (Johnson, 1997). By displaying

convergent results, one can enhance the credibility of the research (Kreftig, 1991).

Specifically, I chose the between-methods approach of utilizing qualitative and

quantitative data collection strategies (interview and survey, respectively). The

quantitative component was a small component of the overall study whereas the

qualitative approach was clearly the dominant design. The smaller quantitative

component was not added for purposes of generalizability (which would also be

precluded by the small sample) but solely for the purposes of triangulation.

Quantitative data for this study was obtained through the use of the Student

Adaptation to College Questionnaire (SACQ: Baker & Siryk, 1989), a 67-item self-report

questionnaire that measures the quality of a student's adaptation to the demands of

college. Participants respond on a 9-point scale ranging from 1 (Applies very closely to

me) to 9 (Doesn't apply to me at all).Items are scored in the direction of positive

adaptation to college, with higher scores reflecting a better self-reported adaptation to

college. The SACQ is comprised of four subscales: Academic Adjustment (24 items),

Social Adjustment (20 items), Personal-Emotional Adjustment (15 items), and Goal

Commitment/Institutional Attachment (15 items). The SACQ manual reports that alpha

coefficients have been gathered across several studies involving one or both of the SACQ

authors and utilizing first and second semester freshman at three institutions over a period

of several years. According to Baker and Siryk (1999), the subscales of the SACQ have

yielded alphas ranging from .77 to .95. More specifically, the following subscale ranges

have been reported: .81 to .90 for Academic Adjustment, .83 to .91 for Social

Adjustment, .77 to .86 for Personal-Emotional Adjustment, and .85 to .91 for Goal

Commitment/Institutional Attachment. Reported full scale alpha coefficients ranged from

.92 to .95. The SACQ was initially developed for use with first-year students and the

majority of published studies employing the SACQ have utilized this population.

However, the items on the measure have been revised to expand use to students from all

undergraduate years. Several studies have expanded use of the measure to other

undergraduate classes and focused on students of color and students with psychiatric

disabilities specifically (Hatter & Ottens, 1998; Werner, 2001). According to the manual

(Baker & Siryk, 1999), the SACQ can be administered using standard paper-and-pencil

procedures or using a computer. Subsequent scoring can be completed by hand or by

computer. The current study used the paper-and-pencil administration and hand-scoring.

Given the anticipated fluctuations in the student's environment and situation as he or she

acclimates to the college environment, the test authors reported that test-retest reliability

statistics were not as appropriate as compared to the other psychometric properties that

have been highlighted. Full scale and subscale scores of the SACQ have correlated in

expected directions with measures of academic locus of control, psychological coping

resources, self-esteem, and other personality characteristics.

Sample Selection

In grounded theory, sample selection is not dictated by quantitative principles

such as homogeneity or randomness. Instead, samples are selected both purposively and

theoretically and are tied to the data (particularly its analysis). Initially, the researcher

seeks a diverse and purposeful sample by inviting participants who will be able to

provide meaningful data and generate as many categories as possible (Devers &

Robinson, 2002; Strauss & Corbin, 1990). As the analysis progresses, the researcher

seeks to add depth to or exhaust existing categories (Strauss & Corbin, 1990). In

response, the remaining sample may either be narrowed or broadened (Glaser & Strauss,

1967).

In qualitative research, the sample size is also intricately tied to the data. As a

result, the sample size cannot be predetermined at the outset of research. Sample

adequacy is reached when the criteria of appropriateness and data saturation have been

met. The latter occurs when no new theoretical categories emerge during analysis

(Devers & Robinson, 2002; Strauss & Corbin, 1990). Strauss and Corbin explained the

difference between quantitative and qualitative sampling as one of representation:

quantitative focuses on representation of sample whereas qualitative focuses on

representation of concepts.

The initial purposeful sample in this study was to be comprised of participants

who (a) were at least 18 years of age, (b) had been diagnosed with a psychiatric

disability, (c) had an IEP or 504 plan during high school, (d) had earned fewer than 60

undergraduate credits, and (e) entered higher education directly following postsecondary

graduation. The last criterion was dropped early in the recruitment process after

consulting with professionals in several campus disability support offices, as they felt that

it would omit some students who did not immediately enter higher education but were

otherwise qualified for participation in the study. Ultimately, all participants in the study

had entered higher education immediately upon high school graduation, so all

participants nonetheless met this initial criterion. All other criteria remained across the

duration of recruitment. Later, when the goal of sampling was to discover and confirm

relationships within the developing categories, participants who were most likely to illuminate one or more of the emerging theoretical constructs were sought. In this case, I focused on recruiting those students who could add to constructs about the on-campus social experience. Fortunately, the last three students who expressed interest in this study were resident students who indeed added depth to this construct. The next prospective participant was contacted and interviewed only after analysis of the previous participant's data was complete.

Participant Recruitment

In order to maximize the variation in the initial sample, participants were recruited through several means (Strauss & Corbin, 1990). The initial mode of recruitment was through the Office of Disability Support Services at my own postsecondary institution. Given the potential stigma associated with psychiatric disability, general recruitment strategies were deemed inappropriate. For example, recruitment from the undergraduate psychology courses would have required the student to identify as having a psychiatric disability. Posters or flyers placed in academic and other buildings on campus would also have forced the student to approach materials on a potentially stigmatizing topic in front of other students. As a result, flyers for the study were placed in the office of disability support services, where students could receive them from staff or elect to take a copy placed in the general waiting area. In an attempt to reach students with psychiatric disabilities who were not utilizing disability support services, an advertisement (Appendix A) was placed in the campus' student newspaper. Through

these mediums, potential participants were able to review information on the study at their convenience and, if desired, away from the scrutiny of their peers.

After three semesters utilizing this recruitment approach and site, I still had not secured any participants and, in consultation with my dissertation advisor and committee, I elected to expand recruitment to other higher education institutions. With the permission of offices of disability support and administration (and the Institutional Review Board at the other four-year institution added), three community colleges, a four-year, private university (with two campuses, both approved for recruitment), and a private special education high school for students with emotional difficulties were added for recruitment. Recruitment at the approved community colleges and the university campuses consisted of flyers distributed through the offices of disability support services. I also worked with the principal and founder of the private special education high school on constructing a mutually agreeable recruitment strategy, which ultimately consisted of them mailing the recruitment flyer out to recent graduates who they anticipated would qualify for the study based on the above criteria. In this way, the school retained control over all identifying information related to their students. Conversely, the principal and founder of the private special education high school, as well as the personnel at the higher education institutions, all expressed understanding that I would not be conveying any information to them regarding the participation or lack thereof of their students. This was clearly communicated in order to secure a good working relationship with all recruitment sites as well as to further ensure the confidentiality of any prospective participants. Six of the nine participants were recruited through these means, with the remaining three

learning about the study from friends or family who had contact with the recruitment materials. These participants met full inclusion criteria for the study.

Upon contacting me, the prospective participant was given the option of being mailed or e-mailed a packet which included a brief demographic questionnaire (Appendix B) and the informed consent form (Appendix C) that included more detailed information regarding the study and participation. All participants opted for this information to be emailed to them and supplied their preferred email address for this purpose. In fact, all but two participants initially contacted me via email. In order to ensure that they were appropriate candidates for the study, participants returned their packets and I reviewed them prior to the interview. Only one potential participant was not eligible for participation. Following this screening, the eligible potential participants were asked to contact me to schedule their interview if they have decided to participate in the study. All participants proceeded with participation to the point of meeting for the interview and received a monetary incentive of $20.00 regardless of whether or not they completed the entire interview. All participants completed the entire first, in-person interview. They all also participated in the second interview, which is discussed under *Credibility*.

Protection of Participants

Participating in grounded theory research may result in feelings of vulnerability and emotional pain for the participant, as he or she may elect to share deeply personal and painful experiences or feelings with the researcher. Devers and Robinson (2002) emphasized that the qualitative researcher must be respectful of and attuned to participants' emotional responses. During the interview, the researcher may also need to

reiterate the participant's right to withdraw from the study. According to Devers and Robinson, "Obtaining informed consent becomes a process rather than a one-time event" (p. 245).

Across their participation in the current study, participants were reminded of their right to withdraw at any time without penalty and invited them to share any questions or concerns they had regarding participation. As mentioned above, participants received the monetary incentive regardless of their ability or willingness to complete the entire interview protocol. Additionally, safeguards were taken to address the students' illness and its impact on participation. At the time of completing the informed consent, each participant received a list of referrals to mental health professionals near his or her higher education institution (Appendix F). Following Weiner's (1999) method, interviews were to be rescheduled if students reported feeling symptomatic. Participants were also to be considered the best judges of when they feel able to complete an interview. No participants expressed a need to reschedule the interview despite being informed of this option. As many of the interviews took place over the summer break, students may have been experiencing reduced stressors and found participation less problematic for them.

Data Collection

In grounded theory research, detailed semi-structured open interviews are commonly used sources of data (Glaser & Strauss, 1967). The initial interview guide should be based on concepts derived from the literature or experience and broad enough to encourage discovery. It is important to emphasize that this initial interview guide is only a guideline (Strauss & Corbin, 1990). In order to develop the theory, interview

questions will likely change across time and participants (Stern, 1980, cited in Devers & Robinson, 2002).

In this current study, an interview guide consisting of ten questions was initially used to guide the interview and changed as needed (Appendix D). For instance, when participants in early interviews consistently initiated discussion about career issues and the overall impact of their disability on their educational experience, these questions were added to the interview guide for subsequent interviews. The final interview guide is shown in Appendix E. Interviews were conducted at a time and place convenient for participants. Specifically, participants were given the options of meeting in secure counseling rooms within my academic department or a mutually agreed-upon off-campus location. The latter option was offered in order to accommodate participants' needs and to reduce any discomfort they may have about meeting at an on-campus location. As several participants did not drive or lived a distance away from my home institution, the option of alternate locations facilitated their participation. The majority of participants opted to meet at an off-campus location, often a local coffee shop which afforded adequate privacy for the interview (e.g., quiet corner, a more secluded seating area). Participants were asked for permission for the interviews to be audiotaped and all consented (by signing informed consent). All tapes were transcribed.

Data Analysis

Data analysis in the grounded theory method is characterized by continual and inductive analysis. Constant comparison and paradigmatic analysis are two recognized and accepted strategies for grounded theory data analysis (Devers & Robinson, 2002).

According to Devers and Robinson (2002, Glaser (1992) argued that Strauss and Corbin's paradigmatic analysis approach moved away from the aims of grounded theory by "force-fitting the data" into a systematic approach (p. 248). Since this study utilizes the constant comparative method of analysis, this method is described in detail below.

Constant Comparative Method

Constant comparison, first described by Glaser and Strauss (1967), is a method of joint coding and analysis aimed at creating a systematic theory. The generated theory is also integrated, reasonable, and grounded in the data. However, since the researcher's creativity and the flexibility built into the method will come into play during analysis, the consistency of theory is not absolute: there is no guarantee that two researchers will arrive at the exact same theory (Devers & Robinson, 2002).

In the constant comparative method, data are first coded line-by-line through open coding (Level I codes). Open coding entails specifically naming and categorizing pieces of data after a process of breaking down the data into discrete parts and examining it via a series of comparisons for similarities and differences (Devers & Robinson, 2002; Strauss & Corbin, 1990). Although such line-by-line analysis is tedious, it is also the most generative phase and is an extremely important part of early data analysis. Open codes are then grouped into categories (Level II codes). At this point, the constant comparative units have changed from comparisons of incident with incident to comparisons of incident with properties of the category that resulted from initial comparisons of incidents (Glaser & Strauss, 1967). Finally, these categories are grouped into more abstract, conceptual units called core variables (Level III codes).

As comparisons are made across the levels, the theory solidifies and major

modifications are less common. Later modifications typically focus on clarifying the

logic, such as through removing irrelevant properties and reducing the number of higher

level concepts by grouping them based upon commonalities in categories of their

properties. The resulting theory is more parsimonious while still remaining applicable to

a wide range of situations. At the category level, the goal is to reduce the original list of

coded categories by becoming more selective and focused during data coding and

analysis. The natural process of theoretical saturation also assists in restricting the list of

categories. The researcher codes incidents for the same category until saturation occurs,

which is defined as when the next incident only adds bulk to the coded data and nothing

new to the theory. That is, a subsequent incident is only coded and compared if it

represents a new aspect of the category or clarifies a previously unclear relationship

between categories (Glaser & Strauss, 1967; Strauss & Corbin, 1990).

From Categories to Emergent Theory

Grounded theory methodology also provides the researcher with a framework to

integrate these categories into a cogent model of the phenomenon under study. The

theory and its implementation will be provided by using Strauss and Corbin's (1990)

explanation of the methodology alongside an example of a grounded theory study

conducted by Timlin-Scalera, Ponterotto, Blumberg, and Jackson (2003) on help-seeking

behaviors of White male high school students. According to Strauss and Corbin (1990),

causal conditions are conditions that lead to the phenomenon under study, which is the

core category of the resultant model. In their study, Timlin-Scalera and colleagues

identified a core category of Need to Fit In that was influenced by causal conditions of Town Culture and Social Pressures. Context refers to the specific properties related to the phenomenon that take place along a dimensional range (e.g., the varying degrees of a specific property experienced by different participants). They can be thought of as background variables that foster the phenomenon under examination. The context also represents a set of conditions that influence the action/interaction strategies taken to manage or respond to the phenomenon (core category). The researchers found the context for Need to Fit In as comprised of Informal Help Resources and Formal Help Resources who could help them with problems. Participants ranged in their perceptions of how available these resources were to them (dimension). Within the grounded theory framework, the researcher also defines intervening conditions that influence action/interaction strategies. These are set apart from the conditions included in context by their broader, more general nature (e.g., time, culture). For example, Timlin-Scalera and colleagues identified intervening conditions of broad barriers and motivators for seeking help such as perceptions of potential resources such as familiarity, trust, and affiliation with the school. Both context and intervening conditions can also directly and indirectly (via their relationships with the core category) influence the action/interaction strategies in the model. The categories comprising action/interaction strategies exemplify the dynamic nature of the grounded theory paradigm, as they are characterized by strategies that move or change across time. They are also purposeful and goal-oriented, and it should be noted that they may include successful and failed actions or interactions. In their grounded theory model, Timlin-Scalera and colleagues categorized their strategies as effective (achieving, confiding) and ineffective (improper peer help seeking,

avoidance/denial). The final component of Strauss and Corbin's (1990) framework is consequences (intended or unintended) for people, places, and things. With both negative consequences such as aggression, substance use, and withdrawal and more positive consequences such as achieving and confiding, Timlin-Scalera and colleagues model clearly illustrates this component. In considering the nature of the relationships between these components, it is important to keep in mind Strauss and Corbin's (1998) caution that these relationships rarely follow a clear, linear path.

Preserving Scientific Integrity through Adjunctive Procedures

Although the procedures in qualitative research differ from those used in quantitative research, comparable standards for reliability and validity remain (Strauss & Corbin, 1990). Qualitative research maintains its scientific rigor through the following components: credibility, applicability, consistency, and confirmability (Guba & Lincoln, 1981; Sandelowski, 1986). The procedures for ensuring each of these components in the present study are described below.

Credibility

The concept of credibility is the qualitative counterpart to internal validity. In addition to the data triangulation technique discussed earlier in this section, member checking, which can be solicited from any number of participants, can be used to enhance credibility in qualitative studies (Lincoln & Guba, 1985). In member checking, participants may be asked to review the accuracy of the transcription or to evaluate the researcher's interpretation (Devers & Robinson, 2002). Tashakkori and Teddlie (1998)

emphasized the importance of member checking by maintaining a position that credibility is only attained when participants agree with the researcher's interpretations.

In order to further establish credibility in the current study, I emailed each participant a copy of the transcripts and emergent themes after transcription and data analysis had been completed on their interview (although participants were given an option of receiving the transcripts by paper mail, none chose this option). They then scheduled a second telephone meeting to discuss the accuracy of the transcript and interpretations; additional thoughts; or concerns. Participants were free to decline engagement in member checking. Those participating in this second interview received an additional twenty dollars. All nine participants opted to complete member checking, with their feedback ranging from commenting on the researcher's interpretations to elaborating on material discussed during the interview. Several of the participants also opted to supplement this telephone interview with one or more e-mails that consisted of further information or experiences they wished to share. By remaining flexible and allowing for this form of communication to be included, rich additions to participants' narratives were obtained. This content was often of a more personal nature (e.g., being teased or negative perceptions of self) or in reference to the more difficult aspects of the student's transition (e.g., social isolation). This is not surprising, given Kim, Brenner, Liang, and Asay's (2003) use of e-mail communications for data collection in their qualitative study of the adaptation experiences of 1.5-generation Asian Americans. As they observed, this format protected participants from "loss of face" when describing "sensitive events" or negative feelings (p. 160). The same may hold in the current study an in regard to discussing one's experience of having a psychiatric disability.

Applicability

Applicability is similar to external validity in that it focuses on how the research findings fit the original data (Sandelowski, 1986). According to Devers and Robinson (2002), "One means of assessing applicability is peer checking. In peer checking, a professional colleague, skilled in data analysis reviews the data and assesses the appropriateness and adequacy of the analysis" (p. 250). The use of a peer checker also serves as a means of triangulation during the data analysis phase.

In the current study, a certified school psychologist who has worked with high school students with psychiatric disabilities, provided peer checking. This individual is also well-versed in qualitative research methods (specifically grounded theory). We met after her separate analysis of each interview to discuss any discrepancies or issues with the data analysis thus far. On several of these occasions, the peer checker pointed out that my involvement with several students with disabilities in my current position as a licensed professional counselor at a university (who were not study participants) was influencing my perception of the interview material. Together, we discussed my job-related experiences and identified instances where this was interfering with my interpretation of interview material. In these cases, my peer checker's analysis was retained over my own. In the remainder of instances, I was able to explain my rationale for the coding outside of my experiences and the peer checker then agreed. In any cases where we differed in our coding, I also explained my rationale for the coding and if this was readily understandable to my peer checker, my coding was retained. This is congruent with Auerbach's (2003) comment that "Qualitative research involves an inescapable element of interpretation, and different readers can reasonably disagree. The

main issue is that each coder's interpretation must be transparent (understandable) to other coders" (p.50).

To further ensure the applicability of the findings, I utilized yet another data triangulation technique during the latter part of the data analysis. As suggested by Auerbach (2003), I worked with a consultant who is a part of the culture under study but who was not involved in the research project. Specifically, the Director of Disability Support Services at my home institution agreed to serve as the consultant as she has gained a rich knowledge of the population under study through her current position. This is similar to Auerbach's approach of using a psychologist with expertise in the area of cross-cultural research on fathers for his study on Haitian fathers. I brought my organization of the data to the consultant and asked for feedback. This process is similar to peer checking in that the researcher's thinking and resultant data analysis are sharpened by the process of explaining her work to someone else. The process of consultation and making changes to the data's organization occurred until both the researcher and consultant were satisfied with the final product.

Consistency

Consistency is qualitative research's parallel to quantitative research's concept or reliability. Although it is impossible for qualitative research to ever be exactly replicated, it is still necessary to show an outside observer how the analysis process occurred. Consistency can take the form of written descriptions of the research process, raw data, and an "audit trail" of the analysis (Devers & Robinson, 2002). Through detailed memoing, outside observers can gain an understanding of the researcher's thought

process, concerns and insights during data collection and analysis. This technique can also be used to increase consistency (Stern, 1980, cited in Devers & Robinson, 2002; Streubert & Carpenter, 1995). These memos, which can be kept on separate pieces of paper or written on the interview transcript, can be personal reactions to the material as well as thoughts related to codes, emerging theory, or methodology. They ultimately help guide the direction of the work (e.g., changes to interview protocols) as well as structure of the developing theory (Devers & Robinson, 2002; Strauss & Corbin, 1990).

In the current study, the researcher produced an audit trail of the work. Following Dever's (1994) audit trail procedures, as outlined in Devers in Robinson (2002), the audit trail consisted of all the raw data, identified codes, and theoretical, methodological, and personal memos. Memos were only recorded during data analysis to avoid any possible distraction or discomfort for the student participant during the data collection phase. Any thoughts, concerns, or insights that the researcher had as a result of the interview were recorded shortly after its completion.

Confirmability

Confirmability is comparable to neutrality or objectivity (Lincoln & Guba, 1985). The researcher in qualitative research is not expected to be neutral; instead, by design, he or she is involved with the process and participants (Creswell, 1994). However, to preserve the integrity of the data, the researcher must be continuously aware of how the interpretation of the data may be affected by his or her past and emerging personal feelings, experiences and expertise. The technique of memoing can also be used increase self-awareness and enhance confirmability (Devers & Stevenson, 2002). In fact, Lincoln

and Guba (1985) maintained that such memoing, (which they refer to as reflexive journaling) can help ensure credibility, transferability, dependability, and confirmability. In the current study, I utilized personal memoing as a means of maintaining overall standards of reliability of validity. These memos were maintained separately from the transcripts sent to participants for member checking. I used them to document my subjective reactions to content (which were referred to during peer checking and my therapy) as well as noting preliminary ideas about relationships between or dimensions of categories.

I also chose to use a peer debriefer across the course of the project to raise my awareness of any biases that were influencing the data analysis (Lincoln & Guba, 1985). For example, the peer debriefer pointed out to me that my previous negative experiences in assisting students with taking medical leaves of absence was leading to my framing any mention of a medical leave of absence in a negative light, despite participants' largely positive experiences in choosing this option. One of my previous doctoral classmates who had no other affiliation with this project served as the peer debriefer across the span of the research. Peer debriefing took place over phone calls and face-to-face meetings, the frequency of which was determined by the status of the research project. As I initially encountered difficulty recruiting participants (when only recruiting at one institution), peer debriefing also became a resource for brainstorming options I had not yet considered and for me to reaffirm my ongoing commitment to the project.

Similar to the approach used by one of my dissertation committee members who conducted a grounded theory dissertation project, I also remained in individual therapy across the span of the research. These sessions allowed me to maintain the objectivity of

the research by giving me a place to explore personal experiences that were raised by the research (e.g., researcher's own experience of depression while in college) as well as a place for me to explore my emotional reactions to each interview and participant. The following section also addresses my attempts to frame my exposure to the phenomenon under study prior to and while embarking on this project.

Theoretical Sensitivity

Theoretical sensitivity, the ability of the researcher to recognize what is important in the data, is important to theory development (Strauss & Corbin, 1990). One's level of sensitivity varies depending upon their previous exposure to the area under study. From his or her background, the researcher brings in an experience with related literature, professional experience, and personal experience. These experiences may be beneficial by sensitizing the researcher to the phenomenon under study but may also inhibit their work by blocking them from seeing things that have become routine or obvious (Strauss & Corbin, 1990). It is the researcher's responsibility to share information about his or her experiences with the topic, setting, and participants (Lincoln & Guba, 1985).

In addition to a familiarity with the literature included in the literature review, my professional experience with the area under study was kept in mind throughout this study. While working in advising and counseling capacities at several postsecondary institutions, I have had the opportunity to interact with students diagnosed with psychiatric disabilities. In several cases, I facilitated their access to appropriate treatment or accommodations. Unfortunately, in a number of cases, the students only disclosed their disability and sought services when experiencing psychological distress or facing

academic failure. When working in an advisor capacity, I also witnessed a pattern of academic probation and attrition for these specific students. The current study is an outgrowth of my interest in better understanding the journeys of these students as well as my frustration over the apparent inadequacies of current interventions. In my current position as a licensed professional counselor at a university, one of my responsibilities is treatment planning for incoming students with psychiatric disabilities and I work in close collaboration with the campus ADA coordinator.

Finally, I kept in mind my own identity when interacting with participants and the resulting data. As a 30 year-old married, White, Catholic female who has been pursuing my undergraduate and graduate studies with no significant interruptions and with ample social support, I was aware that my cultural and educational experiences differed from those of many of my participants. Working with a peer debriefer and individual therapist allowed me to remain mindful of separating my experiences from those of study participants.

Chapter Summary

This chapter provided an overview of the grounded theory methodology used in the current study. In addition, the specific recruitment and data collection procedures implemented for this study were explained. Also important to this methodology, considerations of my own identity and experiences on the research were shared. The following chapter will introduce the nine participants and detail the findings of the interviews.

CHAPTER IV

Results

The material presented later in this chapter is the result of grounded theory

methodology, in which semi-structured interviews were conducted to answer research

questions about the experiences of students who have previously been educationally

classified with a psychiatric disability under IDEA (1990, amended 1997, 2004) or

received a 504 plan under Section 504 of the Rehabilitation Act (1973) as they transition

to higher education. The qualitative procedures described in Chapter III were used for

gathering and analyzing data. The first section introduces the participants based on

demographic information that was obtained prior to the first interview. Any unclear

information was clarified with the participant in advance to ensure their appropriateness

for participation in the study as well as to accurately capture their experiences. The

second section describes the findings of the Student Adaptation to College Questionnaire

(SACQ), which was administered to participants at the end of the first, in-person

interview. The third section describes the findings of the semi-structured interviews.

These findings are organized by first presenting the core category of the emergent model

and then the key categories that comprise the remainder of the model.

Description of Participants

Interviews by the nine participants took place from May to November of 2007, the majority (six) occurring over the students' summer breaks from school. It should be noted that the final sample was comprised of students attending a wide array of institutions beyond those targeted in the recruitment strategy alone, due to word of mouth from other participants, family members, or friends. Specifically, they represented two community colleges, two campuses of a private four-year university, one public four-year university, and one art school.

In describing participants, several safeguards were taken in order to further protect their identities. This included assigning the participants pseudonyms, which are used throughout the remainder of the study. Further, several possibly self-identifying demographic features are reported in aggregate form below.

In total, six participants identified as White. The remaining three participants identified as Arab American, Middle Eastern Indian American, and Korean American. Four participants graduated from public high schools. The remaining four participants graduated from private special education high schools.

Sarah

Sarah described herself as a 24 year-old female attending community college on a part-time basis. She completed one and a half semesters (first semester as a resident student, the remainder as a commuter student) at a private four-year university before taking a medical leave of absence and eventually enrolling at her present community college. Sarah has had two inpatient psychiatric hospitalizations, one during adolescence

and one during college (following medical leave of absence). She reported that she was originally diagnosed with major depression during her junior year of high school (when she received a 504 plan) and that her current diagnosis is Bipolar II Disorder. She reported utilizing off-campus individual therapy, medication management, support group, social services/case management, and rehabilitative services. On-campus, she reported making use of disability and academic support services. She participated in on-campus counseling services at her first university.

Mark

Mark described himself as a 21 year-old male in his third semester of study at a community college. Mark received his first 504 plan at 15 years of age following being diagnosed with ADHD. Later that same year, he was diagnosed with bipolar disorder, hospitalized, and subsequently classified as having a psychiatric disability. He also is currently in recovery from substance abuse. Mark lives at home with his parents and works part-time as a work-study student on his campus. He does not use any off-campus support services. On-campus, Mark uses disability, health, and career services.

Kate

Kate described herself as a 19 year-old female who is currently not attending college, following a medical leave of absence last semester from a four-year private university. She completed a portion of the fall semester of her freshman year before taking a medical leave of absence and opted to take another medical leave of absence shortly into the spring semester of the same year. During both semesters, she was

taking a full-time course load and residing on campus. She has no history of inpatient psychiatric hospitalizations. Kate was first diagnosed and educationally classified with a psychiatric disability ("clinical depression" and "anxiety disorder") at age 13. She describes her current diagnoses as bipolar disorder and anxiety disorder. While on campus, Kate utilized disability, counseling, psychiatric (medication management), health, and academic support services. She currently utilizes off-campus counseling and medication management services.

Annie

Annie described herself as a 19 year-old female who was preparing to enter her sophomore year as a full-time student at an out-of-state art school at the time of the interview. She lives on-campus during the academic year and works part-time during breaks. She was diagnosed with a psychological disorder (Major Depressive Disorder, anxiety disorder, and Posttraumatic Stress Disorder) when she was seven years old and received her first related IEP for a psychiatric disability when she was ten years old. She reported several inpatient psychiatric hospitalizations between the ages of 10 and 13 years of age. Her current diagnoses are Bipolar II Disorder and Social Anxiety Disorder and she also identifies as in recovery from substance abuse. At the time of the interview, Annie was in the process of self-identifying at her school. She had previously used health services during her freshman year and opted not to self-identify or utilize disability support services. She sees an off-campus psychiatrist for medication management and has chosen not to pursue therapy at this time.

Sylvia

Sylvia described herself as a 19 year-old female entering her second year at a community college. She resides with her parents and works part-time off campus. Sylvia received her first IEP in third grade for her learning disability and was later classified with a psychiatric disability in fifth grade (depressive and anxiety disorders). At time of graduation, her disability category was SLD/ED. She was hospitalized for one week during her freshman year of high school. Current psychological diagnoses also include PTSD and "alcoholism." She has been in recovery since her sophomore year of high school and is an active member of Alcoholics Anonymous. Sylvia has self-identified on campus and utilizes disability support services. Additional off-campus supports include counseling and medication management.

John

John described himself as a 21 year-old male entering his fifth semester as a full-time student at community college. His course load the first two semesters consisted primarily of remedial courses. He lives at home with his parents and works part-time off campus as well as on campus as part of the work-study program. He was first classified with an IEP at "8 or 9" years of age for a specific learning disability and was later diagnosed and classified with a psychiatric disability (anxiety disorder) at age 12 or 13. He has no history of hospitalization. He uses disability and (periodic) counseling support services on campus and counseling off-campus.

Thomas

Thomas described himself as a 21 year-old male who had just completed his sophomore year at the time of the interview. He attends a four-year private university as a commuter student and resides at home with parents. He works part-time while maintaining a full-time course load. He was first diagnosed with a psychiatric disability ("depression, borderline personality, drug problems") at 13 years of age and was first classified with a psychiatric disability under an IEP at 16 years of age. He has no history of inpatient hospitalization. He has been in recovery from substance abuse for over three years. He currently uses no on- or off- campus support services and has not self-identified at his university.

Simon

Simon described himself as a 19 year-old male who resides on campus at a four-year public university. He is employed part-time while at school as a full-time student. At the time of his interview, Simon was in the first month of his second year of college, although he has already earned 48 credits (having brought in Advanced Placement and community college credits earned while in high school). He was first diagnosed with a psychiatric disability at 15 or 16 years of age (at which time he received a 504 plan). At that time, his diagnosis was "schizophrenic depressive" and he describes his current diagnosis as "stable" (asymptomatic). He reports three or four inpatient psychiatric hospitalizations during his sophomore and junior years of high school, with stays ranging from one to two weeks. He also reports being in recovery from substance abuse. Prior to college, he utilized counseling, medication management, and support group services. On

campus, Simon reports having used career services. He has not self-identified at his university.

Jane

Jane described herself as an 18 year-old female who was in her first semester of studies at a four-year private university at the time of her interview. Jane resides on-campus and takes a full-time course load. She was initially diagnosed with ADHD at age 11 or 12 and was shortly thereafter diagnosed with bipolar disorder. Jane received her first IEP at this time. She considers her current diagnoses to be both ADHD and bipolar disorder. She reports having attended a full-day outpatient program for part of eighth grade and undergoing an inpatient hospitalization in ninth grade. She has participated in both family and individual therapy and continues to meet with her long-term therapist and psychiatrist. On campus, Jane utilizes disability support services.

Statistical Analysis of the Student Adaptation to College Questionnaire (SACQ)

The SACQ was administered to all nine participants at the close of the in-person interview. The following are the resulting mean full scale and subscale *T*-scores: 40.89 (full scale), 49.56 (Academic Adjustment), 41.56 (Social Adjustment), 43.78 (Personal-Emotional Adjustment), and 39.67 (Attachment). With the exception of the mean *T*-score for Attachment, which fell in the below average range (*T*-score of 40 or less), all other mean *T*-scores were in the Average range.

When interpreting the results, the specific limitations of the instrument should be kept in mind. As the developers explain, the purpose of the instrument is readily

apparent, leaving the results open to faking. The developers also caution that although subsequent studies of the SACQ suggest generalizability, the instrument's being normed on data from one college should be kept in mind when using with other populations or other institutions. Baker and Siryk (1999) emphasized the importance of interpreting cautiously and in conjunction with other psychometric data when using with subgroups such as upperclassmen and students whose racial, ethnic, and cultural backgrounds are not represented by the standardization sample drawn from Clark University. Such cautions were warranted within the current study. Two of students expressed finding at least one item difficult to answer as they appeared geared toward respondents who identify as heterosexual ("I haven't been mixing too well with the opposite sex lately."). As five participants commute to college, they were also instructed not to respond to two questions ("I enjoy living in a college dormitory" and "I am getting along very well with my roommate(s) at college."), which could result in their T-scores being lower than the normative group. However, Baker and Siryk (1999) cited a previous study of community college students using the SACQ (Gfellner, 1987) that actually yielded mean scores comparable to those in the standardization sample, with the community college sample actually having higher mean scores in the subscales of Academic Adjustment and Attachment and in their full scale scores. Mean scores on the subscales of Social Adjustment and Personal-Emotional Adjustment were lower for the community college sample as compared to the standardization sample.

The responses of the nine participants indicated that there was no specific subscale that contained the lowest scores across students. The lowest subscale for three participants was Personal-Emotional Adjustment. These low scores were expected, since

the diagnosis of a psychiatric disability brings difficulties in terms of their personal and emotional adjustment to college.

Somewhat consistent with earlier findings of lower scores on Social Adjustment and Personal-Emotional Adjustment for students from community college (compared to standardization sample), resultant T-scores for participants in the current study who were attending community colleges were generally lowest in one or both of these areas. However, it should also be noted that some resident participants also reported lower scores (by considering the range of "Average" T-scores and also among their own subscale/scale scores), perhaps suggesting influences other than institutional type alone (i.e. psychiatric disability).

Overall, participant scores on the SACQ were consistent with their comments from the interview that preceded their completion of this instrument. For example, Kate's low Academic Adjustment subscale score fit with her own perceptions of her difficult academic experience while at college:

I mean, I knew it was going to be work but I thought at least I'd have time to do it. And I was doing those heavy workloads and everything, so. If I was just doing stuff for my major and not any of the other like, you know, (freshman course) and English class, it would have been fine. I would have been able to, you know, concentrate on that and you know. But if I was just in English and a couple of other things then okay.

In describing the impact of her psychiatric disability on her educational experiences, she further explained, "My condition doesn't like educational experiences...I'm not using it as an excuse but it's just very, it's difficult sometimes, especially with like the anxiety."

Similarly, Thomas' descriptions of his social adjustment are consistent with his below average subscale score for Social Adjustment when he explained, "I didn't have any friends from high school or elsewhere and I mean, honestly, I'm still not really socially acclimated to (four-year private university). I have like one friend on campus."

Grounded Theory Model

Student as Active Agent: A Grounded Theory of Postsecondary Transition Experiences for Previously Classified Students with Psychiatric Disabilities is the emergent theory that developed through analysis of the interviews with participants and the researcher's co-occurring immersion in this phenomenon. Through rich descriptions of student perceptions and experiences (before and after entry into higher education), the factors that shape transition experiences are presented in a visual model (Figure 1). The relationships between the individual elements in the model are summarized below, followed by a more in-depth discussion of each, under *The Story of Student as Active Agent in the Transition Process*.

Relationship of Key Categories to Core Category

Consistent with grounded theory design, the key categories are linked to the core category. The stories of the nine participants in this study showed that the earlier involvement and expectations of others (causal conditions) influenced the development of *Student as Active Agent* in the transition process (core category), a role that encompasses *Identity Work* as well as the *Self-Advocacy Skills* the student has developed at the point of entering the higher education environment. Within the core category, *Identity Work* tasks

Figure 1: Grounded Theory Model of Student as Active Agent

Causal Conditions

Involvement:
-Family -Peers
-Religion -School
-Treatment

Expectations:
-Family
-School
-Peers

Core Category:
Student as Active Agent

Identity Work
-disability identity

-vocational identity →
-student identity
-developmental
identity

Self-Advocacy Skills

-awareness/under
standing of rights/
responsibilities
-self-disclosure
skills

Intervening Conditions:
Stigma

Student Perception of Supports
-availability   -personalization
-accessibility   -trustworthiness
-flexibility

Context:
Giving   Illness
Status
Anchors:
-Off-Campus Team
-On-Campus Team

Strategies in Higher Education:
Self-Disclosure
-target   **Self-Help**
-context   **Using College Supports**
-content   **Social Involvements**
-motivation   **Academic Decisions**

Consequences:
Revisions to Path   Revisions to Identity
-academic   -disability
-career   -vocational
-social   -student
                       -developmental

influenced the development of *Self-Advocacy Skills*. These tasks and skills are fostered within the context of *Illness Status,* interpersonal *Anchors* (on-campus and off-campus supports that the student actively carries over from their previous environments selects from the new postsecondary environment), and *Giving* (service to others). This context and broader, more general intervening conditions also bear upon the *Student as Active Agent* and influence the action/interaction strategies he or she uses. Specifically, the student encounters the broad conditions of *Stigma* and *Perception of Campus Supports* when considering use of the action/interaction strategies of *Self-Disclosure, Self-Help, Using College Supports, Social Involvement*, and *Academic Decisions*. Bidirectional relationships exist between context and action/interaction strategies as well as between intervening conditions and action/interaction strategies, indicating that the strategies (effective or ineffective) implemented by the student are not only influenced by but also exert influence on context and conditions. For example, ineffective *Self-Disclosure Skills* may increase *Stigma,* which may in turn influence a student's willingness to engage in future self-disclosure. Lastly, the *Strategies in Higher Education* lead to consequences, both intended and unintended. These include *Revisions to Path* and *Revisions to Identity*.

The Story of Student as Active Agent in the Transition Process

The story of the student acting as an active agent in his or her unique transition process only becomes fully understood and appreciated by hearing the experiences through student voices, specifically narratives and descriptions. The quotes woven into the remainder of this chapter illustrate the core category, key categories, and related subcategories of the emergent theory.

Core Category: Student as Active Agent

The core category, *Student as Active Agent*, is central to the phenomenon of transition to higher education for students previously classified with psychiatric disabilities. The categories of *Identity Work* and *Self-Advocacy Skills* are the major components of this core category and are described in detail in this section. Detailed descriptions of the subcategories of *Identity Work* and *Self-Advocacy Skills* are also provided.

Identity Work

The act of *Identity Work*, the first category comprising the core category of *Student as Active Agent*, is described through its four subcategories including: Disability Identity, Vocational Identity, Student Identity, and Developmental Identity.

Disability identity. Integrating one's disability into a larger identity emerged as an important task for all participants. However, how each participant did so differed greatly, with three male participants seeing their disability as something from which they had recovered. Two of these participants also believed that their disability was precipitated by outside influences. On the other end of the spectrum, some participants understood their disability as something that would continue to be part of their experience, and thus their identity. Their perceptions of the impact of their disability differed, from seeing it as a weakness or deficit to a potential strength.

Mark, Simon, and Thomas all viewed themselves as in remission or recovery from their psychological disabilities upon entering college. Mark and Simon also

understood their symptoms within the context of being precipitated by substance abuse. As Mark explained:

> I was to the point where I was in the hospital, I was sitting in an insane asylum. My mind was running way too fast. And I know it's from smoking weed and getting high and stuff. Not only that, but I've read studies that people who have ADD or ADHD and start getting high, it does something to their brain that twists into bipolar disorder

Some students, however, viewed their disability as active or an ongoing aspect of their identity. Sarah saw her disability as something that she must acknowledge as part of her identity, stating, "I hate it because I feel like I'm young. I'm very able-minded. I'm able-bodied but there was a point where I couldn't get out of bed." For Sarah, her psychological disability is incongruent with her sense of herself as a physically and academically capable young woman.

Sarah also spoke about the process associated with understanding her disability. In recalling the onset of her illness, she reflected, "I don't know if it was just the stress on my body plus the mental stress, you know that brought that out." Once connected to treatment, Sarah continued to reflect on the origin of her disability

> I've been in the outpatient the women's trauma and addictions and that really helped me see it's not…Because I was like 'Oh I've never been abused, I've never been you know, I've always had a roof over my head, I've always had food. Why am I depressed?' kind of. And that has really let me know that, no, it's not what happened- it's how you feel about it, so…

Still other participants acknowledged their disability as having an ongoing influence but qualified that their disability status subtly changed across time. For example, Jane described,

> Well, when I was in eighth grade I was okay and then I just hit a really bad patch and I became depressed and I just felt really bad about myself". This "bad patch" did not last forever, lifting as she received supports in high school and fostered a new, advocacy-based identity.

Being in recovery from substance abuse was a salient aspect of identity for three participants. Thomas explained, "I feel like I've moved past it. I'm 100% clean and I plan to stay that way." Sylvia did not consider her psychological disability to be precipitated by substance abuse (instead viewing this as an ineffective means of coping with it) but also viewed being in recovery as an import piece of her identity going into college. She does not see this as something that is open to change, stating, "I have some people who are like 'Listen, you've been sober for so long just try drinking again. It'll be normal.' I'm like 'That's not how it works for me.'"

Several participants also had the challenge of integrating multiple disabilities into their identity. Mark and Jane also identified as having ADHD, and Mark spoke mainly about this diagnosis during the interview. Sylvia and John also identified as having learning disabilities and spoke about the impact of these disabilities on their identity by the time they entered college. Sylvia described the experience of having a learning disability as a "major killer of self-esteem at young ages…major shame and embarrassment about not being the standard of everyone else my age." At the same time, she recalled, "Yeah, in the beginning when I was younger and up until recently I was

very upset that I had problems because I knew that I was a bright person." John also recounted the shame and embarrassment that accompanied his experience of having a learning disability:

> It's like everyone would see me in the resource room and then would go 'Why are you in there?' Because they would see me with the kids they knew were, there was something added on and that was kind of looked at in a different light and I don't want to say I knew more than them but I felt like in most cases I felt more advanced and I really shouldn't be in there. Like I knew I needed extra help and stuff in mathematics so I knew I needed resource room with that but the people they put me in with I felt very uncomfortable.

Although Sylvia and John alluded to feeling ashamed of their learning disabilities, some participants entered college viewing their psychological disability as a strength. Jane explained, "Well, I mean with my parents and everyone they're like you know so much more and you know how to deal with all kinds of people much more than anyone else. I definitely think so."

Vocational identity. Although the majority of the participants discussed their vocational identity prior to entering college, their experiences ranged from having an unclear to clear sense of vocational identity. Participants like Thomas acknowledged having an unclear vocational identity, stating

> Well, I'm kind of ashamed to say this but I felt like my choosing English was almost arbitrary. When I got out of high school, I didn't want to just go in as undecided because I don't know, I felt a little funny about doing that.

Several participants reported discovering vocations that resonated for them during their high school years by being exposed to role models within those vocations. For example, Kate and Annie voiced an interest in their majors or careers that were precipitated by one of their high school teachers. Others reported a very clear vocational identity that predated their high school experience. In discussing his vocational identity, John explained, "I knew what I wanted to do for the longest time. I want to be a special ed teacher. I knew that from even maybe seventh, eighth grade, that I wanted to do that, something along the education line." Similarly, Jane reported that choosing a major was an easy task because "I always wanted to be a teacher or a therapist or something so it just fits in. There's nothing else I'd want to major in."

Student identity. Regardless of their status as a student graduating from a private special education or public high school, participants faced the same task of constructing a student identity to carry into their college environment. Participants ranged from viewing themselves as academically unprepared to completely prepared for the academic work of college. Illustrating the experience of students who did not perceive themselves as prepared for the work ahead, Mark described himself as "not any student" and coming from a "rough road". He described his mindset as, "I just, I was just like am I going to pass? Am I going to get a D? That's all I want. I wasn't looking for anything more, just to get out." This impacted his identity as a college student, as he determined his only option was to attend a community college:

> I really don't care. I'm just going to get my degree and then I'll go to community college... From there I can build myself, which was actually foolish because if I

would have tried to develop my study habits in high school, I wouldn't have had

these little holes in my GPA.

In retrospect, Thomas described himself as academically ill-prepared in mathematics and

science despite excelling in English (AP English). He also characterized himself as

having "really messed things up" during his first couple of years of high school.

On the other end of the spectrum, some students had a clear image of themselves

as students and specifically about what type of higher education environment would offer

the best fit. As Jane explained, "I also never pictured myself as a commuter and

always looked down upon county college, it was not something I wanted to go to."

Although her disability identity intersected with her student identity and ultimately

influenced her college choice, Sarah also had a strong sense of her student identity prior

to entering college, stating that she had always done well academically and "was totally

prepared for the four-year college." Simon, too, felt equipped for a four-year university

and in fact sought admission to a competitive institution, even looking to graduate early

and study abroad. However, some students a less clear picture or process related to

selecting a school based upon their student identity. As Kate stated:

> There wasn't a lot of a process. I kind of looked at a few that I liked because
>
> (private university) had the film major and everything and it was close by so I was
>
> like okay cool let me try this. I liked the campus it was small and everything
>
> so…it wasn't really like, 'Oh my God, I'm going to apply to like 50 and then I'm
>
> going to cry if I don't get into Harvard.' So it wasn't like a difficult process. I
>
> was like, okay, it looks good. It looks comfortable. I feel good. Let me try it. Let
>
> me give it a go.

Developmental identity. During the course of their interviews, all participants discussed the importance of asserting independence and interdependence within relationships. For Thomas, independence was linked to his sense of pride ("I have a huge problem with pride. I try not to depend on other people."). Before entering college, it also became important for Thomas to become independent from his educational classification (Emotionally Disturbed), which is congruent with his sense of being in remission or recovery from his illness. Although Annie did not feel she was in remission from her disorder, she also identified feeling as if she could navigate the higher education environment without self-identifying at her university's disability support office. Jane described striving to be independent, particularly from her mother, as she entered high school but also limited by her dependency on treatment and family for assistance with new tasks. She described:

> Even though I'm not close to my mom I rely on her a lot. Like when we're doing schedules and stuff I still ask her to help me with it because we are still close, to home, to each other literally so when I go home she'll still help me with that kind of stuff.

As she moved toward independence, she described her position as:

> So in a way I'm not doing everything on my own completely. I probably would if I went further away but I kind of have to stay close to home because of my doctors and everything and I wanted to.

Sarah presented her independence as connected to her identity as a student by stating, "I was always very independent. Like I always did my homework and they weren't really involved until when I did get sick." Still other students framed their interdependence as

important within their network of friends. Sylvia reported striking a balance between asking for help and self-advocacy. She explained, "I want to be, you know, strong and I want to be presentable and it's not…It's just like I don't want people to see me ugly because it's so ugly." She also sought opportunities to give help to her friends rather than always being on the receiving end of help.

Self-Advocacy Skills

Self-advocacy skills, the second category comprising the core category of *Student as Active Agent*, is comprised of *Self-Disclosure Skills* and *Awareness/Understanding of Rights and Responsibilities*. Skills ranged from undeveloped to well-developed as participants faced the transition to higher education. Students spoke about the important role their self-advocacy skills played in both their general high school experiences and as they related to selecting the best college for them.

Self-disclosure skills. The first subcategory of *Self-Advocacy Skills* is *Self-Disclosure Skills*. At the time of entering college, participants' perceptions of their self-disclosure skills ranged from undeveloped to well-developed. Jane reported having had undeveloped self-disclosure skills and stated, "I know I wouldn't have been comfortable handing my teachers the letters before even if I just handed it to them or put it in their mailbox." John described himself as "too afraid" to self-disclose during his earlier school experiences and in fact found ways to avoid telling classmates about his disabilities. In speaking about his experience in the resource room, John avoided self-disclosure to his classmates by fabricating reasons for being there:

When other students would pass by and ask 'Why are you in there with them?'

and I would say 'Oh, nothing else was available so they had to put me in there.'

Or they would see me in study skills and they'd see me in French class and

they're like 'Something doesn't add up here'.

Failure to develop self-disclosure skills at this time created more work for the student

through providing alternative explanations that were not necessarily believed by his

peers. Thomas was candid in his evaluation of his previously undeveloped and self-

disclosure skills. Regarding the early part of his high school experience, he observed, "I

was an attention-seeker and would disclose the details of my condition openly and with a

sick sense of pride." However, having peers with a similar disclosure style precipitated

his beginning to change this style as he looked to move into the higher education

environment. As he explained, "Seeing the same kind of theatrical attention-seeking in

others made me desire to change." Other students like Sylvia viewed themselves as

having appropriate self-disclosure skills but still encountering difficulty in getting their

needs met. She recounted, "I used to give copies of my IEPs to my teachers on a daily

basis with everything highlighted that pertained to their class and they didn't give a

damn."

Awareness/understanding of rights and responsibilities. During the high school

experience, some participants felt that their self-advocacy skills were as yet undeveloped

or ineffective. Participants like Mark and Kate did not express having developed any firm

set of self-advocacy skills, instead describing high school personnel as directing their

decisions and not encouraging shared responsibility or increased student responsibility.

For example, Kate conveyed her role in IEP meetings and planning as "To tell you the truth, I don't even know what an IEP technically is because they never really let me in on that. I'm like 'Alright, it's a document or something of that sort.'" In general, she acknowledged that she "never really had much of an idea what was going on" and did not seek clarification. Thomas reflected on his early high school experiences, where, "I feel now that my self-advocacy was misguided. I cited my poor performance with the excuses of 'depression, paranoia, etc' and blamed everyone and everything else for those problems which were my own." However, Thomas noticed a change in his awareness of his behavior and his responsibility for his choices across time. He described:

> I saw this very same kind of excuse-making in my peers. In seeing these things, a gradual but profound change was brought about in me. This brand of 'self-advocacy', I reasoned, would not succeed in college or in the workplace.

Although not yet accompanied by concrete self-advocacy skills (e.g., communication), he gained important insight into what would not serve him well in the future. John also pointed to the growth in his self-advocacy skills, especially as they related to assuming responsibility for communicating and problem-solving with his peers. He observed, "I think those first two years I was kind of bashful and I would let people walk over me. I didn't know how to defend myself but once I started kind of seeing things and how people act, I got more courage and stood up for myself and took more control that way, so." Sylvia described herself as having well-developed self-advocacy skills, characterized by her ability to have "taken every resource she could find and make something out of this." She became aware of and exercised her rights, sometimes met with resistance from others, within a climate of frustration and described:

If it wasn't for the fact that I'm obsessed about getting shit done when I want it

done, nobody's not going to give me what I need and I've had my IEP for a good

long time and I've been telling them what I need for a good long time.

Fortunately, Sylvia felt that she was able to maintain a strong sense of herself as a self-

advocate despite these experiences, stating, "Thankfully I didn't trust my future with any

of them. I wasn't going to let anyone tell me that I couldn't do this or that they didn't

believe in me. Not going to happen." Jane, who also identified as having well-developed

self-advocacy skills, found that her self-advocacy skills were nurtured within her school

environment. With the encouragement of her principal and one of her teachers, she

experimented with self-advocacy and emerged as a student leader who not only

advocated for her peers but for herself. Commenting on her self-advocacy skills

developed in high school, she added, "It's everything. Within the last two years I was

there I just became much more- not only in the community but just for myself- I knew

what I needed."

Most participants also mentioned the importance of awareness of their role in the

college planning process, with their actual level of self-advocacy in this area varying

quite a bit. Jane described taking a small role in choosing schools that reflected her

perceived needs although she did know she wanted to remain nearby. She explained:

Yeah, it's kind of bad. I knew I wanted to stay local and I got a bunch of

applications and I only filled out two of them because I procrastinated and I

couldn't do the essays…So I just applied here and to (other private, four-year

institution).

When it came to her self-advocacy skills in choosing her best fit within higher education, Annie wasn't so sure that her skills were underdeveloped or well-developed, observing instead:

> I kind of just did whatever the hell I wanted. And I had people tell me that I couldn't afford college or that I shouldn't go to art school and I just kind of did it anyway. I don't know if that was a good idea but I did do it anyway.

She also reported that she could have achieved higher grades (A's versus B's) or secured more scholarships if she had better advocated for herself. Sylvia was more confident in her advocating for herself when it came time to determine the best fit for her within higher education given her disabilities, carefully considering her strengths and areas in need of continued support:

> I decided that I didn't want to take the SATs. I didn't want to leave home because I was scared of relapsing. I was scared of having to live with some psycho so I decided that I was going to go to (community college) and I was just going to stay within my comfort zone and I was going to see how that worked out and it was basically like if I failed it was fine. If I tried really hard and fucked it up, fine.

Simon tried to take an active role in the school selection process, although he attributes his mother's involvement to being especially helpful when his illness sapped him of motivation or other academic demands took center stage. In general, Simon perceived himself as being able to advocate for himself, stating, "I guess a drive, just a drive to want to do well in life, it's helped me out… No one pushed me too much. I just try and…I've always fed my own kind of drive." He still saw room to assume more responsibility in planning, as he wished he could have "taken it to the next level a little

bit" to earn more AP credits. However, he recognized that treatment for his psychological condition interfered with self-advocacy to some degree, as "I guess medicine when you're sedated like that, it makes you not want to do anything."

Causal Conditions

The causal conditions of *Involvement* and *Expectations* exert a strong influence that leads to the phenomenon of *Student as Active Agent*. These categories, and their respective subcategories, are illustrated in this section.

Involvement

The involvement, seen by the student as both facilitative and inhibitory, of family members, peers, members of the religious community, school personnel, and treatment providers influenced the development of Student as Active Agent. The roles of each group or individual and their influence on the core category are described below.

Family members. Participants cited the involvement of parents and siblings as influencing the transition process. This involvement took the form of advocating for the student regarding his or her disability (within and outside the school), providing emotional support, assisting with college planning, and advice-giving about college. The latter was primarily provided by siblings.

About half of the participants described their parents as advocating on their behalf during their secondary school experience, which in turn appeared to influence the participant developing his or her own self-advocacy skills. All of the participants

described mothers as being the primary parent involved in advocacy efforts and were viewed as effective in this role. Sarah described her mother's involvement as key in pushing the school to initiate services. In fact, when describing advocating within the school and general decision-making prior to arriving at college, Sarah used the term "we". For example, she explained, "It took a little while, you know, but when we advocated for ourselves we were able to get things going." In this way, Sarah seemed to view herself as a part of the advocacy process and, through observation, developed her own effective self-advocacy skills. John also considered his mother a consistent and effective advocate within the school. He, too, recalls her being integral to him as "an advocate" in becoming aware of and securing services early on, stating, "If something happened and I don't know how to express myself to the teachers or….she'd be like 'What's going on here? Why isn't my son doing what he's doing? Why or why not?'" This role continued through his education as he explained, "She's been there through the whole entire time. She's been there for every IEP meeting, every teacher problem or whatever." As will be discussed later under peer and school personnel influences, his mother's example and emotional support set the stage for John developing his own self-advocacy skills when he encountered difficult peer or staff interactions. Jane's mother picked up where the Child Study Team left off by arranging a meeting with counseling and disability services at Jane's intended college. At the meeting, Jane described:

> My mom and I went to the psychological services here which is at the (student
> center) and we talked to someone and they basically said to see, said in terms of
> counseling or whatever see how everything goes, about dropping classes, see how
> everything goes."

This not only provided Jane with an example of appropriate self-advocacy (e.g., means of learning about and acting on available services) but also provided her with early impressions of campus supports.

Sylvia also described her mother's involvement as critical for bridging gaps left by the IEP. She said:

> Thankfully I had my mother behind me for trying to figure out how to get through transitioning to college. How do you do this? What do you do, you know? How do you sign up for classes? Who do you talk to?

In fact, Sylvia's mother's concerns are noted in her senior-year IEP, where it is noted that she was concerned that a well-defined and well-monitored transition planning program be developed. This was a natural extension of her mother's earlier involvements during Sylvia's education, which she described as, "Why isn't my daughter getting educated on this? What's not going on here? Why is my daughter watching movies in a history class instead of actually getting a history lesson? What's the problem?" Reflecting on her mother's involvement, Sylvia stated, "And it probably worked against me and it probably wasn't a great thing that my mom was in everyone's face. But you know what? When it came down to it, my mother got me so far." In addition, Sylvia's mother acted as a role model for her developing her own advocacy style and skills, which were also usually effective in achieving the desired end result (her rights being recognized) although sometimes met with resistance. She described, "Thankfully, you know, my mom taught me that I had to go into that office and harass those people and make sure that I got what I needed." Her mother's involvement also communicated the identity-altering message that "You don't get somewhere in life if you don't work hard, especially if you're a

woman." Advocacy efforts for Sarah and her family also extended outside of the school setting, where they continued to interact more successfully with authority figures such as treatment providers. Sarah also reflected that her parents' efforts sometimes seemed better received by authority figures than her own efforts, further reinforcing the need for them to supplement her own advocacy efforts. Kate's experience of her mothers' advocacy efforts highlights the importance of including the student in the process. Whereas the above participants reported some degree of involvement in their parents' advocacy efforts, Kate reported a more passive role where her mother and school personnel interacted without involving her. Additionally, as will be discussed under IEP and ITPs, Kate recollected that her mother was not always able to obtain critical information related to transition (e.g., disability-related rights and responsibilities in higher education). This led to Kate having less developed self-advocacy skills and related actions (e.g., not proactively connecting with services, not being aware of new rights and responsibilities) when she entered higher education and having misperceptions about available services (e.g., expecting a continuation of "informal accommodations" such as extended time on assignments), which negatively influenced her perceptions of campus supports and professors.

Parents also provided emotional support to participants, although their availability to do this varied and influenced the development of strategies such as engaging in self-help behaviors. For example, Sarah described wanting to talk to her parents but finding them unavailable, saying "When I was growing up, I was the type of person that wanted to talk to my parents and my parents didn't want to listen. Even as far as like, you know, alcohol and drugs and sex and everything." She ventured that this may have been

because her parents married and became parents at a young age. The impact on Sarah, who engaged in substance use and other ineffective self-help behaviors such as self-injury during high school, was also something she discussed:

> I think if I was able to talk more to them maybe that would have helped because I wanted to talk to somebody and I didn't talk to anybody so I just locked myself in my room and just sat in my head. And that probably perpetuated a lot of stuff and I mean with the therapist I'm dealing with now, you know, okay, I probably wasn't given a lot of the skills I should have been given whatever, but my mother wasn't given those skills.

Thus, not only did she not develop effective self-help skills prior to entering college, but she also had to incorporate her related substance use into her identity. Mark also perceived that his parents were unavailable to provide the necessary level of emotional support and structure that he needed due to fighting and his father frequently working. Regarding the impact, he reflected, "I was not disciplined at all. I mean, I was to a certain respect, you know, but I was a really rebellious kid… And I needed more attention than I got, I think." This negatively influenced Mark's perception of his abilities as a student (student identity) as he navigated high school and also prepared to enter higher education. In addition, Mark reported that his home environment did not provide opportunities for him to develop effective strategies such as effective time management or study skills prior to entering the college environment. Given the lack of attention Mark received at home, he strived to meet developmental milestones of independence as well as interdependence, which also led to involvement with negative peer influences. Kate discussed her closeness to her family but also awareness that her mother was unable to

manage her own and Kate's anxiety. However, as mentioned earlier, Kate reported difficulty managing her own symptoms of anxiety as she entered higher education. Further, given her family's lack of communication about symptoms and underlying messages about inability to competently manage them, she did not strongly identify with her disability (disability identity) despite the direct impact on her educational experiences (medical leaves of absence). Kate's family experiences also fueled her desire to attain independence (developmental identity). Conversely, Jane's family actively engaged in family therapy and she described long-standing difficult family relationships. As Jane discussed the topic of independence, she wished to move toward independence but found this difficult because she still relied on her mother for assistance with college-related tasks (e.g., scheduling). Other participants such as John described close family relationships and the importance of family members "just being there" and did not note any lack of social support. As they sought to create new relationships and new degrees of independence, they perceived themselves as having solid social support to rely upon.

Parents also were involved in college planning, again ranging from offering a low to high level of involvement. Although his parents held high expectations related to his attending college, Thomas described an absence of parental involvement in the actual planning process. He explained, "As far as outside help in finding colleges, I really felt like it was just a shot in the dark. I don't have any older brothers or sisters. My parents never went to college." This called upon Thomas to have a major role in the process and his student identity became more salient, as did the developmental task of independence. Sarah, also the first in her family to attend college, described collaborating with her parents on college decisions, which she attributed to her being the first to attend (giving

her more weight in the process) and the severity of her illness during the planning process (giving her parents weight in the process). She provided, "Well, what I was originally…I was originally going to go to (out-of-state four year college) and because we were so sick- because I was so sick- we were concerned about the traveling time." Although not offering specific assistance in applying to schools, Mark had a positive role model for pursuing higher education in his father. He said:

> He got a bachelor degree, you know, got educated. He's an officer and he's worked in different countries and stuff like that but from his education he was able to do all those things….He was sort of always worshipping education, if you could say that, because it did so much for him that he knows what it can do in the future.

Mark also reported that hearing about the educational experiences of other extended family members reinforced his desire to pursue higher education. On a more practical note, he was able to observe his sister's journey at the same community college and use this to negotiate entry. Although he did not see himself as a strong student at the time, these role models helped him envision himself as a college student, which bolstered his student identity. Simon mentioned his mother as being key to his transition to college by helping him with applications and visits. He stated:

> I'd say my mother helped me transition because she helped me look at schools, she helped me fill out the paperwork, she really pushed me to get out there. I mean, I had no problem taking all the SAT's, the ACT's, the SAT-2's all that stuff. I mean, I had no problem with it. But putting the work forward to fill out all of the paperwork, it just seems so much. You're busy with the last year of school.

I was taking four or five AP classes and trying to fill out paperwork and

applications. She really helped me transition a lot.

This, as well as other factors to be discussed (treatment involvement) limited his

independence and use of action/interaction strategies upon entering college, but he

viewed her involvement as supporting a strong student identity.

Some participants with siblings mentioned the input or actions of their brothers or

sisters as associated with the transition to higher education. Not all participants found this

input to be very helpful. For example, when John's older sisters gave him advice about

what to expect with the college workload, he felt that this advice did not assist him since

their academic experience without a disability was very different. He explained that they

would tell him how much time he would need to allot to reading or studying but that he

could anticipate this would be much more for him. John also felt as if each individual's

experience would be different and that there is no way to fully prepare for college outside

of simply experiencing it. He reported that contrasting himself to his sisters did not foster

a more positive student identity and also made his disability identity all the more salient.

As mentioned above, Mark's sister indirectly provided assistance with the transition. He

explained:

My sister was already going to (community college) and transferred to (four year

university) so I figured okay, it seems like a good school from what I hear, from

what I see, I'm going to go ahead and attend (community college), try to take an

associate degree and transfer to maybe (state university) or (other state

university).

Her being able to serve as a role model in this general way was somewhat helpful but he reflected that she did not serve as a strong student role model in other important areas such as study skills. Jane provided that although she viewed her brother as being very different from her (including in his higher education goals), a contrast that at first negatively impacted her student identity, he did provide some good advice that she followed. She shared, "My brother met most of his college friends the first year, in his dorm, and he always stressed the significance of living in a dorm during freshman year."

Peers. The involvement of his or her peers proved to act as an influence on the student both positively and negatively. Simon was like most of the participants (Mark, Thomas, Sarah, Annie, Sylvia) in this study who reported past substance abuse issues that were either initiated or perpetuated by negative peer influences. He explained:

I would say friends just trying to bring you out. The first time I came out of psychiatric treatment, my parents cut me off from every single...all my friends, basically. It was difficult. Looking back, it probably was best. I know a lot of kids come out of rehab or psychiatric and they just go straight back to what they were doing before.

Had he continued with substance abuse, his identity as a student could have been compromised. Similarly, his interactions with this peer group (substance abuse) clearly impacted his disability identity, as he hypothesized, "Bad influences could be why I reached a psychotic state. Drug use could be the reason that I was pushed over the edge to finally hit a psychotic state." Sarah shared with Simon the experience of having to find a new social network once stepping away from substance abuse. This, combined with an

acute phase of her illness, left her with few social supports in high school. She explained, "Except for a few people I was pretty much of out of the loop with things." As she prepared to enter higher education, achieving developmental tasks such as interdependence and intimacy were more distant goals.

The implications for social involvement and work toward developmentally congruent tasks such as interdependence within a private special education high school setting were mixed. One participant described having good friends but experiencing limited social involvement due to the constraints of the private special education high school setting, stating, "It sucked sometimes because I was so far away from my friends so I didn't feel like I had the same lifestyle as people in public schools that could see their friends all the time." Remaining in touch with friends from previous school settings could also be difficult:

> I still had my friends I knew from growing up, like because all their friends lived in (hometown) and when I would hang out with them they were just so comfortable around each other and just there's a different sense than there had been at (private special education high school) really because you know where everything is. You know where everybody lives and you can just go to their house really easily and just if you have your own car you have just a different type of vibe going on with your friends.

Another student from this type of school setting saw advantages to peer involvement within the private special education high school, explaining:

> I found a lot of times the therapists weren't the people who helped me the most, as much as like I would go to there. Because my friends were going through the

same thing and they were my age so they're like 'You know, I kind of get it' so they were also like mini therapists.

Participants from the private special education high school setting also reflected that they generally did not have to practice self-disclosure with their classmates, as everyone at the school was known to have some sort of psychological disability. When the act of self-disclosure was precluded in this way, the student generally did not develop strong self-disclosure skills prior to entering college.

Returning to the experiences of students across different postsecondary school settings, several participants pointed out the importance of interacting with their peers in extracurricular activities offered through their schools. For one student, this included cheerleading and the literary magazine. Another reported developing self-advocacy skills through the skills required of being president of student government, which also called on her to advocate for the student body at large. An additional participant described her involvement in her school's drama program as key to her developing "people skills", which she reports as an area of continued difficulty. As she explained, "The drama program basically taught me that even if I wanted to kill certain people, I can't do that."

Two participants also raised the issue of bullying or harassment by their peers as exerting a negative influence on their identity as an active agent in the transition process at the time. Sylvia, who described herself as maintaining a small group of close supports once entering high school, had earlier found herself bullied by her peers without support from administration, with an impact on her identity (disability identity, student identity) and perception of potential supports. She shared:

It doesn't matter that I was being locked in lockers, beaten up, all this stuff. Nah, that wasn't important because those kids weren't the special kids and those kids were the jocks and the preps and all those kids. I was just a freak.

Combined with her classmates' name-calling (e.g., calling her "retarded"), this influenced her sense of herself as a student and her ability to take risks in the classroom. She reported minimal participation in her high school class discussions or activities and also a perception of herself as a less capable student than her peers. In response to peers' comments, Sylvia was more reticent to engage in self-disclosure with others. Further, when school personnel did not intervene, Sylvia was deprived of opportunities to witness effective and appropriate advocacy behavior. When others did not come to her aid and trust was compromised, opportunities for developmental tasks related to interdependence were lost and she placed an emphasis on independence. Thomas also described bullying by peers and reluctance to disclose his disability to even his friends within the school setting. However, the experience also had a more positive, indirect outcome in that he began forming self-advocacy skills when directly challenged. He explained:

I didn't know how to defend myself but once I started kind of seeing things and how people act, I got more courage and stood up for myself and took more control that way, so....Even thought it was from like, parts were from a negative point of view but in a way that kind of helps. Okay, this is how it has to be done for people not to walk all over me, so.

Three students also talked about the more positive influence of peers, particularly as it relates to college planning and reinforcing one's student identity. For example, Kate stated:

> I think actually the fact that a lot of my friends were planning, too, with me. That kind of helped. We were all kind of looking at different things… that actually was a pretty big help. Even not even just my friends from high school but a couple of my other friends that I didn't go to school with. You know we're looking at this; we're looking at this and just kind of talking about it and getting excited.

Annie similarly found that her friends proved helpful in the college planning process. When asked what was helpful in preparing her for the transition to college, she answered, "One of my good friends who applied to college in (out of state metro area) the year before me and she got in and she helped me there. She'd look up college stuff and send it to me."

Members of religious community. Four participants also cited their involvement with faith or formal religious practices as directly or indirectly influencing their identity as an active agent in the transition process. Overall, these involvements were positive and fostered healthy strategies (self-help, social involvement), vocational identity, and disability identity. Thomas described enjoying participation in church activities and the larger benefits of affiliation with a religious community, stating:

> It really keeps you on track in a lot more ways than just giving you something to do. So even if my life doesn't have exactly a specific direction in terms of job et cetera at least I have this overarching direction of really where to go and what to do in life.

Additional identity work, in the area of his recovery identity, was facilitated through his broader sense of faith ("I guess certainly one of the biggest positives in my transition is

faith. Like, I guess I've stayed off of any kind of drugs and any kind of alcohol with the exception of cigarettes."). Mark, too, found his involvement in his church ("engulfing myself in God") to be integral to maintaining his sobriety and bolstering a more positive identity than that fostered by his peers. His self-initiated involvement began when he was 16 or 17 and he described it as, "I started going God's way, you know, abiding by the faith, started doing the right thing." This earlier involvement in his church community later led to connections to vocational role models that continued to support Mark's work as an active agent in his transition (discussed later under context). Sarah's experience with religious supports also had the benefit of providing emotional support for her family. She reported, "We were involved in our church and I mean we had a very good family friend who's a priest who's gone through a depression, too, so then it was somebody else my parents could identify with." Not everyone found their experiences with faith or formal religious entities to be entirely positive. At least, they did not appear to be on the surface but still ultimately had positive effects. Although not necessarily identifying as belonging to any specific religious community, Sylvia found being exposed to others' religious values as helpful during her most difficult times in high school, even if the messenger (an abusive ex-boyfriend) wasn't. Although the message itself might be interpreted as somewhat harsh, it did help her persist in her goal. She described the message as "If you fuck up now and you fuck up big, you fuck everything else up. You know, as much as I don't want to deal with things, I'd at least like to when I die have that." This ideology of "You can't undo, there's nothing I can do again" also allowed Sylvia to place the past within context and move ahead in her personal and academic pursuits.

School personnel. School personnel influenced the transition process in several important ways. These included involvement with IEPs, other college planning or transitional services outside the formal IEP, and informal contacts with participants. Participants perceived these involvements as ranging from ineffective to effective and incomplete to comprehensive.

In the area of school personnel's involvement with IEPs, the majority of participants held a general impression of the process as ineffective and failing to provide participants with positive role models or opportunities for developing self-advocacy skills. In general, participants reported generic formats that were not personalized to the student's needs or including his or her input. For example, Thomas described the process as "kind of just like lip service" and having "no purpose to the meeting other than compliance." Further, the meeting followed a predictable format with predictable conclusions. He described:

> For the most part, it would be pretty much the same thing each time. We would discuss my performance in high school and I was always, you know, doing fairly well....As a matter of fact, there was really never any issue brought up.

Sylvia also described the process as predictable but also emphasized the lack of personal knowledge that contributing individuals had about her or her needs, which was reflected in the generic content. She explained:

> There was a whole lot of people in that room. The school shrink. A couple of other people. It was quite a show, it was really just crap. They basically read off a list: Sylvia plans to go to college, Sylvia plans to work this summer, Sylvia does

not plan on keeping in touch with her graduating class, Sylvia will be graduating with the rest of the class...

She reflected on how this failed to promote awareness of her future rights and responsibilities, stating, "Well, they weren't really focusing on what college was going to be like for a person like me. They weren't really focusing on the fact my life will continue outside of this vicinity." Sylvia further elaborated:

> Nobody was willing to talk to me in high school about what college was going to be like or how to prepare myself or what to do or how to take a test or how to get help...No one talked to me about college classes or anything like that. It was like 'you're on your own, kiddo. Have fun.'

Jane, too, described her IEP meetings, including the IEP meeting specific to transitioning, as "just basic." Although the consensus was that Jane was ready to go to college, the meeting was not particularly helpful in preparing her for new rights and responsibilities or pointing her in the right direction. She recalled:

> They had a transition coordinator but to be honest I don't remember what she did! It was a short meeting, very to the point. I don't think the meeting really helped me with transitioning. I think it was required and it just let me know that I could always call my district with any questions.

Annie also viewed the meetings as impersonal in nature. However, she emphasized a lack of follow-through on the part of involved personnel such as her caseworker. She remarked, "He would tell me that he was going to mail me my IEP in a week and six months later he would mail me my IEP." Kate recalled her teachers as being the most visible presence at her IEP meetings but described the meetings as "really pointless". She

was even unsure if there was a "real set plan" for transition. In retrospect, she also recounted that she and her family did not receive important information related to transition:

> I remember like when we got to college we learned about the 504 and the whole Disabilities Act. They never said anything like that to my mom, like, 'Hey, you know, make sure you go to this person when you get to college or contact them first.'

All of these participants also described themselves as doing well academically and that this point was raised in their meetings. Teachers would reportedly comment on how the student was doing well academically, which then generalized to a more global assessment that the student was doing well. This seemed to lead to overlooking areas such as the student's development of self-disclosure or other self-advocacy skills. Kate's recounting of her IEP meetings captures this experience:

> Basically, the first year: 'How are you doing? You're doing good. Okay. Your grades look good. You're happy. You're not feeling ridiculously stressed and everything. Good. Okay, see you next year.' And that was it....Senior year. 'Okay? Good, good. Good. You're doing good. You're graduating. Everything's cool. You have a college picked out? Wonderful. Okay. Good luck. You know, nice meeting you.' And that was it.

Two other participants did not describe their IEP meetings as being particularly positive or negative. Mark described his as somewhat useful in increasing his knowledge of college-based supports and his responsibility for securing them, stating "When I was in high school, the counselor there told me, look there's this place called (disability

program), take your forms and they'll take you through the process of getting extended time for testing." However, John described his overall experience with his IEP meetings as positive for both him and his mother, as they both had opportunities to advocate for John, which indirectly and directly influenced his self-advocacy skills. They also provided a forum for openly discussing his disabilities, which affirmed a positive disability identity. He described:

> So it would be me, my case manager, mother, regular ed teacher and my special ed teacher because I was in resource room for a period. My teachers would tell them how I was doing in class and then they would give me feedback and I would tell them of...like if they had any questions like 'Well, I've been noticing you've been lacking in this.' So because I always had a hard time actually going to the teacher but then I would tell them what it was like because they would have to approach me, so. It was a good speaking, and to catch up on. Plus my mother would get feedback on it.

In addition, John described his IEP transition plan as directly addressing his specific higher education needs and communicating positive disability and student identities. He reported:

> They kept on stressing (community college). Most students go there first and the reasons why they gave me was because of (disability support program) because I would be able to get that added support for being an LD student. So that's what they were mainly focusing on because obviously they wanted me to do good in school.

Despite his IEP team's preference for him beginning at a community college, John still felt very involved in the process and ultimate selection (which was different than his initial desire to immediately enter a four-year university after high school). He explained:

> Just pretty much in those kind of transition things they just helped me narrow it down, like gave me what they knew about each college I was thinking about. Like gave me the benefits of them and what they thought could be better. So that kind of helped me slowly choose to come here.

John was also the only participant who mentioned the opportunity to give his own input during the IEP meeting, which he attributed to his beginning to develop self-advocacy skills. I also noted that he was the sole participant who particularly pointed out teachers as receptive and that it was a chance to gain more personalized-rather than generic or impersonal- feedback or direction.

Participants with multiple disabilities (e.g., learning disability and psychiatric disability) typically described their IEP or ITP as failing to specifically address the psychological needs related to transition and attending to this aspect of one's disability identity. Sylvia provided me with a copy of her senior year IEP. This was supplied of her own accord and without any prompting or requests on my part. In reviewing the assessment of her present level of education performance, the framework instructs Child Study Team members to describe how the "child's disability affects his or her involvement and progress". Although the narrative clearly identified that Sylvia required additional academic and emotional support to help her with social and academic functioning, the *Statement of Transition Service Needs* appeared to neglect careful attention to psychological supports needed during the transition. For example, the

Statement of Transition Service Needs cited post-secondary outcomes including Sylvia attending college after graduating from high school. However, in the *Statement of Needed Transition Services*, which outlines the *Coordinated Activities/Strategies and Agency Linkages to Adult Services*, related strategies included Sylvia continuing to "involve herself in preparing for the transition to college" which was to include visits to her community college where she was to "learn about the ins and outs of college life." The school and student were listed as those arranging and providing services and Sylvia reported having minimal support from her secondary school in implementing this strategy. No related services were cited. Despite directions that responsibilities should be shared among participants (i.e., student, parent, school staff, outside agencies, employers, etc), only the secondary school and the student were listed as responsible for implementation. Although the opening narrative of her IEP spoke of how her emotional issues had been "greatly ameliorated over the past several years" as Sylvia and her family participated in therapy, no reference was made to any psychological supports Sylvia would continue to need during the transition and no agencies or outside providers (including her long-time private therapist) were referenced in the plan. In addition, they were not included in the construction of the IEP or ITP. When John and Mark interacted with school personnel regarding their transitions to community college, they were both directed to disability support services but described the reasons provided for the referral as related to a learning disability or ADHD, respectively.

Participants similarly found that formal college planning or transition services offered by other school personnel ranged from ineffective to effective and incomplete to comprehensive. Some participants were required to participate in a college planning

course but most cited this as minimally helpful and not strengthening self-advocacy skills. According to Thomas, "It was definitely there (college/career planning) but I just don't feel it was given the kind of attention and seriousness that it should have been." Kate described this class as:

> We had the college classes where, 'Okay here's, find an application, fill it out. We'll do it in class.' Like those little things. But it wasn't really, it wasn't positive or negative. It was just kind of there.

Students also felt that the services related to direct exposure to prospective colleges (e.g., local community college) were either not offered to them or were ineffective. John reported that although such services likely existed at his high school, he wasn't aware of them. Now that he has observed similar trips taking place on his campus, he reflected that they would have been helpful to him (e.g., influencing his student identity, motivating him for self-advocacy) and that he would have taken advantage of them. He shared:

> I see a lot of that going on around here, like in May, June, July. I see a lot of high schools coming here taking tours. I wish I was aware of that because I could have been like oh wow. I wish I could have gone and seen the college, see what college life is just by seeing people walk around and associate with one another.

Sylvia perceived herself as left out of some school-based transition-related activities. For example, she too, was not invited along on college visits or "college prep days". Like John, Mark wished that his high school had provided students with information about the local community college. He also regretted that he was not encouraged to take courses while still in high school. He cited having earned college credits, even if it was for

remedial courses, as a benefit and said, "Um, knowing that I could go and take classes here before I left high school that might have pushed me a little bit." By not having these opportunities, it was more difficult for him to construct a more positive student identity. He went on to explain that exposure to college-level expectations could have motivated him to develop better study skills, earn higher grades, and take his responsibilities in higher education seriously.

> Not only are they teaching on a collegiate level but you can compare and contrast between a high school class and a college-level class. What do I need to do, like what's in the college and what's in the high school. What's missing, like…okay, in the college-level classes you have to apply yourself more. In high school-level classes you don't have to apply yourself as much. So you say, okay to get ready I have to do this, this, and this to come in, you know. It's hard to explain. Like, they ask more of you in college. There are more components to the college-level class. Being exposed to those components, you can pull yourself together and be ready for the fight.

Annie, however, commented that although her school did include her in a college experience program, the program failed to prepare her in the domain where she most needed support (social skills and fostering intimacy/interdependence) and did not realistically represent the college experience for students like her who planned on being resident students. She said:

> First of all, the (community college) class I took was like a high school level class. I knew a lot of it already. Second of all, the part that I probably needed help

adjusting to was the social part and if you're like this random high school kid who

obviously looks like a high school kid in a class of all of all college kids.

Further, she added, "It's not like real college at all unless you're planning on going to

(community college) and commuting."

All participants cited the involvement of other teachers or staff at their high

school as influencing their identities as an active agent in the transition process. The

influence of these individuals ranged from negative to positive. It was not unusual for the

participants who referenced negative interactions to also have had positive interactions

with other individuals within the same environment. John was the only participant to

recount an incident in high school where a teacher violated his rights to confidentiality

regarding his disability. In response to his teacher asking him why he needed to attend an

IEP meeting in front of his class, John attempted to utilize appropriate self-advocacy

skills (e.g., communication) by asking the teacher if they could discuss the issue outside

of class. When the teacher did not comply, he sought support from a family friend who

worked in the office and who directed him to the principal for assistance. The situation

was not satisfactorily resolved when John returned to the classroom, as the teacher told

him that he must now sit in the back of the classroom. After initially complying but

having difficulty following the lesson from his new seat, John moved back to his original

seat. He describes what followed:

> He's like 'I thought I told you to sit in the back' and I'm like 'I can't read the
>
> board' so he was like, 'Go sit in the back' and I'm like 'No'. He was like 'Fine.' I
>
> think after I, not that I was afraid, but I decided to take control, he knew not to

mess with me. I don't want to say that, that's kind of negative but not to be such a smart aleck.

Although the situation itself was not positive, John's response and his growing sense of himself as his own advocate was. Aside from interactions with this teacher, John did not mention any other negative experiences with teachers or staff at his high school. As discussed under *Expectations*, he cited the one-on-one involvement of his French teacher as particularly helpful in preparing him for college-level work expectations and fostering his student identity. Simon also referenced the positive relationship with one of his teachers ("I guess my economics teacher in high school was really cool. I thought he was a great guy. I'm still in contact with him.") but also spoke about the importance of other school officials' assistance and informal accommodations early in his illness before his 504 plan was in place. This helped him maintain a positive student identity during the acute phase of his illness and might also have buffered some of the early, negative associations he may have had about his disability. Although not occurring through proper channels, these instances also gave Simon positive reinforcement for self-advocacy efforts. Similar to many of the other participants, he did describe some difficulties with teachers but overall positive impressions. He said:

> Some of them weren't really that too understanding. They were like 'No, you can't do this. We don't care. You've got to do everything exactly by the book'. I guess some teachers were not understanding like that. But I'd say 80% of them were. Only a couple of them didn't want to be cooperative at all.

Thomas held the perception of his teachers as not necessarily incorporating students' IEPs into the classroom but also conveyed understanding their situation. He said, "I felt

like the IEP would definitely land on a teacher's desk but I don't know if they would even read it...Yeah, and even if they did read it, what realistically can you do in the middle of a class sometimes to help certain students who have like horrible issues?" In such an environment, Thomas' own self-advocacy efforts were not reinforced, overshadowed by other students' negative behaviors. Overall, however, he maintained positive impressions of his teachers, commenting on their hard work and patience. Kate also raised the importance of accessibility of school professionals, pointing out, "And then there were always the teachers that if you needed help with anything they'd be like okay or they'll talk to you about it and, so it wasn't anything like a gigantic um, like 'Okay, we're going to learn about college today, kids.'" This extended to accessibility beyond college-related issues and beyond classroom professionals. In the absence of opportunities to develop her own self-advocacy skills (e.g., IEP meetings, with parents), however, Kate's reliance on school personnel for support continued to impede her development of such skills as she prepared to enter college. Annie and Sylvia spoke about specific teachers who influenced their vocational and student identities. For Annie, she considered her photography teacher as "the reason I'm going to college", as "He's the one who got me interested in photography. He's the person who got me interested in anything." For Sylvia, her English teacher took a personal interest that encouraged Sylvia to push herself in ways she had not earlier due to her perceived, disability-related limitations. She described this relationship as follows:

> She worked with me. When I failed things and she knew I tried hard, she'd call my mother to tell my mother, 'Listen, your daughter has sat in my room and cried

profusely while working on this. She sat there every day during her free period working on this. Don't be upset.'

Thus, not only was the student encouraged to push herself beyond her own perceptions of herself as a student but there was also communication between school and home. Jane also recounted the importance of her guidance counselor pushing her, specifically regarding the college application process, adding, "I guess he was very pushy, very persistent. And he also knew a lot more about colleges and applying than the other teachers did."

Mark's experience was unique in that he considered the involvement of his teachers as integral to getting him accurately diagnosed with his disabilities (first ADHD, then bipolar disorder). He said, "If it wasn't for the teachers paying attention to my disability, which we didn't know about yet, they brought it to the attention of the counselors, which were on point." When teachers and other school personnel regarded his behavior as related to a disability, rather than a conduct problem, he reported that this helped him and his family understood his behavior in a different light and for him to begin to move beyond viewing himself as simply undisciplined. This set the stage for modifications to his student identity (e.g., seeing himself as a potential college student), disability identity (first recognizing disability and then searching for ways to understand it), and self-advocacy skills (e.g., increased awareness of strengths and needed services). The resulting accommodations were and continue to be important to Mark's success as a student ("They gave me the extra time on testing and I have to say that extra time on testing has definitely come to help me taking tests here.")

Treatment providers. Most of the participants who attended private special education high schools spoke about their therapy experiences, both positively and negatively, whereas only one participant from a public high school mentioned it at all, which was largely negative and about medication. One graduate of a private special education high school spoke of enjoying the accessibility of the on-site individual therapy, stating that "the individual was good because it was just times to vent during the day if you needed it or just work something out whether it was at school or at life or anything like that." Another participant who attended a private special education high school felt that the interpersonal skills (especially listening) that characterize the therapeutic relationship were the most helpful long-term, and could be applied to establishing interpersonal connections as well as independence (developmental identity). However, these same students who cited school-based therapy as helpful also found it had its limitations or drawbacks, describing required group therapy as "a chore." In fact, a few participants from private special education high schools expressed concern that their classmates developed an over reliance on the "therapy room" that left them ill-equipped to handle the challenges of the real world. In the current study, this is most closely related to self-advocacy for the *Student as Active Agent*. One participant reflected:

> At (private special education high school) we had this thing called the therapy room and that's usually where the kids would go if they…anything from they were feeling sad to they didn't want to take a test. I mean like crutches like that and the overdependence on those types of things, that certainly hurt a lot of people.

The sole participant from public school who commented at all on therapy during high school found his experiences with medication to be largely negative. This participant reported that the multiple medications prescribed during high school resulted in a wide array of disruptive side effects ranging from sedation to agitation. The student also perceived having little control in the decision-making at that time, with parents and mental health professionals dictating the course of treatment:

First off, I gained like forty pounds and I still haven't got it all off yet. It just, that affected me. My mom said, 'Oh you're acting like a zombie' and I'm like 'You're the one who put me on this medicine. Take me off of it if you don't want me to act like this.' 'If we take you off of it, you're going to go crazy again' and I'm like 'Ugh, maybe that's true. Maybe it isn't. I'm not sure.'

Expectations

Similar to the involvements discussed above, the expectations that family members, school personnel, and peers directly and indirectly communicate to the student exert a strong influence (also facilitative and inhibitory) on the student's development as an active agent in the transition process. Their roles and their impact on the phenomenon under study (*Student as Active Agent)* are described below.

Family members. Participants described the expectations of family members, specifically their parents, as ranging from too low to too high. As can be noted in the following accounts, some students also perceived parents as having no set expectations

other than for the student to meet their own internally-derived goals or ones that the family had constructed together through their experiences within the educational arena.

Jane's experience of perceived low expectations from family members highlighted how family expectations are fluid, as she sensed a shift toward lowered expectations after being diagnosed with a psychiatric disability.

> Before she was so efficient and so like she wanted to me to go to a good school and then like after I got diagnosed and had all my whatever, breakdown, I don't know, she backed off and she was like 'I think you should just got to county college' and she, I don't know. Because my brother's like a high achiever so she kind of just like made me feel really small but at the same time she helped me because she's into education. She's always going to Board of Ed meetings and stuff but she kind of just didn't have high expectations for me.

This shift also initially influenced Jane's disability identity, although other more positive messages from her parents (discussed under disability identity) ameliorated some of the impact of this experience. This also initially communicated to Jane that her disability identity would negatively impact her student identity and trajectory.

In contrast, Simon and Sylvia perceived parental expectations as more supportive and geared toward the student meeting his or her self-derived potential or goals. In this way, parental expectations were congruent with the student identity of the participant and ultimately reinforced this aspect of identity work. Sylvia's mother encouraged her to go to college to honor the progress she had already made. She described her mother's stance as "You're going to do something and you're not going to vocational school because for the love of God we've gotten this far." This stance was congruent with Sylvia's

perception of her mother's expectations throughout her education. She said, "She would rather me fail and try my hardest than not try and get an A. Thankfully, that's her mode of thinking and that's a good thing as far as I'm concerned." This was congruent with Sylvia's student identity that was not based upon any specific goal but rather on a perception of herself as a student who puts forth her best effort and perseveres. Simon, who described his experience with school personnel as far more positive than Sylvia had, described his mother as supportive but as leaving him in charge of goal development and attainment. He explained:

> My mom's never really tried to make me take AP classes. She was never was the kind of person who expects me to come home with an A otherwise you're grounded kind of deal. She was like you do what you want. I've just done that and I've been successful and I hope I will continue to go that way.

Although Simon had more concrete goals than Sylvia for higher education, he also described his mother's unconditional acceptance as fostering his own student identity development. Thomas, on the other hand, admittedly struggled with incorporating his parents' high expectations into his experience. In his interview, he shared:

> I guess another positive in this whole thing is my parents set very high expectations for good performance so at the very least I can say that I'm proud of what I'm doing academically... That's kind of had a negative influence on things too in a certain way. Like, there's constant worry of disappointing them. In a way I feel that detracts from the experience, too.

As a result, Thomas' student identity carried great importance as he entered higher education, influenced not only by his own expectations but those of his parents.

School personnel. School personnel had expectations in regard to current academics as well as the student's future academic potential or environment, which most notably also influenced participants' student identity development.

All of the students at the private special education high school reported low academic expectations within the high school environment, which affected student identity, the necessity of developing self-advocacy skills, and accurate perceptions of reasonable accommodations within higher education. One participant described homework at the private special education high school as "almost nonexistent" and noted the negative consequences, stating, "This is critical. I mean, like if you don't have that discipline to do work every night it's going to kill you. So many little things like that leave you so ill-prepared." Another graduate of a private special education high school also noted this and said, "If you say you're having a bad day and you don't do your homework for six weeks, they don't fail you because you're going through something." Like the previously mentioned participant, this participant noted the longer-term negative effects, observing that "most kids don't realize that when you get out of (private special education high school) the real world will not send you to the therapy waiting room."

However, several students from private special education high schools encountered specific professionals within the school who held higher expectations for their performance at that time and pushed them to reexamine their student identity and attempts at self-advocacy. Specifically, one student's principal was cited as a source of encouragement, as this professional "basically told me I need to get off my ass and do something." In the same way, another participant reported that the academic expectations for students were mixed and varied by teacher:

We had the teachers who would just baby everyone and then there were the teachers who would grade you against yourself, really encourage you to find personal motivation to define challenges. It's sad to say that the latter teacher was not the more prevalent archetype but oh well.

Yet another participant from this type of school setting was similarly challenged by select individuals within the school and recalled their encouraging the student to develop self-advocacy skills as particularly important. As this participant explained, "The principal of (private special education high school) and my teacher, that's all they would ever say. It's all advocacy." Another participant also cited one teacher's high but realistic expectations as key to constructing accurate expectations for college work, which in turn positively influenced student identity when able to meet high expectations. This participant commented, "It was blood, sweat, and tears in this class for me. If it wasn't for her class I would never have been prepared for college…If you weren't hacking it, she had no problem failing you."

For students in public schools, they too experienced both low and high academic expectations from teachers that influenced student identity and development of self-advocacy skills. Like peers at private special education high schools, one participant from a public high school benefited from one teacher's high expectations and reported learning, "You're not going to get teachers coming to you like remember you have a paper due next week. It's like once you're told when to have something done, you're not going to be reminded." As a result, this participant identified the importance of developing appropriate study and time management skills for college success. Another participant reported that he continued to be held to high standards at a "highly-ranked

public school" even after diagnosis of a psychiatric disability and remarked, "They didn't give me like extra treatment like 'Oh, you get an easy A' kind of thing. I had the same grades as everyone else but they'd just be more understanding if I can't turn something in that day." As a result, the impact of the disability was considered but overall, high expectations were still communicated to the student. This experience was mixed, however, since a couple of teachers were inflexible with deadlines due to their unchanged, high standards. This participant reflected, "Maybe they had their own personal beliefs about me, didn't think I needed any help. Maybe they were trying to help me but really they weren't really at all." Overall, this experience allowed the student to maintain a positive disability and student identity during this time.

Participants also described school personnel as communicating both low and high expectations for their higher education prospects, which also clearly impacted student identity and self-advocacy skill development. The effects of these communications on students also varied, with some students finding them motivating and others as a form of pressure.

All but one student from a private special education high school reported that high school personnel communicated an expectation that they pursue postsecondary education. As discussed in the previous section on involvement of school personnel, the college search did not usually include competitive schools or those at a great geographical distance. This resulted in students also taking a more passive role in the search process that did not expand the scope of the schools. However, as one participant from a private special education high school explained, students generally believed that the school personnel were encouraging of the goal of higher education. For the one participant from

this school type who reported encountering low expectations about her college prospects, these were also accompanied by the low involvement of district and private special education schools in the transition process. Within this private special education high school, the participant recounted a practice by the staff that students weren't supposed to be aware of but was in fact widely known:

> It's a terrible thing to say but all of our teachers in high school have an unofficial poll of who's going to die, who's going to actually make it, who's going to OD, who's going to get pregnant, who's going to do this.

These low expectations angered this student and were a motivator for proving them wrong. Parental support and expectations countered them and facilitated a strong student identity and participation in advocacy efforts (e.g., conducting own college search based on personal needs).

In general, students from public schools also felt that school personnel supported the idea of higher education, including two-year or four-year options. One participant felt that a track record of strong academic achievement led teachers to have high expectations that did not necessarily match with what was best overall for the student. These expectations also carried with them stigmatizing messages about certain educational choices that later negatively impacted student identity:

> It was like if you go to county college for two years and transfer to a four year school that's cheating, like, that's not a real degree, like that kind of pressure is put on you... And ... some teachers are better than others, too. But I did have a lot of teachers that were (saying) that you're going to do this. This is how it is. So if you don't want to go to college, forget it. You're a loser.

Peers. Participants encountered both low and high expectations from their peers about attending higher education at all and how active participants should be in the process of transitioning to higher education (e.g., applying to college). In discussing his substance abuse issues during high school and the influence of his peers, Mark explained:

> A lot of the people I used to hang out with were into drinking, smoking, drugs, stuff like that so they didn't, uh, they didn't really have a good influence on me as far as like "okay let's go educate ourselves, let's go get a degree to become someone or have something to show for it," so that had a negative influence on me.

These relationships did not promote Mark's student identity (striving toward becoming a college student) and also did not promote related self-advocacy skills. Sarah noted that she was exposed to negative influences from her peers outside of the classroom in the form of alcohol and drug use, observing "I would still hang out with people that I probably shouldn't have had and, you know, being exposed to drugs and drinking and that sort of thing." However, she was also exposed to the high expectations of her classmates within her AP classes. The latter, combined with the efforts of her parents to see her engage in higher education, ultimately allowed her to maintain a strong student identity as she finished high school. Thomas had yet another experience, finding that although his classmates may have expected to attend college, they did not necessarily expect that they should take an active role in that process: "The attitude of a lot of student was very nonchalant and that's kind of contagious. I was kind of an exception in that I did worry about it and consider it." His strong student identity motivated him to engage in self-advocacy behavior that would reinforce it (e.g., applying to college, looking for

scholarships). The lack of tangible parental support in the search process also necessitated the development of self-advocacy skills. These self-initiated efforts underscored how important his student identity was to him. Kate and Annie, however, found that former classmates who were already attending college as well as other friends communicated high expectations about participants' involvement in attending a higher education institution. Annie, who had earlier "partied too much during high school," found that her older friend's encouragement served as an important factor in helping her with the process. This friend's sending information was not only a practical involvement but conveyed high expectations about the student's ability to engage in higher education. Kate reported that the sharing of expectations - including those for life beyond college- was an important factor in fostering her own.

Context

Within the current grounded theory model, participants described the transition process as taking place within a context of *Illness Status*, *Giving* and *Anchors*. As they enter the higher education environment, the experiences of giving to others through service and drawing upon the supports of their permanent support base reinforce their sense of themselves as an active participant in the transition process. Additionally, these same experiences exerted influence on the action/interaction strategies they chose within the higher education environment, which will be discussed later in this chapter.

Illness Status

Participants in the current study reported that predictability and manageability of their psychiatric disability were important factors in how they experienced their illness

and integrated it into their disability identity. Several participants reported that their symptoms were predictable and not particularly intrusive. However, other participants reported that their symptoms were more spontaneous and impacted their social or academic functioning. For example, Kate and Annie both recounted experiences of panic attacks or social anxiety that necessitated them removing themselves from their classroom environments. Several of the participants were able to identify substance use/abuse as a trigger for their symptoms and Sarah and Annie observed that their symptom acuity increased following physical illnesses or seasonal changes. Even in light of being able to sometimes predict symptoms, their management was perceived as more difficult. Kate and Sarah both experienced a rare but serious side effect to a mood stabilizer that necessitated its immediate discontinuation. Kate subsequently described feeling as if medications did not help her and did not further advocate for herself in this area while Sarah described the frustration that accompanied continuing to try to find the right medication. In explaining the process of multiple trials of medication, she stated, "The Lamictal really helped and the Abilify helped for about two weeks and then it stopped." Her experiences with medication also included regular medical monitoring and dietary restrictions.

Giving

The majority of participants raised the importance of giving to others as reinforcing a positive identity, specifically in allowing them to place their disability identity in perspective by clarifying their strengths and abilities as well as impacting their student identity and self-advocacy skills. Opportunities for giving took place within the

higher education environment as well as through outside agencies or religious affiliations. Sylvia described the power of being able to give back to another peer with a disability at her college:

> I got the opportunity through the (disability services) department to take notes for her and be able to help her out and so on and so forth. It was beautiful because first it helped me with my classes. I had to stay on top of it not just for me but for her. I had to make sure that I had those notes done by the end of the day not just for me but for her.

The benefits extended beyond helping Sylvia with her own academics by strengthening her view of herself as a student, encouraging the growth of her own self-advocacy skills and providing her with a sense of perspective on her own disability.

> It was 'You're not the only one who has shit to deal with, kid. You can still see and you're you know, as far as it goes as of now you've still got your sight and you don't have MS and you know, stop complaining.' It could be worse, it could be worse, it could be worse. It was a blessing, it really was.

Finally, Sylvia saw service to her peer as providing her with a sense of belonging within the disability and larger student community:

> And then there's the camaraderie and we're not in this alone. Someone else is out there and there's another alcoholic or kid with LD, whatever, you know, trying to get through it. It's not a big, scary world like you think it is and you're not just in it alone and you're not the only one that has to deal with things and you're not the only person that's had a bad day and couldn't pass a test or something. That was a wonderful, wonderful experience.

Mark spoke similarly about his involvement in his campus' community service organization that serves the nearby community:

> Getting involved with that, it helped me develop another perspective on life almost. Kind of jumping back into reality and in doing the good, it's like okay, I wasn't in reality for so long getting high, you know, so now I'm back in reality and I'm like wow, these people have it so tough and have to come so far and work so hard to get anywhere near where I'm at. In other words, I have my parents who aren't divorced thank God and I got a household and my dad makes enough money to sort of put food on the table and a little more and I'm like okay, I've got all this stuff. I shouldn't take it for granted and it gives me a drive to not only serve but learn, you know?

Elaborating more on this drive, he said, "So I have so much going for me. I have so much with me, I'm going to throw it away if I don't pull it together so this was another drive that helped me with the whole college thing." As a result, his student identity was strengthened as were strategies such as engaging with positive social supports and developing study skills. John, who was one of three participants to report community service involvement before entering college, reported that his involvement with his campus' disability support program also provided him with an opportunity to give back to other students. He described their club as, "We have student leaders and we pretty much we'll run the club and we'll go to high schools and pretty much talk about what we're doing now to better inform them as far as learning disabilities going into college." Although he identified primarily as a student with a learning disability within this club, he also reported benefits that are not disability-specific such as, "When I came here

through orientation, I had them help me. Now it's the flip side and I can help other students." For John, being in the role of a student leader who can help prepare other students for the transition to higher education continued to reinforce his identity as an active agent in his own transition by encouraging a positive student identity and self-advocacy skills. Also reinforcing his identity was a desire to serve as a role model to others within his own family. He explained:

> My nephew's three years old and I want to show him like when he gets older and is able to understand like what school is that what I had to go through, that if I can do it and get my masters or whatever in education, he can do it. So I want to be a role model to him. He's just...seeing him grow up has helped me.

For Sarah, her experiences as a volunteer EMT had a lasting influence on her even though she needed to let certifications lapse due to her disability (she was unable to continue when her symptoms were at their worst). Specifically, they provided her with a lasting sense of being useful (which helped revise her disability identity) and reinforced a vocational identity. According to Sarah:

> I wasn't able to keep up with that kind of stuff but definitely helping people makes me feel better about myself in a certain way. Especially like the elderly, they are so grateful if you do the littlest thing. And I think you both get something from it.

Mark and Thomas also reported that their churches provided opportunities for service. As Thomas explained, "My church is always doing stuff. I like to help out." Earlier, under *Involvement,* he described how his involvement in his church enables him to have an overarching direction in his life, which also influences his identity.

Anchors

Using the term supplied by Simon, *Anchors* are the social supports that participants relied on to help them in their tasks of serving as active agents in the transition process. Participants looked to these figures as sources of security and emotional reassurance as they engaged in identity work, self-advocacy efforts, and decisions about strategies to implement in higher education. In this way, they also encouraged students to engage in developmental tasks such as asserting independence while also seeking interdependence. As Simon aptly stated, "Just being able to talk to people really just keeps me stable. Just knowing that I have something to fall back on." At the same time, these supports assisted students in the action/intervention strategies chosen. These *Anchors* are comprised of off-campus and on-campus social supports. The former are retained from the student's previous social network during high school as well as incorporated from new networks the student is exposed to early in their higher education experience. The latter are comprised of social supports found within the higher education environment, often through passive means (e.g., student's assigned teacher or advisor) that then evolve into supports the client actively chooses to incorporate into his or her ongoing social network.

Off-campus team. Participants in this study described their off-campus support networks as ranging from small to vast; adequate to inadequate; and long-standing to relatively new. The term "team" was specifically adopted from Sylvia's description of her social network. Students also varied in their reliance on these networks for assistance in their role as an active agent in the transition process. Thomas described few off-

campus social supports in the form of close relationships with family or friends but cited his involvement in the church as providing a powerful influence. He maintained his earlier involvement in his church upon entering higher education and considered it a very meaningful anchor in many ways, both for life direction and to abstain from engaging in negative behavior (instead developing and maintaining effective strategies in higher education). He stated:

> I guess certainly one of the biggest positives in my transition is faith. Like, I guess I've stayed off of any kind of drugs and any kind of alcohol with the exception of cigarettes. I like to…my church is always doing stuff. I like to help out. It really keeps you on track in a lot more ways than just giving you something to do. So even if my life doesn't have exactly a specific direction in terms of job et cetera at least I have this overarching direction of really where to go and what to do in life.

Mark's involvement in his faith and church, which began toward the end of high school, deepened during his time in college and also enhanced his growing repertoire of effective strategies to use in higher education. He explained, "I tried to engulf myself in the word of God, which definitely, it replaces every desire to do wrong." For Mark, the church also supplied him with role models that fostered his vocational identity and also an identity that fit with his vision of himself as healthy (disability identity):

> There are people that do the same thing I'm doing as far as major goes. Students, and then there's people who have already graduated but they're really down to earth. They'll come down and you know, hey, the one guy's a (job title) and I'm just beginning in (field), you know. He's head of a team, making all kind of crazy money and comes out healthy, you know?

Although he was not seeking the support of a therapist at the time of entering college, Mark still found ways to have the needs for self-examination and support in this area met. For him, confession met this purpose, as he explained, "The priest, you know, we have this thing called confession and you sort of sit down and put all of the problems on the table and discuss what's going on and how you can grow spiritually." This practice enhanced his use of self-help strategies such as identifying early triggers and effective ways of coping. Mark's spiritual and vocational needs were met by his current off-campus supports but he described continuing to struggle to find adequate social support with his peers; he continued to be drawn to these "undesirable people" "on the fringe" with whom he has associated since he was 12 years old.

Three female participants described their off-campus therapists as having been incorporated into their off-campus support team. Sarah described a process of searching for a good therapeutic fit during college and, once having settled into a trusting therapeutic relationship, being able to benefit from therapy. She presently drives a longer distance to see her therapist (to whom she was referred from her inpatient hospitalization) but believed it was worth the travel time for the support in managing her disability, which in turn supports the disability identity and self-help skills she has developed. Sarah was also the only participant to mention the use of a formal support group, in her case for individuals with bipolar disorder. This served as both a therapeutic and social support. Jane had the unique experience of having a therapist who traveled to her, acting as a bridge between home and school. Her therapist also serves as an important bridge between Jane and her family, attempting to increase the familial social support for this participant, who described earlier difficulties with her family as continuing during her

college experience. During her first semester of college, her previous off-campus therapist arranged to meet with Jane on-campus to continue their work together. This continuity has been important to Jane, as she explained, "I've been seeing her since my hospitalization, my first one which was in April of my eighth grade year....I see her and that helps me. Once a week usually. Sometimes it's once every other week but yeah. And then when I go home, like, we'll meet with my family. We have a lot of issues." This ongoing relationship also fostered Jane's previous self-advocacy skills from her high school environment and self-help strategies that she sought to apply in her new setting. Sylvia also noted her therapist's role in her off-campus support network and cited her tough-love approach to keeping Sylvia honest with herself and as an active advocate in maintaining her recovery identity:

> She's known me for so long that there's certain times she can look at me and say 'You're full of shit. Shut the fuck up and stop lying to yourself.' She's met most people that have been important in my life. She knows all of these people; she's seen all of these weird morphings of me. So, you know, when you have someone that can sit there and look at you and say 'You're full of crap. Shut up. You know, to stop lying to yourself. I don't even care that you're lying to me. Stop lying to yourself.'

As she summarized, "Someone who basically knows you better than your own parents know you is an interesting person to have on your team." Sylvia's involvement in her 12-Step Program, specifically her relationship with her sponsor, was an additional ongoing therapeutic support for her that emphasized the importance of her advocating for

herself. With her sponsor's help, Sylvia acknowledged that she's had to confront issues

and aspects of herself she had been running from as an alcoholic. Sylvia explained:

> I don't talk to my sponsor every day nor do I talk to her every week but God
>
> knows that if I ever feel like picking up I can call her and she won't be like
>
> 'Where the fuck have you been.' She's part of the safety network, the whole ring
>
> around, the people that, you know, get an invitation if something went down.

Participants also cited off-campus friends or romantic partners as important

influences on their being active agents in the transition process or impacting their

action/interaction strategies within the higher education environment. As mentioned

earlier in this section, some participants described inadequate current social supports off-

campus, both in quantity or in quality. However, Sylvia pointed out the importance of

quality over quantity when she described her peer support network as, "Basically, the

inner circle. The boyfriend, the best friend, and occasionally the best guy friend and

that's usually how it goes down." Her long-term boyfriend proved to an integral member

of the inner circle, providing important assurance and stability (for emotional

reassurance) as she attempted to advocate for herself in a new situation that at times

challenged her existing student and disability identities. She elaborated, "It was also nice

to know that I'm not the only one who is terrified. He's older than I am and he's still

scared and everyone's scared and it's okay." Simon did not mention retaining many

friends from home but did name his long-term, long-distance girlfriend as an integral

support as he chooses strategies (academic decisions, social involvement) and revises his

student and developmental identity (creating new relationships and opportunities for

interdependence):

She lives in (home state) and I think she's really helped me be stable. Emotionally just helped me a lot, helped me through things. I mean, sure we have arguments like every relationship but I think she's helped me a lot through my transition. She gives me an anchor to hold onto but I also have freedom to do things here. I always know that I have her back at home.

Still other participants such as Kate described having many long-term, off-campus peer supports but that they did not provide the quality she desired, making developmental needs for intimacy and interdependence especially salient. She attributed this not to their relationship but to the many demands they all needed to address, surmising:

All my other friends were so busy with college that it was yeah… Not that I didn't want to but like I didn't really have a chance because they were all like 'Oh, I'm doing this project' or 'Oh, I have to do this for (x) class and I forgot that I have to write….'

Jane's experience was unique in that she considered herself to have a vast and rich off-campus peer support group comprised of a few childhood friends and many of her high school classmates who lived near her new college where she resides. At the same time, she also expressed concern that her reliance on this latter group may be holding her back from social involvement in her new environment and that the availability of this group (most of whom are still in high school) will change next year (as they head off to college themselves). For her, the current intimacy and interdependence she enjoyed in her relationships led to a safety that precluded taking more social risks of engaging with her new environment. This situation led to inhibited movement in developmental tasks as well as limited social engagement at her institution. She reflected, "But adjusting it's

helped me and hurt me having friends here (at home) because I haven't been as social here as I could have been."

Fewer than half of participants mentioned maintaining relationships with school personnel from their secondary schools. Kate, the only female participant to mention remaining in touch with a former teacher, described looking to him for emotional support and validation of her further establishing her identity as a student and as one with a psychiatric disability. She described checking in with him about her academic progress as well as when to seek help and how to go about doing so. At times, he also acted as an important reference point within which to frame her experiences. Although helpful and sometimes promoting self-advocacy, at other times this reliance inhibited her seeking support from campus resources or examining her own resources. She reported:

> I talked to (former high school teacher) a lot actually about, you know, what was going on and everything and he was, he didn't necessarily say like life-changing things like 'Oh, you know, this is how it is and this is how you're feeling' but he could at least make me laugh and be like 'Cheer up. It's okay. It's not the end of the world.'

Simon described his ongoing contact with his high school teacher as quite different. He sought his former economics teacher's support in helping him clarify his vocational identity and in making related choices within his new school environment (e.g., selecting major and classes).

Participants varied in their continued reliance on family members for support during the transition process. Kate, who characterized family relationships as good, described utilizing the practical support of her family for help with many academic and

campus support decisions (action/interaction strategies) but not wanting to rely on them emotionally as she moved toward a move independent identity. In addition to not wanting to exacerbate her mother's own anxiety, she explained, "I'm not that comfortable talking to my parents about something personal that I'm feeling...I don't want to be a complete open book around them- it makes me feel vulnerable." She mused that this might be a "teenager thing". Jane, who by contrast did not characterize her family relationships as close, also spoke about her dilemma of needing to rely on her family for more practical support (e.g., scheduling assistance) while also wanting to move toward a more independent identity.

In contrast, several participants reported that their family's emotional support continues to bolster their identity as an active agent in the transition process. Simon described talking to both his mother and father frequently. He explained the importance of their support:

> I wouldn't just go drop out of college and move back home but knowing that I do have a place to stay, that I don't have any trouble with my parents. I know a lot of kids probably go through, they get kicked out of the house multiple times when they're young and I never experienced that. Never happened. I don't think they would have done that to me...I am sure if there was no one there to talk to, I would probably be in the same state I was in during high school, as I felt like there was no one to go to.

For Simon, this emotional support facilitated his increased autonomy in decision-making and self-disclosure as compared to his experiences before college. Annie, who described her transition as more difficult than Simon did, regularly sought her mother's support

when determining how to advocate for herself within her new environment. When asked who or what was helpful during her time in higher education, her first response was, "Oh my God. My mother. Because I called her every night and cried." This represented a shift for Annie, who had previously considered herself to act quite independently (e.g., choosing art school despite others' objections). For Sarah, the collaboration with her parents changed across time and the needs dictated by her illness' current status (e.g., needing more support when symptoms were more severe and negative) and assisted her in developing her self-advocacy skills and other strategies within higher education. Recalling her first year of college, she shared:

> Thank God I had… my family who was able to direct me to say 'Okay we need to go to this or that' ….Well, I really have to thank my family for really advocating for me when I wasn't able to advocate.

With their support and other supports, she stated, "Now I'm able to do that. Back then I wasn't able to do that and they kind of stepped in."

On-campus team. Participants also varied in who they incorporated into their on-campus team. These included peers as well as specific faculty and administrators. Like their off-campus counterparts, these individuals served as important supports that influenced the student's identity as active agent in the transition as well as specific action/interaction strategies they implemented within the larger higher education environment. Participants' on-campus support teams also ranged in size and adequacy.

Peers incorporated into the on-campus team included classmates and roommates that the student typically encountered by shared circumstances or participation.

Interviews revealed that the social experiences (and opportunities) of commuter and resident students differed, and thus will be discussed separately.

Annie reported difficulty establishing close peer relationships on campus but did manage to establish a couple of meaningful friendships that provided quality social support. She explained, "I met a couple of people at school who were very helpful and gave me safe haven." Although Jane considered her off-campus friends her primary social support team, she had begun to establish some campus-based relationships at the time of her interview. She reported, "I know a ton of people, like acquaintances, though. My roommate and I get along and I get along with her boyfriend and I have one good friend that lives in my dorm and is in my classes." She later went on to describe her roommate as having become her best friend on campus.

Participants varied on their perceptions of their roommates but all cited them as influencing their college transition, both positively and negatively. For example, Sarah and Annie described living with their first roommates as a negative experience. Sarah recalled that the stressor of roommate problems precipitated an increase in her symptoms. She also recounted that her earliest attempts at resolving issues with her roommate were not successful or positively reinforced. The other two resident participants described their roommates as positive social supports and Annie also went on to have a positive relationship with her second roommate. For example, Kate reported:

> It was a really good match and…out of all my friends there I could probably talk to her the longest and the most…and we liked the same things and everything so it was good. Like, I remember actually one night, I don't even know what it was but I just started like crying and stuff and she just kind of like crawled into bed

and was like 'It's okay. Don't worry.' so...I would do the same thing with her if she was like feeling really, really rotten so...

Simon, the male resident student included in this study, also found that his assigned roommates turned into social supports he retained as he continued in college. He said, "All my roommates, just they're great. We have a great time. We have fun on the weekends. We go to the football games, we go crazy. It's just fun."

The five commuter students participating in this study were split in their perceptions of both the quality and quantity of their on-campus social supports with peers. The two were not necessarily positively correlated. For example, Sylvia was the most notable commuter participant who cited few on-campus peer supports but this was through her own choice (to be discussed later) and was not problematic for her. Sarah did not mention any significant on-campus relationships with peers but did not report this as positive or negative. Thomas noted that he did not have many relationships with on-campus students, noting that he found the social cliques difficult to break into, which left his developmental needs for intimacy and interdependence somewhat unmet. Of the three commuter students who described small social networks on campus, he reported the most dissatisfaction with his situation. The other two commuter students were able to secure what they described as adequate social supports on campus. For example, John reported reconnecting with students from his high school who graduated before him and were now attending the same community college and establishing friendships in his disability support program. He described it as an advantage to have "friends going through the same thing" who could model self-advocacy behaviors for him and provide positive feedback for his own self-disclosure. Mark spoke at length about the importance of his

on-campus social support network, which for him grew out of his involvement with his campus' community service organization (which he initially joined at his sisters' advice). Explaining its importance to his transition, he stated:

> I never knew anything existing like it but without it I don't know if I would still be in school. Seriously. That powerful. I mean, yeah, you know, the word of God is what will enable anything but getting down to helping myself- like God helps those who help themselves, so it says in the Bible - getting into this club is awesome. It couldn't have done better for me.

From his involvement, Mark had the opportunity to meet like-minded peers who proved a positive influence for his student identity and development of self-advocacy skills, in contrast to the negative influence of his off-campus peers.

Resident and commuter participants also incorporated professors and other staff from their colleges and universities into their more permanent support network. Sylvia and Mark both mentioned finding particularly influential professors that they looked to for ongoing support as they engaged in action/interaction strategies. For Mark, his advisor from the campus community service organization evolved into a mentor who helped him learn how to effectively make academic decisions. He explained, "He was like, look, this is what they're looking for, this is what you gotta write, and not dancing outside of the policy but just giving me insight into how things are conducted." He added, "The personal relationships with the professors and asking them how do things really work, they get to you on that personal level not just that sort of academic level, if that makes any sense." For Sarah, she not only found a sense of safety within her academic department but a place where her self-disclosure was reinforced by supported

referrals to other campus resources. She explained, "I did a lot of work study at the college of (academic major) and the secretary there and the friends that I made there were so great. You know, the professors there and stuff like that." She went on to say, "I can't remember her name but she was one of the administrators in the (academic major) program. I mean, I think they helped me, pointed me in the right direction." This included referring Sarah to her campus counseling center, which proved critical to Sarah receiving the necessary therapeutic support she needed when her symptoms intensified. In addition to some supportive professors, Sylvia also counted the librarians in her college's library as providing her with a sense of security and also encouraging her identity as a student. She explained:

> I have the library. It's my library. The librarians know me. Um, we have a very good working relationship. I got a staff computer...you know, and so I've got an in there... It's nice having you know a place all my own to...most kids don't spend time in the library like I do and that's now 25 hours a week so.

Mark also viewed the collective staff of his campus' disability support center as important support for his identity as a student. He explained:

> They have a special computer lab for the people with disabilities. There's a couple of different faculty members in there that not only do counseling but do tutoring free of charge. You know, they've got like a trip every year. It's an awesome, awesome feature of the college.

These individuals all helped Mark select the academic and social strategies that became integral to his college success. He described:

I know a lot of different people and professors and stuff like that helped me to choose the classes, get help if I needed it, um, sort of build a social life on campus at a community college, which is relatively hard.

Intervening Conditions

The intervening conditions in this study include *Stigma* and *Perception of Campus Supports*. The latter is comprised of perceptions of availability, accessibility, flexibility, personalization, and trustworthiness. These broad, more general intervening conditions bear upon the *Student as Active Agent* and also influence the action/interaction strategies he or she uses.

Stigma

Two-thirds of the participants in this study raised the issue of stigma within the higher education environment and also pointed to the connection between stigma and self-disclosure decisions. Some participants were concerned about how stigma related to mental illnesses could influence their possible career goals. For example, Thomas's self-disclosure decisions were influenced by his awareness of stigma. In describing why he opted not to self-disclose at his university, he stated:

For the most part I feel that's worked out very well because I think when you take a label like ED, there's a lot of profound consequences for it. Ultimately, I hope to serve in the military and I know that can potentially disqualify me.

Although she opted to self-disclose in the higher education setting, Sarah also expressed concern about how her mental illness will be received in the job market and anticipated future self-disclosure decisions. She shared:

> I mean, that's been a major question because like, you know, in the job market in the future, you know is that going to be held against me? Yeah, okay, you're not allowed to discriminate it's supposed to be medical but you know, when it's going, if it's going to be that big of a part of your life you know there's people around I think who have to know. Otherwise, they'll think I'm on drugs or something.

Sarah was also aware of stigma she encountered with her peers, stating, "unfortunately a lot of people my age don't understand mental health or taking medication or any of that kind of stuff." Annie specifically referred to the stigma that individuals with mental illness are objects of pity and how this influences her decisions to self-disclose. She stated:

> I've met people at college who and this may be an art school thing but go on about how they are so misunderstood and depressed and they take psychiatric medication. Therefore everybody should pity them... I don't want to be one of those people because they annoy me.

Other students with multiple disabilities found that the stigma attached to one of their diagnoses or disabilities was more salient. For example, Sylvia spoke about the stigma attached to alcoholism, stating, "I have of course run into people who are like 'But you're not a bum. You don't look like an alcoholic.' You know, so there is still some stigma attached to it." Another participant cited stigma from faculty, again disability-specific.

Jane reported that her English professor held such beliefs, recounting, "He told me he didn't believe it, like he told the class…'Oh, that's shenanigans' or whatever."

In general, participants reported an awareness of stigma related to mental illness within the higher education environment and larger society. As Mark put it:

> People look down at you, you know? Just like, it's like that with anything, though. People are always going to stereotype…No matter how perfect this world gets, you're still going to have to stereotype. You're still going to have to look at people and make a judgment call with what you know but if you don't know you can't judge based upon that variable. You don't really know what's there so you can't get a perspective on it.

Perception of Campus Supports

Participants described a broad sense of the degree of support from on-campus resources. These general perceptions influenced action/interaction strategies related to self-disclosure and strategies related to using campus supports. In turn, as will be further illustrated under action/interaction strategies, the experiences students have with campus personnel when engaging in self-disclosure or other strategies influence their ongoing perceptions of campus supports and future decisions to engage with them. A discussion of characteristics of availability, accessibility, flexibility, personalization, and trustworthiness (as well as the variations participants perceived related to these characteristics) follows.

Availability. Four participants commented on their perceptions of the availability

of campus supports. In the current study, availability refers to the visibility of supports

and subsequent perceptions of whether or not the supports are offered on campus. These

perceptions ranged from not available to available and also varied by specific service.

Mark reported that he was very aware of some services at his university but not as aware

of others. Regarding the latter, he reported, "I didn't know until this year that they had

tutoring for the students with disabilities." However, he was very aware of other services

such as the disability support program (introduced to him by high school personnel) and

counseling services. Sarah also reported being aware of disability support services,

stating, "As far as on the website or in the catalog, you know, that's definitely

highlighted." She also recalled being aware of counseling and other support services at

her previous institution, explaining that information about them was incorporated into

college introduction courses for first-year students. When some students discussed their

perceptions of campus supports, they pointed out their perceptions of the transition

programs or services (both for students in general as well as those with disabilities)

offered by their higher education institutions. These programs (or lack thereof) formed

students' earliest perceptions of campus supports. For example, Kate, who also reported

that her IEP meetings did not include information about ADA and services on campus,

recollected that the only disability-related outreach from her intended institution prior to

her arrival was a letter about ADA in the acceptance packet. She reflected, "Well, I wish

that there was, you know, maybe the college would have done a little more work than

saying 'Hey, if you need…'" John described his college's specific orientation program

for students with disabilities as more positive and conveying an available climate. This

program included staff, faculty, and students. He said, "I had to go for a two-day orientation and they help you out. Like, they would take you from…they had you bring your schedule and took you from building to building to find where your classes are, down to the rooms. Even if you weren't going to go past them, 'It's in this hallway, three doors down on the right.' So that was kind of easy."

Accessibility. Participants also varied in their initial perceptions of the accessibility of supports in higher education. In this current study, accessibility refers to student perceptions of how open and receptive campus supports are to interacting with and assisting students. Participants used the term to refer to both the physical and emotional accessibility of supports. Many participants also had mixed experiences with different offices or personnel, resulting in equally mixed perceptions about accessibility. Multiple participants discussed the accessibility of their professors. Kate recounted the negative experience of receiving what she perceived as mixed messages from one professor, stating:

> Like my English teacher would be 'accessible' but she wouldn't be really emotionally and everything else accessible. Uh, she would listen to you and be like 'Okay, okay. I understand but you have to get this in or you fail.'

Simon also reflected, "It seems like a lot of professors are really stuck up. I mean, all of them could be a lot more helpful. Like if you have a question on the homework they are not always willing to help." The majority of participants who discussed the accessibility of professors described positive interactions where professors conveyed approachability or accessibility. Illustrating the mixed experiences of some students, Kate also had

professors who appeared more accessible and trustworthy (to be further discussed later in this section). Referring to one of her instructors, she said, "She talked to me. She's like 'Anything you need, just let me know.' And she followed through with that. If I was feeling really stressed with something she'd be like 'Don't worry about it.'" Sarah described typically encountering accessible professors although her one professor especially stood out for her. She stated, "As far as like if I needed extra time as far as tests and stuff like that he was really approachable. Like I could always email him, he would get back to me." Jane described how her early impressions of her professor influenced her later decisions about using college supports:

> One of my math lab teachers, I see her once a week and she's like 'If you need anything' because I asked her about tutoring. She seemed a little bit more approachable than the lecture teacher so she brought me to the office and showed me the book. I didn't sign up then but I eventually did. But she showed me where that was and was very understanding. I think it helps them to get to know your name better.

Some participants also described the accessibility of campus disability support personnel. Overall, they described finding the offices accessible. John, who became aware of this office while still in high school, described the disability support staff as open to student interaction, including outside of scheduled appointments. Kate agreed that staff were accessible and found that her first impressions of the campus disability coordinator gave way to what felt like a collaborative relationship based on her needs (personalization). She explained:

She scared me a little bit at first because she's such a tough lady and she's like 'Go on medication' and I'm like 'No, it won't work. No, that doesn't work.' But I think she understood at least and she's like 'We'll outline this and if you have to go on medical leave.' She wasn't being mean about it…I mean, I know it's the real world and not everybody's going to be nice but you don't have to be a dick, let's face it.

However, Sylvia pointed out that this accessibility generally differed from what was found in the high school environment and required more self-advocacy on her part. She explained, "In the (disability services) department, there's people around but you need to track them down and talk to them and (disability coordinator) isn't going to call you and ask you if you want this accommodation or harass you constantly."

Three participants mentioned perceiving their campus counseling centers as accessible, including one participant who did not use these services. Sarah and Kate, who later used the services, perceived them as having an easy means of entry and continued use. Kate observed, "If I was really having a ridiculously bad time, I could always, you know, go there. It was always…accessible." Thomas, who has not used the counseling services offered, still perceived them as accessible, stating, "I believe the counseling center said that if I ever needed to go to them for any reason whatsoever I could."

Flexibility. Participants varied in their early perceptions of the degree of flexibility offered by different potential campus supports. Several participants discussed feeling as if university policies in general (e.g., residency and financial aid requirements)

were inflexible for students with disabilities. Kate wondered if increased flexibility would have allowed her to remain as a resident student, stating:

> If I could have done part time and lived there, something like that. That's another thing that I hate. I hate when they're like 'Well, this rule means this. I'm sorry.' I mean, cut us a break. We're human beings. It's not even like it's Harvard or something.

Sarah also found herself frustrated by a climate of inflexibility when it came to trying to proactively plan her academics to accommodate her disability. As she explained, "Because then the whole financial aid situation, because you're not eligible for financial aid if you're just taking one class at a time." Annie, who spoke at length about her difficulties with Residence Life, recalled early perceptions of this office being impersonal (to be discussed in the next session) and rigid with deadlines, a policy that left her in her first room placement far longer than she desired. As she explained, "And they plopped me in the party dorm and they put me in a room with two cocaine addicts and they wouldn't get me out of there until second semester."

The flexibility afforded by the disability support services in higher education also contrasted with what students may have been accustomed to in the past. As Sylvia explained, "In college, things are a little different because there's not so much leeway with the (disability office) accommodation form."

Participants also perceived their professors as ranging from inflexible to flexible in their approach with students. Kate's experiences illustrated this range. She recalled her experiences with perceived inflexibility as:

Like 'Can I really just have some time on this or can we even work out

something?' and she's like, 'Yeah, I know how you feel. I'm really sorry. You

have to get this in by Monday so you can get at least half credit or else you fail.'

So it wasn't even like 'I'll give you full credit or I'll give you mostly the credit or

something.'

However, she explained that this was not the case with all professors, sharing one

professor's particularly helpful stance as, "'No problem. Don't worry about it.' It wasn't

like 'We're going to let you slide with everything' but there was a little bit of flexibility.

That was kind of helpful." It should be noted that it was not clear if these interactions

had occurred before or after Kate self-identified at her institution. Sylvia also pointed out

that professors had other ways of providing flexibility, stating, "She gave me extra credit

when she felt it was necessary."

Personalization. According to participants, campus climates varied in their sense

of personalization to individual student needs. This was conveyed by professors as well

as other professional staff within the environment. Mark, Sarah, and Sylvia shared their

one-on-one relationships with a professor that they found facilitated their identity as an

active agent in the transition and as an advocate for themselves. Mark's mentor,

described as one of his *Anchors*, influenced his perception of professors and their

receptiveness to relationships with students. He explained, "The personal relationships

with the professors and asking them how do things really work, they get to you on that

personal level not just that sort of academic level, if that makes any sense." In describing

what a more personalized relationship with a professor looks like, Sarah supplied,

"Understanding and not judgmental and even like the professor now, not just how are you doing in the class, how are you doing in general." Continuing to draw upon her own experience, she elaborated, "So I guess them taking that extra step. I guess it takes that extra-special type of person to do that." Sylvia also agreed on the importance of her professors knowing her outside of her role as student. As she explained it, this conveys mutual respect and also the importance of his or her multiple identities. She said:

> Most of my professors respect me and I respect them and they know me. We're on a first-name basis and there's not so much the professionalism as one would expect. There's a lot of my professors that I know about their families and we vote the same way and we talk so they basically make sure I passed no matter what because they respected me and they don't care what grades I got on a quiz or the first test.

When professors were flexible in their boundaries, other benefits occurred to the client such as feeling a sense of commonality and also being able to perceive the professor as a human, accessible role model. Sylvia's account of her relationships with several of her professors illustrates this:

> She was a diehard feminist. We're both card-carrying members of the NOW organization. Like, it was an in-group thing….She'd let me help her grade tests. I could talk to her about stuff and call her on her private number. I had a couple of professors like that where we shoot emails back and forth even though I'm not in their classes anymore and they know a little bit about me and I know a little bit about them. It's kind of like, don't tell anybody but I'm also in the same club as you are or whatever. There's some stupid essay we had to write for our English

class about the one thing that changed you and would you go back and fix it? I

wrote about getting sober and I…my professor wrote 'I'm also a friend of Bill' on

my paper and it was like 'Oh okay, just so you know. Don't tell anyone but I also

know Bill and Dr. Bob.' and it was an understanding and hey we have something

in common. Yeah, it was very human and it was very natural and it was beautiful

As a result, Sylvia's sense of herself as a student was bolstered as she continued her

overarching identity work (e.g., developmental identity, disability identity). However, as

described above under accessibility, some participants perceived some professors as less

interested in fostering a personalized environment for students. Kate recalled some

professors as not taking into account her requests for extensions on account of her

disability, including some requests she made directly to the professors before she had

formally self-identified at the institution and they were required to provide them.

Through their early interactions, participants developed various impressions of the

personalized nature of their higher education environments. Annie's initial negative

interactions with Residence Life colored future interactions. Recounting those first

impersonal interactions, she shared, "I asked for a quiet substance free dorm but I also

put down that I was a smoker because I am. And somehow I think they took smoker to

disregard the other part." Kate referred to her early interactions with her prospective

university as communicating a lack of personalization for students with disabilities or

first-year students in general. In addition to a lack of disability-specific literature in

acceptance materials and at orientation, she commented:

Well, like helping with scheduling and stuff. Just kind of academic, not even just

academic counseling but even maybe, I don't know, say with dorming. Maybe

putting the same groups of people together instead of, even the form that I filled out: 'Do you smoke? No. Do you drink? No. Do you stay up late? Yes.' And then they put me with all the loud people who drink and smoke anyway. It's not that smart.

Other students contended that their experiences with different offices (or individuals within them) conveyed a personalized climate. Similar to Sylvia's personalized relationship with her professor, John spoke about the importance of disability support personnel establishing a personalized relationship with students. He provided:

So you get friendly with them and you get to know them on a personal level and so you can go to them with like 'Oh, I'm having a really cruddy day today. What do I do or can you give me advice?' So I think by having them it's kind of powerful.

Sarah also expressed the importance of these personal relationships with personnel, who later proved critical in pointing her in the right direction for psychological help. She reported:

I was in the work study program and I was aiming toward (academic major) and that's why I had my work study with the (academic major) and I mean I did put a lot of hours so they knew me more on a personal level.

Trustworthiness. Participants also looked to the higher education environment to be trustworthy, with mixed results. Annie perceived that she could not trust Residence Life staff to protect her from a difficult living situation. She explained, "A lot of my possessions went missing and somehow (art school) didn't think this was a problem."

Much like John was the only student to encounter a teacher breaching his confidentiality during high school, Sylvia was the only participant to report a college professor doing so. In her case, her math professor read her accommodation sheet out loud in front of her class as well as background information about her medication. The response of other professors and professionals provided her with further information about whom she could trust:

> Thankfully it was one teacher in one class. And every other professor I talked to about it said 'That's fucked up. That's so messed up and that's not what should go down and we're sorry. If we get asked by the head of the college what kind of student are you, we're going to sit there and say she's not the kind of kid who would lie about something like this.' And basically the head of the math department made me out to be a loony bin and everyone at (disability services) was saying no because I was carbon copying them every one of these emails that this woman sent me.

Other ways that professors earned participants' trust was through their handling of other students who sought to bully or isolate them. For example, Sylvia pointed to one of her professors who has evolved into a mentor. She said, "The kids that made fun of me didn't get away with it with her." Such actions on the part of professors fortified students in their own action/interaction strategies (e.g., how Sylvia chose to handle her professors' breaching confidentiality and teasing by peers). Finally, when professors incorporated students into the class and treated them as experts, this also reinforced their student identity. As Sylvia stated:

Professor (name), who I love and admire, basically at one point turned her class over to me and said 'You know what? Sylvia's got that...When we sat there and we talked about domestic violence, my professor would be like, 'Sylvia, do you happen to know this off the top of your head?' and I'd be like 'Yeah, it's one out of every three.'"

Action/Interaction Strategies

The *Student as Active Agent* engaged in action/interaction strategies to manage his or her transition. These included *Self-Disclosure, Self-Help, Using College Supports, Social Involvement,* and *Academic Decisions*. These strategies were influenced by the contextual factors previously mentioned and also ultimately influenced them as well. The intervening conditions discussed also informed the strategies (effective and ineffective) implemented by the student. In another bidirectional relationship, these strategies also provided feedback to the intervening conditions. Lastly, these action/interaction strategies lead to consequences, both intended and unintended, which will be discussed in the final section of this chapter.

Self-Disclosure

Participants were asked to share their thoughts and experiences with self-disclosure in their higher education environments. Their responses indicated that disclosure decisions included decisions about the target, context, content, and motivation for the self-disclosure of their disability. Their feelings about self-disclosure at this point in their lives also varied. The majority of participants (seven) had identified at their

institution at the time of their interview, with one having just done so (during the summer before entering her sophomore year).

Target. The nine participants in this study varied in the targets chosen for self-disclosure in higher education. Thomas indicated that he had not self-identified with anyone on campus. Some participants opted only to directly identify with their disability support office whereas others directly disclosed their disability to professors, other campus personnel, and on-campus friends. Mark, who views himself as in remission from his bipolar disorder, only self-identified with his campus disability support office and then brought generated documentation to his individual professors. In addition to self-identifying with her campus disability support office, Sarah directly self-disclosed to professors, other academic faculty such as deans, and administrative personnel in her academic program. As far as disclosures with peers, she stated, "See, the people that I talk to they're kind of I have known for a while. As far as me meeting new people, I either meet them in group or something so they already know." Disclosure context, to be discussed later, influenced her prospective targets for self-disclosure. Sylvia described disclosing her learning and psychological disabilities to her campus disability support office and being involved in bringing her needs to the attention of individual professors. As someone who did not report placing a great deal of importance on campus peer relationships and instead counted on many off-campus peer supports, she did not report disclosing to any on-campus peers. Jane also spoke about looking ahead to disclosing to her roommate but planning on limited self-disclosure with peers. For example, she stated that she did not intend to disclose to someone she described as a new, close friend. In

contrast, Annie navigated her first year of college without self-disclosing her disability to staff or faculty. However, she reported disclosing her psychological diagnoses to the few close friends she made during her first year of college. In order to have her needs met in the residence halls (to be discussed under motivation), Annie also recently self-identified through her university's disability support office and office of residential life. Still other participants cited unintended targets. For example, John described disclosing his disabilities to classmates who inquired although he may not have initiated such a disclosure himself. Of all participants, John reported disclosing his condition to many of his peers within his disability support program and via his involvement in their student organization.

Context. Participants also varied in the context within which they chose to make self-disclosures about their disability. For example, participants noted that there was certain etiquette for approaching professors. As Sarah explained:

> If you just approach them like you know one to one they'll try to help you out.
> …You don't go in the middle of class and make a big scene. You go afterwards
> and at least speak to them one on one.

Sarah used the same approach when looking to speak to the dean of her academic department and took it one step further by scheduling an appointment to ensure privacy and one-on-one dialogue. Increased familiarity with the dean through a shared religious community also helped. She described the importance of the meeting as follows:

> I think developing the one-on-one where the person knows the other person and
> knows okay this is something they are really struggling with. Because when you, I

mean, I don't have any like major physical handicaps that somebody can see on the outside so it might be harder for them to see that there is something going on.

Not all participants found creating the right context for self-disclosure with professors easy to obtain and wished for a process where they could be less actively involved. As Mark, who considered himself as in remission from his psychiatric disability, stated:

I know we're just coming into this electronic age but why would you give somebody a paper and make them go in to see a professor and most of the time it's going to be at a time when other people are there asking questions? Yeah, so I definitely feel like it would be better if it was more discreet in having the accommodations for your testing or any other accommodations you may need.

Participants also noted their general preference for one-on-one disclosures with friends, although this did not always go according to plan, either. Although John reported that he felt comfortable with self-disclosing to peers within the disability support program, he preferred to have some limits around self-disclosure with other students. He noted that the most obvious of his disabilities was his learning disability (due to using assistive technology in class) and that he most often needed to field inquiries about it (versus his psychological disability). He described:

Don't go to me 'John, how's your learning disability going? How's your learning disability?' in front of the crowd but I mean, if you notice something or you see a piece of equipment that I'm using, I'm not going to care if you ask me what it is or why I use it.

Kate also noted a preference for one-on-one disclosures with her friends and with her determining the timing and nature of the disclosure. Although she may have found a way

to casually slip it into an existing conversation, she had consciously decided to disclose before the interaction. She explained, "I'm starting to become really good friends with somebody then usually it just kind of slips out like 'Oh by the way, just thought,'"

Content. Participants also varied in the content of their disclosure. For example, students with multiple disabilities varied in what disabilities they chose to disclose. For these individuals, the disability or disabilities disclosed were also dependent on the target of that disclosure. Participants in general also varied in how much the chose to disclose about their psychological disability and to whom they disclosed.

Jane, who described herself as being diagnosed with bipolar disorder and ADHD, reported that she was more comfortable disclosing her diagnosis of ADHD due to decreased stigma surrounding this diagnosis, especially with her peers. She explained:

> Yeah, I mean the ADD I'm probably more open to because…for psychology I do take extra time on tests so if a friend asks me something I'm like 'Oh, I have a learning disability' and that's fine. You know, they probably understand things a little bit more, too.

John also found himself being most comfortable discussing tangible accommodations related to his learning disability but also described himself as open to sharing more about his psychological disability if he perceived the other individual as being genuinely interested and non-judgmental. He explained:

> Like in high school, I was too afraid to but now it's like I'm not going to get offended and I don't care if you just want to know so just ask me. I have no problem talking about it. This one kid, guy came to me and was like 'Why do you

leave the room every time a test comes up? Do you not take them?' I explained to him I'm in (disability support program). I have a disability and take my tests in a distraction-limited environment. He's like 'Oh my god, that's so cool. Where do I sign up?' He wasn't being malicious. He was being like 'I started to notice that you leave the room, what's going on?' So I told him 'Look, this is because I get very anxious if I see people finish before me.'

Annie also confronted decisions about which of her psychological diagnoses to disclose. At the time of her interview, she reported that she had told "a bunch of people" about her "social anxiety disorder" whereas she had only told two people about her diagnosis of bipolar disorder.

Students with and without other disabilities also had to make decisions about the scope of their disclosures. Thomas engaged in minimal self-disclosure in target, context, and content since self-disclosure was incongruent with how he perceived his current identity (integrating disability into identity). When approached directly by someone, he explained his style as, "I try not to speak about anything like that. If someone asks, I'll tell them a little bit but most of those things have been resolved. I don't use any kind of substances anymore or anything." Jane opted to offer minimal content when disclosing to professors (instead offering them the accommodations letter from disability support services that provided necessary information) but noted that this still allowed her to reach her goal of getting her accommodations and becoming more independent. She explained her approach as, "And now I'm just, "Hi, I'm (name).' That's it. You don't have to talk but you just have to know that you kind of have to as a goal eventually do things for yourself." Sarah opted for more detailed disclosures that focused not on the diagnosis but

its impact on her classroom performance. She supplied an example of a recent disclosure with one of her professors as prototypical. She recounted:

> And this one professor that I took him in the fall for (course) and I took him in the spring for (course) and in the beginning of the semester I just kind of went up to him and said 'Listen, this is something that I'm dealing with. It's probably going to affect attendance.

She reported a positive reaction to her disclosure, stating, "And as far as if I needed extra time as far as tests and stuff like that he was really approachable. I could always email him, he would get back to me." This reaction reinforced her desire to further engage in self-disclosure and also positively influenced her perception of campus supports (accessibility, personalization). As Sarah's time in higher education progressed, she found that she needed to engage in more detailed self-disclosure in order to advocate for herself as a strong student who had encountered and overcome illness-related barriers (e.g., course withdrawals). As she explained:

> I applied for the (academic) program and I went and spoke to the dean and was like 'This is why this is on here and this is what I was going through at the time', giving context with it…I think maybe advocating for yourself that way. You know, I made the appointment, I made it to see, to make sure that okay, she didn't just like leave school. Something else around it.

Other students like Kate adopted an approach similar to that which Sarah used with her professors, focusing on the impact of the disability rather than the label or diagnosis itself, which they felt could be stigmatizing and leave them open to misunderstanding by their peers. Kate explained how she approached disclosure as "If we're discussing

different ways that we handle situations I'm like 'Oh, well, sometimes I freak out a little

bit but that's because I'm bipolar.'"

Motivation. The concept of motivation related to self-disclosure was salient for

both those who chose not to disclose as well as those who did. The two participants who

did not formally disclose to their campus institutions discussed being motivated by a

desire for a fresh start where they could strive toward desired identities that matched their

perceptions of being in remission or recovery from their conditions. For those who chose

to self-disclose their psychological disability, the motivation ranged from simply having

accommodation or academic needs met to deepening social relationships. Some

participants (those who disclosed and those who did not) also cited stigma as an impetus

for or barrier to self-disclosure.

Simon, who represented one of two students who did not seek accommodations at

college, pointed out that for him not disclosing was a positive experience that was

motivated by a chance for a fresh start, a sentiment also shared by Thomas, his fellow

student that did not self-disclose on campus. Thomas' decision to not disclose was also

motivated by a desire to avoid the stigma he anticipated would be attached to his sharing

his diagnoses. Regarding the desire for a fresh start, Simon shared:

> I think a good thing coming to college, especially so far away is no one knows
>
> you. You really can keep your business to yourself. You can just act how you
>
> want to act. You don't have…they don't know all your personal life. In high
>
> school, everyone knows what's happened so far. And I came here it's just like a
>
> fresh start, you turn over a new leaf, you get to start all over again. And I think it

really helped that I don't need to tell people about it. I mean, if I want to I can and I've told a couple of people but I mean it's really no one else's business what goes on in my life I kind of feel. Coming here, it's nice to get away from everyone and everything and just be myself.

Two other participants used self-disclosure with personnel at the university in order to obtain requested accommodations and found this process ego-dystonic or a negative experience. For Mark, the sole purpose of his disclosure to disability support services was to obtain documentation of accommodations to be passed on to professors. He commented, "I don't like it. You gotta do what you've gotta do." When Annie disclosed to her disability support personnel and ultimately to Residence Life staff, her goal was also to obtain disability-related accommodations, and her expectations were not necessarily congruent with reasonable accommodations provided in higher education. She explained:

> I regretted going in as classified, but did it just because I really needed the
>
> medical single for a quiet place to go. Now I'm in the system as learning disabled
>
> and all my teachers get to know that even though I don't really want them to.

Her perception of a negative and impersonal response from Residence Life reinforced her earlier negative perceptions of campus supports. She commented, "I'm having a very anti- Res Life day because they denied my request for a medical single…But they figured that panic attacks weren't a reason for a single. But I'm okay with that except I'm not."

Not all participants perceived their experiences as restricted or negative when disclosing for academic or accommodation reasons. With the exception of one interaction with a professor (discussed previously), Sylvia also reported positive experiences with

self-disclosure for academic reasons, leaving her with a general perception of her on-campus self-disclosures being well-received. As discussed earlier in this section, Sarah also frequently utilized self-disclosure to ensure accommodations or to further her academic goals (e.g., explaining gaps in transcript to increase chances of being admitted to desired academic program) but with more success than Annie experienced. She also pointed out that it may be more important for students with psychological disabilities to take responsibility for initiating conversations about their condition in order to obtain necessary services.

For Sarah, the act of self-disclosure also provided her with an opportunity to correct or clarify any stigma-related beliefs that the target may have had about the impact of her illness on her academic abilities or performance.

Several participants also viewed past or anticipated self-disclosures to friends as an opportunity to deepen relationships and solidify the place of these friendships in their on-campus support team (*Context*). Thomas reported that he desired to engage in more appropriate self-disclosure behavior than he had engaged in and witnessed while in high school but lacked the relationships within which to test new ways of disclosing. Even though he might not feel the need to disclose his disability, general efforts to share feelings with peers were limited as he explained, "Seeing the same kind of theatrical attention-seeking in others made me desire to change. It is ironic, though, that today I feel as there is no one with whom I can talk about sadness or loneliness." Annie, who had developed a couple of close relationships at school, looked at self-disclosure as a way of affirming the importance and closeness of these relationships. She commented, "I know I told two people at college about that I have bipolar disorder because they're just the only

people I like at our school so far." She reported self-disclosing her diagnosis of social anxiety disorder as the first layer of disclosure in close relationships. If individuals responded positively and the relationship deepened (with increased trust), the further disclosure of her diagnosis of bipolar disorder followed. Stigma was an added complexity that figured into the decision to self-disclose to friends, too. For example, Jane explained that another factor besides closeness in relationships was her anticipation of their reaction or ability to understand her condition. She said, "The bipolar I haven't told my roommate yet actually but I'm definitely going to because we're so close and she's a bio student a med person so I think she'll understand." Although Simon did not find it necessary to self-identify at his campus' disability support office or obtain academic or other accommodations in college, he did choose to self-disclose to several of his closer friends on campus in order to deepen their relationship:

> I mean, I've told a couple of my friends about everything that's happened and they seem understanding. Everyone in high school knew about it. I didn't really like that. But just knowing a couple people who I know will keep it to themselves don't tell anyone kind of thing. It's relieving that you can tell people more about yourself and then it also builds trust and I think it builds the relationship to actually talk to people about what's gone on in your life before you knew them. It also makes it so they can talk more openly about what's gone on in their life and it makes you feel like you're not alone.

Self-Help

Several participants discussed the importance of self-help behaviors in allowing them to transition into higher education. At the same time, they also pointed out that they continued to struggle with old triggers as they strived toward their ideal identities both as a student and as an individual with a psychological disability. When old triggers or symptoms intensified, they found it important to connect with their on- and off-campus support teams (*Context*) to advocate for them when they were unable to completely do so for themselves.

While engaged in the transition to higher education, participants sometimes found themselves falling back into ineffective or maladaptive behaviors that represented previous ways of coping with difficulties. Sarah and Sylvia both reported histories of self-mutilation (cutting) and urges or actual episodes of self-injurious behavior while in college. Although not all individuals with substance abuse histories reported difficulties in this area, Mark shared that early in his college experience he relapsed. This had longer-term consequences for his educational journey as he believes, "The weed is one of the biggest factors that left me in community college for a third year." He recounted, "And then at other times, I may be, I may be depressed and just like, 'Dude, there's nothing there for me. I don't see anything prosperous coming out of my life. Let's go smoke.'" Even though now in recovery and abstaining from any substance use, Mark is aware that he needs to be on guard against triggers or urges, stating, "From time to time I've still got the temptation but just trying to hold on."

The same participants were also able to recall adaptive and effective self-help behaviors they had implemented while in higher education. Sylvia explained that

knowing her triggers was especially important to keeping her on the path to a successful transition. She explained, "And I'm pretty good at keeping myself together. The only thing that gets really sticky is anniversaries and stuff like that." She also recognized several healthy self-help behaviors in her arsenal, stating:

> When I'm angry and depressed and I can't cut on myself and drink, I make horribly graphic art and I dabble in photography and installation artwork and a bunch of things. I can't do it when I'm happy and well adjusted. Maybe I don't need it then. It's what I do when I'm broken...I love it and it's probably helped massively.

Mark also recognized his triggers and the importance of reaching out to supports if necessary and also seeking out one's own resources:

> It's really important not to spread yourself too thin and to keep in mind that whether it's your financial troubles or it's psychological troubles, there are means to help people at the college, whether it's go get work study and you can sit down like I do now - I work as a (work study position) but most of the time I'm sitting there doing my homework and getting paid. They've got bus passes discounted for the students, they got buses that run here, they know the schedules.

Mark was also able to help himself learn more effective study skills and strengthen his student identity simply by observing others students and experimenting with different study techniques. He reflected:

> That took me a long time, to develop my study habits. You know, whether I should use a voice recorder to record the lecture and then sit back and run on the treadmill and listen to it or should I use index cards or should I read another book

other than the bible that they gave me, the biology book they gave me, read a book on biology from the library?

Several of the study's female participants shared that part of an effective self-help plan was knowing when it was time to call in reinforcements. Sarah's experience illustrated that when symptoms of one's illness intensified, self-advocacy may need to be supplemented with the advocacy efforts of others. She recalled difficulties with her first roommate, stating:

> But as far as when I was at (four-year college) the roommate I was with, I had so many problems with and the RA kind of liked her better than me so then...we got in this huge fight and my mom was like 'We're taking you out of there.'

When Annie was unable to get an effective response from the Residence Life staff at her school, she resorted to ineffective and maladaptive self-help behaviors before asking for assistance from her *Anchors*. She reported:

> I was just trying anything I could to get myself out of that room. If I had to go in there and act like a crazy person, I was going to act like a crazy person for no reason...Also part of me figured maybe if I did that Res Life might notice.

The combination of these ineffective actions along with the ongoing stressors created by her living situation intensified Annie's symptoms. She recalled, "I didn't go to class for about two weeks. I just stopped. And I kind of curled up in a friend of mine's room and said I'm not going to class ever." At that point, Annie not only sought "safe haven" with her on-campus supports but also sought her mother's assistance, who "probably threatened to sue them." Sylvia, who prides herself on independence, also recognized the need for calling on her supports when necessary. This includes her off-campus therapists.

She explained, "If I can keep myself together until my next appointment with (therapist), then I don't need to have the emergency phone call." However, she has made this call when necessary rather than going it alone.

Use of College Supports

Participants varied in their use of on-campus support services and reported that their use was influenced by their earlier perceptions of campus support services as well as their *Anchors*. Utilization ranged from minimal to extensive and perceptions of their usefulness ranged as well, which in turn influenced and revised the students' perceptions of campus support services. Simon reported that he feels that tutoring could be helpful but that "I haven't done that yet. I just try to look in the book and figure it out by myself." Thomas also reported a desire to be independent and, congruent with his earlier description of his not liking to rely on others, he stated "I've actually never really used any of the services." He further reflected, "I never really expressed this to any of the folks that could have helped me so I guess part of the fault is my own." Mark reported that his earlier perceptions about campus support services, which were actually inaccurate, influenced his choices of engaging with campus supports. For example, he was unaware about the existence of certain services for students with disabilities despite being registered through that office. He said, "I usually use the other tutoring centers for all students because it's what I knew we had. I would have used it if I had known but I'm just so far along now that I don't need that."

Many participants felt out support services before actually using them. As mentioned earlier, Jane held off until she perceived her professor and related services

(e.g., tutoring) as accessible. As she looked back at her role in implementing action/interaction strategies related to self-advocacy, Jane recalled her college admission essay which described her school personnel's influence on helping her develop her self-advocacy skills (e.g., self-disclosure) that helped comprise her identity as *Student as Active Agent*. She summarized her essay as reading:

> Even if you're shy I think you need to be able to go to your teachers for help or you know not even just help with a problem but you need to be able to email a teacher or just know that you can't improve by just sitting there. You don't have to announce everything to the world and ask them a hundred questions but you need to be comfortable with that.

Kate waited for encouragement and tangible assistance from her on- and off-campus support networks before engaging in on-campus counseling and disability support services. Looking back on the difficulties of her interrupted first and second semesters, she hypothesized, "Maybe if I had gone to counseling earlier and found out about all this." Sarah recalled the important influence that staff within her academic department had on connecting her to formal supports on campus, specifically counseling services. The next leap was for her to accept their recommendations for a higher level of care which ultimately took the form of inpatient hospitalization.

Although only about half of participants reported utilizing multiple formal campus support services, those who did reported finding the network of supports helpful when they encountered difficulties within their higher education environments. Sylvia's negative experience with her professor illustrated the utility of multiple campus supports

in helping her maintain her role as *Student as Active Agent*, particularly as it relates to her self-advocacy skills, student identity, and disability identity:

> That was hell on wheels. I wasn't going to let her win and I continued to go to her class. I continued to get a B in her class because I convinced her to, 'Let's try me using a calculator during class and then let's see how I do.' And she said okay and as my grades went up as I did this, she said alright fine. And I talked to everybody from (student services) to (disability services) to the head of the college to anyone that would listen to me. Everyone in (disability services), every other (disability services) student I could track down that ever had a problem and they hadn't done jackshit. I'm still talking to everyone I can find that'll listen and everyone in the testing services and you know, just about any asshole I can figure out who will get pissed off enough to demand a change…You're not going to ruin my college experience. I will ruin you. I know it sounds so…you're not going to break the law and then no, it's not going to happen.

Social Involvements

Resident and commuter participants both varied in their willingness to become socially involved on their campuses. They also described encountering unhealthy and healthy influences within the campus environment and larger social environment. The bidirectional relationship between their context and social involvement (an action/interaction strategy) will also be discussed.

Some students reported making little effort to connect socially on campus, with mixed degrees of satisfaction. This was a conscious choice for Sylvia, who reported a

satisfactory off-campus support network and positive relationships with staff and most faculty she had encountered. Viewing her life experiences as very different from the average college student, she reported, "I don't have to have social time with the other little kids and I don't have to play nicey nice and I don't have to sit there and be their special friend." Somewhat differently, Annie perceived her social involvements as unsatisfactory and limited by her decision to place her identity as in recovery above typical college student behavior. She stated, "I don't party, unlike most college students. I'm a shut-in. I've met one other person who doesn't go to a party ever and we kind of clung to each other." Sarah also reported being careful about her social involvements, as her managing her disability came first. As she explained, "I'm trying to like get it together. I mean, it's also in my life the people you surround yourself around as far as people who are going to be supportive and understand or just think you're crazy." Thomas also described himself as not having made many social connections on campus although he did not attribute this to an effort to maintain his recovery. Instead, he reflected, "That is more or less personal initiative. I could have taken the initiative to join various clubs. I've kind of had a too relaxed an attitude towards that. That's I think more me than anything." He also noted that as a commuter, "Essentially I'm there and then I'll be off to work. Usually when I am there I feel like the social groups that everybody's in, it's fairly well-established and it's kind of hard to break my way in." Instead, he mentioned alternate avenues for social connection which he perceived as having benefits and drawbacks. He shared, "I met this friend through Myspace. Social networking sites can be very conducive to making new friends; unfortunately, there are also many risks to doing this, so it ought to be done with a degree of caution."

On the other end of the spectrum, some participants were more open to social involvement on campus and reported mixed degrees of success. Jane described herself as making an effort to socialize in her first days as a resident student. She recalled:

I was trying to socialize a lot. I kind of, after that it was really good. I got to meet people. But the first week at least I just ate in my room by myself because my roommate wasn't there. Yeah, that kind of sucked.

However, as the semester progressed, she found that her off-campus social network hindered her social involvements on campus, which she had mixed feelings about. She also suggested that the residence hall layout (suites) for first-year resident students and her school's large commuter population were not conducive to meeting many new classmates. Like Jane, Simon also recounted a longing for his off-campus support network in his initial weeks at college, describing:

When you just don't know that many people, you just kind of want to go home and you want to be in your own bed...You feel like you just want to stay in your own room and live the comforts that come with living with your parents, good food, etc.

However, he reported that he also made a conscious effort to engage with his roommates, who have now become an integral part of his on-campus support network. He reported that these involvements have helped tremendously with his academic and emotional well-being as he perseveres in higher education:

Some homesickness, which is like a little bit of depression. And then I just go to my friends. It's a lot easier this year because I know more people, a lot of them in the apartment. I'm sure they probably impede slightly on my academics but that

happens with everyone. You don't just want to be a bookworm. You want to

actually have time with friends. You don't want to just not be known at the school

and as a person that just works all the time. I try and balance social time with

school work, and that helps keep me from isolating as other people do.

One commuter participant, John, found similar benefits to becoming socially involved

with classmates in his disability support program. He described, "Just meeting new

people and being like 'Oh, I'm feeling depressed' and they're like 'Well, last year I had a

similar situation with so and so. This is how I dealt with it.'" He also reported that his

social involvements outside of the program expanded his worldview and overall identity

development:

I won't say I was closed-minded but I was only exposed to so much. I hear we

have over 60 different countries, people representing 60 different countries who

come here so different types of people you get to meet. But if people are gay or

lesbian you learn something from them, so just by, it's like an eye-opener,

so…it's like by seeing all these different kinds of people and learning disability or

not, depression or not, you get to see how they deal with everyday life.

Mark also reported that his involvement in the campus service organization was a

springboard to general social involvement on campus. He cited "networking with people"

as key to his social success and explained, "'Hey can you give me a ride? I'll give you a

ride this day that day.' There's a lot of different things." Social involvements also

improved Mark's academics. He explained:

Networking was a big factor that helped. I spoke to a lot of different people every

chance I got. You know, sitting down at lunch and here this guy's taking the

same course I am, talk to him about it, talk to him about his teacher and my

teacher and continue from there to get different perspectives on a course.

He also reported that he moved from simply observing students to becoming involved in

study groups which further strengthened his new study skills and student identity.

However, Mark also raised the issue of becoming too socially involved on campus,

sharing, "You know, like, I want to be in this club, I want to be in that club. I want to

work, I want to make this much money and I want to go take this many credits." He

described this scenario to having led to him being "stressed" and overwhelmed in the past

with such consequences as falling behind academically (e.g., having to retake a course).

Kate described a similar experience. Although she reported an easy social transition and

several, new on-campus friendships, a lack of balance came at a cost to her academics.

She shared:

> When you're living on campus or living anywhere during college there's so many
>
> distractions that want to take you away from your work…and when you're like
>
> me and want to do anything to get away from school, you take that route and
>
> you're like 'I'm leaving, bye.'

On a related note, all three students who indicated participating in work-study either

presently or previously during their postsecondary educational experience reported this as

a positive involvement. Sarah, Mark, and John all reported getting to know other student

workers while working toward common tasks and also becoming more familiar with

campus resources and offices as a result of working for their respective institutions. As

Sarah mentioned earlier, she also made a connection to staff who served as a referral

resource. Sarah, Mark, and John also reported that participating in the work-study program alleviated some of their financial concerns.

Several participants also spoke about negative social involvements (on- and off-campus) that they perceived as impeding their successful transition to higher education. Sarah and Annie recounted negative experiences with roommates their first semesters at college. During her first year, Annie reported that she was planning on leaving until she received word over the winter break that she was receiving a new room assignment. Sarah recalled, "My roommate and I did not get along and that was a really big stress. It wasn't so much like the classes." She left her residence hall and began commuting midway through the fall semester of her freshman year. Mark shared the pull he still feels from his past peer group even as he strives for healthier relationships in his new environment:

> It's pleasurable for sure to hang our with people that are educated, to hang out with people that sort of have a good head on their shoulders, have something to discuss, whatever you could say but it's difficult again because my pleasure was always sitting down laughing, just getting high. So, I don't know. It's still difficult.

These social involvements and related behavior periodically pulled Mark away from his desired student identity and from his new, positive supports. As he repeated several times during the interview, "Bad company corrupts good character." However, Mark continued to perceive his religious and on-campus supports as *Anchors* that pulled him back to his being an active agent in his transition process and towards his desired identity.

Academic Decisions

The majority of participants also reported making academic decisions as part of their strategies in higher education. These included independent decisions as well as those made in consultation with members of their on- or off-campus support teams. Participants also conveyed mixed feelings about their efforts in this area.

Participants who were able to make independent academic decisions typically saw themselves as strong students and reported no academic difficulties. For example, Simon reported, "I am glad I transferred in with credit because it gives me more freedom to take classes that I will really enjoy that do not go towards my major." He also reported enjoying the autonomy afforded students in higher education, observing, "You have the choice to walk out if you don't like what the teacher's saying. You can drop the class. You're not forced to take a certain class with a certain teacher. You don't like it, drop it, add something else." However, this independence also has its drawbacks. As a student at a public university, he reported:

> Some things are a little difficult because...everyone's taking different classes than one another so you can't be like 'I'm in this class right now. Are you taking it?' and everyone's like 'No' so you really have to fend for yourself when it comes to classes. I guess it's difficult that way.

Thomas reported that despite having to initially take some remedial classes, he has had no academic difficulties and hadn't needed to make any significant academic decisions (e.g., changing a major, withdrawing from classes) or do so with assistance. Sarah also perceived herself as a strong student and separated her illness' impact on her academics

from her abilities. At times, she needed to make academic decisions with her illness in mind. She recalled:

> There were a lot of classes I dropped midway because I went inpatient or because I just couldn't handle that and it's even gone as far as me not being able to cancel the class and that's still on my record as a zero or whatever.

> Several participants reported making academic decisions with the help of members of their support teams. Mark described looking to his campus mentor for assistance with "so many things" such as writing academic appeals. He explained:

> One class I had to take four times. He was like, 'Look, this is what they're looking for, this is what you gotta write', and not dancing outside of the policy but just giving me insight into how things are conducted.

Further explaining the importance of his mentor's assistance, Mark stated:

> I definitely would not have written it correctly, I know for a fact. My English skills were so terrible. I wasn't good at expressing myself at that point. Having somebody to lean on over there, not to push me in a wheelchair but rather to give me a cane and help me along, kind of help me through everything.

Sarah and Kate both discussed their decisions to take medical leaves of absence as academic decisions made in collaboration with their families. For Sarah, the decision to take a medical leave left her with mixed feelings. She stated, "So at that time we decided that, okay, give school a rest and let's focus on this thing." Although the right decision, she also reported, "When I had to give that up brought me even further down because I had been working so hard with high school to do this." Kate, who also took a medical leave of absence, also reported mixed feelings:

It was half positive and half negative. I think positive because I really did need it, to get out and breathe a little bit and not care so much and at the same time I was feeling kind of like great…because that kind of thing has always happened to me where like I had to get out of school. So at the same time I kind of felt like well that's not really good.

She reported that the lack of other options available to her at this critical point in time further solidified her perceptions about the flexibility of campus supports for students with disabilities. She expressed:

Maybe if, I'm trying to think prevented but maybe if I could have- and I know that it wouldn't have really worked- if I had dropped a class or something because then I'd be part time and I wouldn't be able to live on campus.

<div align="center">Consequences</div>

Participants' action/interaction strategies in their respective higher education environments resulted in revisions to their academic, career, and social paths as well as revisions to their disability, vocational, student, and developmental identities.

Revisions to Path

Revisions of participants' academic, career, and social paths ranged from minimal to significant in scope.

Academic. About half of participants reported no revisions to their academic paths as they made the transition to college. Participants such as Jane, Thomas, and Sylvia did

not indicate any changes thus far. Minor changes included changing one's major or

lengthening or shortening anticipated stay at his or her institution. Simon reported

changing his major early in his first year at college. However, Mark and John both

reported that they were spending more semesters than initially anticipated at their

community colleges. As noted earlier, Mark's engagement in ineffective self-help

strategies such as resuming substance use for a period of time resulted in academic

decisions such as his needing to retake some courses as many as four times. John's need

for remedial coursework and time devoted to work-study resulted in his needing to

remain for a third year as well. Alternately, some participants opted to increase their

academic load as they gained a better sense of what they could manage (self-advocacy).

Annie, who had reported that she did not find her high school's transition program at a

community college helpful, returned to the same community college for two courses over

her summer break before entering her sophomore year. As she explained it, "Just because

I actually feel like I should do some academics."

Two students ended up making major changes to their academic plans. Changes

to Kate and Sarah's academic trajectories were precipitated by decisions to take medical

leaves of absence during their time of transition. Sarah revised her initial plan of

attending a four-year university by instead enrolling at a community college and taking a

part-time course load. Depending on her illness status at any given time, this may include

one class per semester. Regardless of the course load she assumes, Sarah described her

priority as "doing something." As she explained:

> I think that's like with disability and stuff, so many people get stuck because
>
> you're not doing anything. You're sitting around not doing anything and I didn't

want to be like that so that's where going to school one class at a time or volunteering, doing something. Because if you're just going to sit at home and do nothing, you're not getting better.

At the time of her interview, Sarah remained unsure of her longer-term academic plans outside of persisting at her community college. She was considering several short-term options:

I don't think I could handle nursing school right now. I may think in the future but as far as like (hospital) has this program for a laboratory assistant whereas with (community college) they have a medical lab tech but that would be like an associate degree. This is just kind of like a certification and you would work somewhere and a lot of places in the medical field will reimburse for school if you're working there.

Following her medical leave of absence during her first semester, Kate returned to the same university for the start of the spring semester. She opted to take another medical leave early in the spring semester for the same reasons (symptom interference and intensification). She presently is not enrolled in higher education and is contemplating her options. Like Sarah, Kate's priority was to be "doing something." She mused:

Maybe just taking one class and working part time and just relaxing a little bit. I mean, I've got time to just kind of coast along and as long as I'm out there doing something it should be okay. At least I'll be busy. And if I feel like taking on more classes in the future then I can take on more classes in the future.

In revisiting her time already spent in higher education, she wished she had been better able to utilize self-advocacy behaviors and other strategies, and "tried to manage myself better. Different scheduling."

Career. Revisions to career plans also ranged from minimal to significant. The majority of participants remained with their intended major or in an area congruent with his or her vocational identity. For example, despite being unsure of her exact academic program or career title, Sarah stated, "I'm definitely in the medical field." In order to help her pinpoint the best fit for her, she reported working with the Division of Vocational Rehabilitation through their Ticket to Work program. As she explained:

> What I'm trying to do is go for like vocational testing and psychological testing and either get in some kind of job placement or because what I was concerned about is I can't throw myself back into a fulltime job and worry about money, and this program is getting into it slower, going into it part time and transitioning.

She mentioned that such a program is essential to her as she had not worked in several years due to her illness. John, Jane, and Sylvia all reported remaining firm in their earlier vocational identity and related academic major. Simon, whose AP credits allowed him the flexibility to try different courses, reported changing his major, stating, "I came here and I thought I liked the (x) department to begin with but I started class and I was like 'I really don't like this' and changed to (y) which I was going to do beforehand. I kept going between (x) and (y) and I decided on (y). I'd rather do six semesters of that." Aside from interest in the course material, his choice of major and subsequent career path was

influenced by his emphasis on selecting a career that was ultimately conducive to his

sustaining important relationships. He explained:

> I feel as if as a male I have to choose a major that will be able to make me a good
>
> income for when I get out of college and wish to start a family instead of doing
>
> something which I truly love which wouldn't make as much money.

Others had not yet revised their career paths but were contemplating doing so. Annie

described, "I'm not too sure...I'm having a midlife crisis except it might not be my

midlife crisis. It might be my quarter life crisis. I'm not too sure how much I like my

major."

Social. Participants also varied in how much they had revised their social paths

since beginning higher education. For example, Thomas had made minimal revisions to

his social network. With the exception of faculty mentors, Sylvia and Sarah also had not

incorporated any new social supports into their support teams. As she approached the end

of her first semester, Jane had made some changes to her social network but her

affiliation remained primarily with her friends from her previous school. She was

anticipating that her social path would change next year as those friends began their own

higher education experiences, likely on a variety of campuses. As a result of his social

involvements, Mark reported having a more vast social network on campus. However, he

continued to work on remaining surrounded by the more positive, on-campus influences

while still feeling the pull toward his previous peers who exerted a more negative

influence. Despite leaving her first university, Kate reported remaining in touch with

several of her former classmates, having incorporated them into her permanent support network.

Revisions to Identity

Just as individual participants may have revised one or more paths, so too may their perceptions of efficacy varied across domains. Participants indicated varying degrees of change to their earlier disability, vocational, student, and developmental identities.

Disability identity. Encompassing their current feelings about their role in the transition, many participants focused on their ability to manage their psychiatric disability and feelings about their disability at this time in their lives. John's feelings about his disability had become more positive. He stated, "I think that's a major part and just learning who you are… Just like where you stand in life, what you want to be, like who you meet." As an active participant in his transition who used many effective action/interaction strategies, he subsequently felt:

> I wouldn't be what I am today, so I think it made me stronger. It pushed me to go where I am and to do what I want to do. I don't think, if I didn't have that extra obstacle, I wouldn't be trying as hard, so…Don't be afraid of it. It's what makes you you. It's a pain in the butt but you can do it.

Sarah also reported needing to incorporate her challenges into her disability identity and also maintain a larger view of herself as capable:

>It's like I wanted to be able to do it but I had to be able to come to the grips that I
>
>can't do everything right now…I guess I held myself up to such a high standard
>
>that not going to school and I eventually had to go on disability, that was
>
>devastating to me. I felt like the biggest loser. It took a lot for me to just be like
>
>this isn't forever. You just need the help right now.

Annie reported wishing that she could better manage her symptoms in the face of obstacles, which continued to make her disability identity salient. She explained, "I freak out unnecessarily or I freak out overly so about certain things like the roommate situation. There was a point where I just shut down and I didn't do anything." Kate also commented on the ongoing impact of her disability identity within the higher education environment and her desire to be better able to manage it:

>With all the mood swings and stuff…if I'm really manic then I'm not
>
>concentrating and if I'm really depressed I'm not concentrating. If I'm somewhere
>
>in the middle I'll concentrate but then I'll get like, I get bored a lot too in class. If
>
>I, either if I don't understand it or if I already know it…So it's really, it's like a
>
>fine line and like I try to make myself tune in and everything but a lot of times
>
>that doesn't work…And then a lot of it is just a struggle to not have your throat
>
>close up and start hyperventilating in the middle of class.

Even though Mark identified as being in remission from his psychological disability, he was aware that he needed to continue being vigilant against triggers. He said, "When the stress level gets too high you just bug out. You can't do anything so I definitely know that. My stress level got to the point it was from spreading myself too thin."

Sylvia reported feeling as if she generally managed her triggers well and was able to navigate the challenges of higher education. She commented, "It has been pretty successful. It has been a mixed bag of positive and negative things." Simon reported pride in utilizing social supports to ameliorate any low-level symptoms (e.g., mild depression) and not needing to rely on formal therapeutic supports at this time. In examining his total experience in higher education so far, he reflected, "I think I've transitioned remarkably well."

Vocational identity. Perceptions of stable or clarified vocational identity also varied among participants. As he prepared to enter his junior year of college, Thomas reported feeling a lower sense of career efficacy than he would like to have. He said, "I am very unsure about my career direction. In addition to misgivings about my selected career path and the degree which I pursue, I worry that my classes are not providing adequate preparation for the workplace." With his experiences at his community college, John reported, "I'm firm about my decision." Sylvia's experiences and actions confirmed her interest in her intended career as well as her abilities, which had earlier been hindered by internalized stigma about the capabilities of students with learning and other disabilities (negatively impacting her student identity and disability identity). As she explained, "Before I started college I knew I wanted to do something with my knowledge about psychology. Now I know that it is really what I want to do with my life. Before college I did not think I would be good enough. Now I just want to work my ass off to get what I want." Finally, Sarah's ultimate sense of vocational identity also incorporated her disability identity in a positive light. Despite concerns of stigma in the workplace and her

ultimate career fit, she reflected, "Maybe because of everything that I went through, I will have more to offer a school or a future employer because of all my experiences, because I will be that much more well-rounded."

Student identity. Perceptions of academic efficacy varied across students as they reviewed their academic experiences in higher education and related most closely to participants' student identities. For example, Kate reported that her experiences at her university led to revisions of her identity. She was surprised by the amount of work and her lack of preparedness. Although she managed to take "good notes" and earn some "pretty good" grades on individual assignments, she recalled:

> I knew it was going to be work but I thought at least I'd have time to do it. And I was doing those heavy workloads and everything. If I was just doing stuff for my major and not any of the other like (freshman course) and English class, it would have been fine. I would have been able to concentrate on that. But if I was just in English and a couple of other things then okay. I would have done okay. But I've never been great at English anyway.

She maintained her sense of herself as a competent student, stating "It's not like I was just being lazy and not doing anything. I was genuinely stressed and I also had a lot of other stuff on my plate." Instead, Kate's experiences led to her becoming more attuned to the impact of her illness and revisions to how she integrated her disability into her identity, something she conceded she did not focus on much prior to college. Alternately, Sarah reported that needing to scale back her academic load negatively impacted her student identity. She described, "As far as taking just one class at a time, I mean it took

me a while to just say okay that's all I can handle at one time." Jane identified changes in

her work habits that were not congruent with the student identity she was striving for. She

described, "I'm a huge procrastinator. Like I do my homework at two o'clock in the

morning and go to bed at five now." These changes to her routine were also not

conducive to managing the symptoms of her psychological disability. Mark was able to

recognize improvements in his study skills and academic performance but was not

pleased that his decisions (e.g., drug use and subsequent "nonchalant behavior" or,

conversely, becoming overly involved in extracurricular activities) resulted in his needing

to remain in community college for a third year. He likened the phenomenon of getting

off track academically to trying to get onto a moving train.

> It's a horrible analogy I guess but if you're in math class and you keep up with the
>
> work, you're on the train. You're sitting there. You're doing good. It's not too bad
>
> except for a couple bumps here and there. At least you're on the train. Once you
>
> fall off the train, you're behind schedule on things, you're running after the train
>
> and it's …just one after another, you're just getting beat in the corner.

Several of the study participants expressed a high sense of efficacy related to their

academic performance. Annie perceived herself as managing her academics easily,

stating, "I haven't had any trouble with academics at all." However, she expressed

dissatisfaction with the scope and challenge of her academic experience, which entailed a

curriculum at her art school that was heavy on practical application of the student's

major. She offered, "I feel like I'm paying $40,000 for college and not getting any

knowledge other than how to take pretty pictures." As previously mentioned, Annie

opted to change her academic path to include more academic courses (e.g., during

summer sessions near home) in order to increase her sense of academic efficacy. Illustrating varying degrees of perceived efficacy across different domains, Thomas stated, "At the very least I can say that I'm proud of what I'm doing academically. I've been Dean's list all the semesters that I've been at (four-year private university)." The earlier, negative impact of her disability faded as Sylvia experienced academic success in higher education. She added, "I have always worked really hard...Now I know that half the time the kids in my classes don't even care about school so it is not that hard to be the head of the class." She also commented that her choice of school was the best fit for her at this time, stating, "I am happy I went to a community college to start off. That was a smart choice." For Sylvia, her sense of academic efficacy outweighed her desire for social efficacy on campus. In contrast, as Simon mentioned previously, his academic efficacy was balanced with also wanting to maintain a satisfactory sense of social efficacy. He commented, "I've got a 3.03 GPA so I'm doing alright."

Developmental identity. The area of social efficacy resonated for all of the study's participants, who described different degrees of movement toward developmental milestones of independence and interdependence. Congruent with his earlier narrative in this study, Thomas described, "I am an outsider in the college social scene--but this is an isolation of my own making, an effect of my shyness and social malaise." In examining his own role in his social efficacy, he reflected:

> I kind of wished I worked on social skills a little more. I really wish that I had
>
> used my earlier years to develop skills in meeting people...I'm really not sure how

the high school or college may have helped me with this, nor would I expect them

to. Not everyone is going to be a part of the social scene.

He also perceived some of the social challenges he encountered as developmentally

expected, stating, "I think the social transition in general that's tough...For a lot of more

shy people...I really have no solution. I wish I did." Although Sylvia had not established

many relationships with peers on campus, she reported more satisfaction with her

situation since she did not place a high priority on her social transition. She reported a

strong social support network comprised of off-campus individuals that met her needs

and reflected, "My social ability has nothing to do with if I'm going to be able to achieve

in college, thank God." Sarah also discussed having few on-campus social connections

outside of staff or faculty but reported having some good off-campus social supports. She

also reported that consideration of her disability identity and current disability status also

dictated some social involvements for her at this point. Although she had established

some close peer relationships off-campus, she explained, "But as far as dating or

anything, I'm not there yet."

Others painted a picture of mixed feelings regarding their social efficacy. For

example, Mark was able to effectively network with on-campus peers and develop a

social network at community college, which he characterized as typically very difficult

for the community college student. However, he viewed his social efficacy as variable

due to the negative social influences to which he was still vulnerable. He described:

And I would go up and go down, go up and go down. I would only go down when

I would surround myself with those sort of people. And I would only go up when

I would not surround myself with those type of people and I would just do the

right thing, ethically speaking.

Jane similarly described her social efficacy as mixed, saying, "In terms of adjusting I

haven't adjusted as much as people who moved here from somewhere else have because I

still hang out with my friends." Although Annie was able to make a couple of close

friends, she perceived her options as limited since she does not engage in what she

perceives as typical college behavior like alcohol use. She also considered her negative

interactions with her roommates and inability to resolve the situation with them directly

or with Residence Life staff. She recalled, "Socially, eh. Socially it was hard."

Simon described the highest degree of satisfaction with his movement toward

developmental goals. He was able to develop close relationships with peers on campus,

received positive reinforcement for his illness-related self-disclosures to them, and

managed to create a satisfactory balance between social and academic efficacy.

According to Simon, he had achieved a sense of belonging with a social group on campus

and engaged in the same social experiences as his peers.

Chapter Summary

Undergraduate students who previously received services under an IEP or a 504

plan for a psychiatric disability and who were actively engaged in the transition to higher

education described the influences, both facilitative and inhibitory, on their respective

transition experiences. The central or core category that described the transition process

was *Student as Active Agent*. This role included Identity Work and Self-Advocacy Skills

that the student possessed. Within the core category, Identity Work influenced some Self-

Advocacy behaviors (e.g., comfort with disability status influencing self-disclosure). The causal categories that related to the core category were *Involvement* and *Expectations*. A context of interpersonal *Illness Status*, *Giving* (service to others), and *Anchors* (on-campus and off-campus supports) supported the *Student as Active Agent* and also influenced the participants' action/interaction strategies used.

In turn, action/interaction strategies influenced the context, such as when individuals encountered through action/interaction strategies were incorporated into the student's permanent support network. For example, when a student engaged with a professor in the classroom or through a campus organization, he or she may have created a one-on-one connection that transferred into more enduring relationship and social support. Broader, more general intervening conditions also bore upon the *Student as Active Agent* and influenced the action/interaction strategies he or she used. Specifically, the student encountered the broad conditions of *Stigma* and *Perception of Campus Supports* when considering use of the action/interaction strategies of *Self-Disclosure, Self-Help, Using College Supports, Social Involvements, and Academic Decisions*. When a participant's early perceptions of a campus service were more negative, he or she was less likely to engage in self-disclosure with or use this or other campus offices (if he or she generalized this interaction). Similarly, when he or she encountered stigma about mental illness, the risk of self-disclosure was perceived as too high and was therefore avoided. Bidirectional relationships also existed between intervening conditions and action/interaction strategies, indicating that the strategies (effective or ineffective) implemented by the student are not only influenced by but also exert influence on conditions. For example, ineffective *Self-Disclosure* behavior increased negative

Perception of Campus Supports, which in turn influenced a student's willingness to engage in future self-disclosure. Lastly, the action/interaction strategies led to consequences, both intended and unintended. These included *Revisions to Path* and *Revisions to Identity.* In one example, Kate's lower self-advocacy skills in recognizing early symptoms and proactively using campus supports resulted in the unintended consequence of taking medical leaves of absence. Mark also faced unintended academic consequences of having to repeat courses multiple times until he developed more effective self-help and academic decision skills (e.g., writing appeals, developing study skills). When participants had positive experiences with self-disclosure and other strategies in the college environment, these behaviors were strengthened, as were their disability and student identities. These behaviors also impacted their relationships with others on campus and often led to satisfaction of developmental needs of increased independence and the fostering of interdependence within relationships. Chapter V describes the relationship of the emergent theory to the research questions and to existing literature. This final chapter also offers practice implications for secondary and postsecondary personnel and directions for future research.

CHAPTER V

Discussion

Chapter V examines the relationship of the emergent theory to the research

questions and literature previously reviewed in Chapter II. Other relevant research

findings from literature not reviewed in Chapter II are also introduced to further validate

this grounded theory. Implications and recommendations for secondary and

postsecondary educational settings and personnel are discussed. Finally, I discuss the

limitations of this study and related directions for future research.

Overview of the Findings

The emergent theory, *Student as Active Agent: A Grounded Theory of*

Postsecondary Transition Experiences for Students with Psychiatric Disabilities,

described the inhibitory and facilitative forces and factors that influenced the transition to

higher education for students with psychiatric disabilities who received IEP or 504 plans

in secondary education settings. Through the key categories and related subcategories of

the model, these forces and factors (internal and external to the student) were clarified.

The core category *Student as Active Agent* represented the main theme of the

participants' narratives on transition, describing the key role that the student plays in the

transition process. The Core Category described the *Identity Work* that students undergo

in order to act as an active agent in the process, specifically how he or she understands

his or her disability, vocational, student, and developmental identity at the time of transition. Participants ranged in how they perceived the current impact of their disability, its anticipated future impact, and how they chose to view the experience of having a disability (weakness to strength). For example, some participants perceived themselves as in recovery while others viewed their illness as having a more significant, ongoing impact that impeded educational goals. Some viewed their disability as linked to stigma but others saw it as increasing the strengths they brought to relationships or future work environments. They similarly varied in clarity of vocational identity prior to entering higher education. Participants such as Thomas remained unsure of their vocational identity whereas others like Sylvia and John remained firmly committed to their earlier impressions of vocational identity. In the area of student identity, participants' narratives indicated differences in perceived preparedness for higher education and ideas about best environmental fit. With the ability to look back on their high school experiences, many of the students from private special education high schools perceived the low academic expectations and abundance of informal accommodations as leaving them less equipped for the realities of college-level work. Others viewed themselves as being fully prepared thanks to the academic rigor of their high schools and expectations others held for them. Ideas about best environmental fit ranged from sticking close to home (due to treatment needs, social support, or a lack of forethought into the college search) to wanting to go to a school more distant from home (due to a desire for a fresh start or increased independence). Participants did share similar desires for attaining developmentally expected tasks such as establishing independence and interdependence in family and peer relationships, respectively. Regarding self-advocacy skills, participants reported varying

degrees of competence at the time of entry to higher education. Those who had stronger or more developed self-advocacy skills reported more opportunities for practice as well as positive reinforcement for such behavior. Similarly, when participants had avenues for and positive experiences with self-disclosure, they reported more developed skills and more comfort in this area. Comfort with one's disability identity also facilitated self-disclosure and awareness of disability-related rights and responsibilities.

An exploration of causal conditions traces how earlier influences shape the core category, *Student as Active Agent*, and its respective subcategories. Positive involvements (both in quality and quantity) with family, peers, school personnel, religious community members, and treatment providers generally led to a positive impact on the student's identities via greater clarity or more positive perceptions. Similarly, positive involvements influenced the student's development of self-advocacy skills and perceptions by participants that developed skills were effective. Negative involvements or those perceived as insufficient in quality or presence led to a negative impact on the student's identities and development of self-advocacy skills. It is important to note, however, that the influences were not this straightforward, as participants were often involved with multiple individuals in multiple environments and the negative influence of one or more individuals could be countered by the positive influence of others. In addition, when there was a high degree of involvement by others but an absence of opportunities for student involvement, this hindered the development of self-advocacy skills. The role of others' (family, school personnel, and peers) expectations influenced the student's role as active agent in a similar manner, with low expectations for current or future academic achievement negatively influencing the participant's student identity,

most specifically the development of perceptions of preparedness for higher education and best environmental fit. On the other end of the spectrum, when others' expectations were too high and not congruent with the student's disability identity, this also negatively influenced student identity. Ultimately, expectations that were congruent with or slightly higher than the student's perceived student identity proved to be most facilitative. As participants were once again exposed to expectations from many different individuals, the too-low or too-high expectations of one individual or group (e.g., peer group) could also be countered by others' expectations.

Context also clearly influenced the core category of *Student as Active Agent*. Participants' perceptions of their illness status directly shaped their disability identity. When students were still actively experiencing symptoms as chronic or uncontrolled/ unpredictable, they were more likely to find the current and future impact of their disability more salient to their disability identity. Participants who engaged in volunteerism or community service activities reported gaining more perspective on their own disability, which led to a positive influence on their disability identity. Some participants' volunteer experiences also led to solidifying their vocational identity or helping them discover strengths that moved them toward a more positive student identity or desired developmental identity (e.g., noting their level of independence). Through experiences of giving back to others, including fellow students, participants also strengthened their own self-advocacy skills. The role of on-campus and off-campus supports that served as emotional and interpersonal *Anchors* for participants assumed a significant role in the context. Off-campus supports (Off-Campus Team) were largely comprised of individuals retained from the time prior to the student entering higher

education and provided encouragement for the student developing self-disclosure skills and other strategies. When this encouragement took place, it also contributed to participants' sense of developing independence and healthy interdependence. At times, these supports served as role models and positively impacted vocational identity and student identity. The absence of a solid off-campus support team impeded this identity work and skill development, which may or may not have been provided by on-campus supports. The latter were usually encountered by shared circumstances and not actively pursued by the student. Only after positive interactions did the student incorporate them into the On-Campus Team. Members of the On-Campus Team generally provided the same function as members of the Off-Campus Team. In addition to reinforcing the categories and subcategories related to the core category of *Student as Active Agent*, on-campus and off-campus supports also influenced the action/interaction strategies used by the student. Most notably, the presence of these supports positively influenced the participant's engaging in self-help efforts, utilizing college supports, choosing social involvements on campus, and making academic decisions. For example, Mark discussed how his on-campus supports encouraged improved study skills and academic advocacy; tapping into college support services; finding positive peer supports and student role models on campus; and improved academic decision-making. Overall, the absence of supports impeded self-disclosure and other strategies in higher education. However, an over reliance on off-campus supports also impeded the utilization of campus supports and social involvements on campus. This was most evident in Jane and Kate's experiences, where they continued to remain engaged with many off-campus supports at the expense

of using campus supports or developing new campus-based friendships. A balance between independence and interdependence seemed the best approach.

Action/interaction strategies in higher education were also directly influenced by the core category. Participants who reported more effective and developed self-advocacy skills prior to entering the postsecondary environment reported more willingness and success with self-disclosure and the other strategies mentioned. Sarah's journey is perhaps the clearest example of an individual whose earlier comfort with self-disclosure and self-advocacy (which was at first done collaboratively with her family) translated to effective experiences with these behaviors in higher education. Self-disclosure tasks were facilitated by one's disability identity as well (e.g., more comfort or identification with disability identity facilitating self-disclosure).

Intervening conditions also influenced the action/interaction strategies in higher education. Specifically, *Stigma* concerns acted as a barrier to *Self-Disclosure* and other behaviors such as accessing college supports or engaging in social involvements on campus. Participants' early interactions with campus supports and services (including personnel) weighed heavily on their perceptions of these supports (availability, accessibility, flexibility, personalization, and trustworthiness) and influenced their willingness to self-disclose and engage in behaviors such as working with college supports.

As evidenced by the subcategories related to the category of self-disclosure, this is a complex behavior requiring multiple decisions such as the target, context, content, and motivation for the disclosure. Other action/interaction strategies included engaging in self-help behavior (e.g., study skills, coping skills), working with college supports (e.g.,

interference, an insufficient support network, and a lack of effective self-disclosure and other behaviors within the higher education environment reported more revisions to original paths. Participants' experiences with self-disclosure and other strategies impacted their emerging/evolving disability, vocational, student and developmental identities. Their early identity work was also evident in their resultant sense of efficacy in corresponding domains, with their experiences within higher education being responsible (negatively and positively) for revisions. For example, when an earlier unclear vocational identity was not effectively addressed by engaging in related college supports (e.g., career services) or exposure to role models (newer, on- or off-campus supports), their sense of career efficacy remained low and their vocational identity unclear.

On a broader level, the current findings also highlighted that the student's sense of success or efficacy in the higher education environment was not determined by a lack of barriers but rather by the external supports and internal skills necessary to address them. This was an ongoing process that was enhanced by the student having valuable one-on-one relationships that fostered student independence while also helping when necessary. Success was measured differently by different participants and revisions to original plans were not necessarily setbacks or negative steps.

Discussion of Emergent Theory in Relation to Research Questions and Literature

The review of literature and existing research presented in Chapter II provided ways of approaching and interpreting the data. This review helped to focus the study by stimulating questions and providing comparison points with which to explore and understand the experiences of the participants. Existing theories and frameworks were

disability services), choosing social involvements on campus, and making academic decisions (e.g., appealing grades, withdrawing from courses, changing major). Participants varied in their overall degree of self-disclosure as well as their chosen targets, context, content, and motivation. They also utilized some of the other strategies more than others. An exploration of these categories and subcategories revealed that the relationships between action/interaction strategies and intervening conditions and between action/interaction strategies and context were bidirectional. For example, when participants had negative experiences with self-disclosure such as encountering stigma from a classroom professor or having difficulty with securing needed services, this negatively influenced student perceptions of campus supports and compounded stigma concerns. Negative experiences with self-disclosure or other strategies on campus propelled participants to utilize their on- and off-campus support teams for advice, emotional support, and intervention on their behalf (e.g., parent advocating by interacting with Residence Life staff). Positive experiences with self-disclosure or other strategies often led to new members being added to the participant's on-campus support team (e.g., helpful professor or advisor being incorporated into support network).

Indirectly through their role as *Student as Active Agent* (and the context) and directly through the action/interaction strategies in higher education (and indirectly through intervening conditions), participants experienced consequences related to *Revisions to Path* and *Revisions to Identity*. Participants' revisions to their academic, career, and social paths ranged from minimal to drastic, with some subcategories undergoing more revision than others. Participants whose experiences in higher education were marked by inadequate self-advocacy skills prior to entry, significant symptom

used as points of reference for the narratives and experiences emerging from this study without constraining the development of the emerging theory. To further validate the emerging theory, recent relevant literature that corresponds to the theory will also be introduced in this section.

This chapter connects the findings of this study to the initial research questions and compares the findings with research presented in Chapter II along with some recent, relevant research to facilitate understanding the transition experiences of college students with psychiatric disabilities who had previously received IEP or 504 services for a psychiatric disability before or during secondary education. Six research questions guided the process of exploring and understanding the range of experiences comprising the transition to postsecondary education for students with psychiatric disabilities previously served via an IEP or 504 plan. These were the following:

1. How did the IEP or 504 transition plan facilitate or fail to facilitate the transition to higher education for students with psychiatric disabilities?

2. How do students with psychiatric disabilities understand how they decided upon their postsecondary institution?

3. What forces and influences at the secondary level, both inhibitory and facilitative influenced the transition to higher education for students with psychiatric disabilities?

4. How well were the psychological components of disability addressed in transition plans, particularly for those students diagnosed with multiple disabilities (e.g., learning disability and psychiatric disability)?

5. For students with psychiatric disabilities, what forces and influences at the

postsecondary level, both inhibitory and facilitative, influenced the transition to higher education?

6. How do students with psychiatric disabilities arrive at decisions related to self-disclosure in the postsecondary setting?

Research Question 1

How did the IEP or 504 transition plan facilitate or fail to facilitate the transition to higher education for students with psychiatric disabilities? The majority of participants described their general experience with their ITP or 504 transition plan as well as their IEP or 504 plan as ineffective. Only two participants (John and Jane) recalled having a specific ITP, suggesting students had a lack of familiarity about and involvement in the required components of their IEP even when implemented as required by law. Individuals with 504 plans had little to contribute to this first research question, not recalling a specific transition plan. Vander Stoep et al's (2000) findings that this law is ignored in many states without mandates for state funding for full implementation or targets only adolescents educated within the public school system may partially explain this phenomenon.

Few participants recounted the experience as individualized to specific needs and geared toward success in higher education. When this occurred, the student recalled being a part of the transition planning process rather than a passive recipient of a pre-constructed plan. In contrast, others found the ITP meeting to be "just basic" and not providing substantive feedback about how the student would meet the goal of pursuing higher education. This is a common issue of transition planning that current researchers are attempting to remedy through recommendations of written, measurable objectives

that are related to goals (Clark, Deschenes, & Jones, 2000). Further, Jane reported being unclear about the role of her appointed transition coordinator in the process. To summarize her experience, she characterized the meeting as "required." This lack of knowledge about or involvement in formal individual treatment planning reflects larger trends identified in the earlier literature review that pointed to students rarely being involved in ITP formulation or IEP meetings despite the IDEA Amendment of 2004 re-emphasizing that students with disabilities ages 16 and older must be invited to participate in these meetings. Proposed reasons for this lack of involvement included lack of student interest in the process as well as preparedness in self-advocacy (Gil, 2007; Test et al., 2004; Test et al., 2005; Van Dycke et al., 2006). The latter appears especially applicable to current findings. Recent research also suggests that inconsistent involvement may be attributable to the student's ambivalence about increasing independence, a theme identified in the core category of the current grounded theory (Bridgeo, Davis, & Florida, 2000).

Students generally also viewed meetings related to and components of actual IEPs as meeting legal requirements but not meeting the individual students' needs. This is in stark contrast to emerging best practices in transition planning that emphasize informal/flexible planning that is driven by student interests, resources, strengths, and cultural and family values (Clark et al., 2000). Other shortcomings associated with IEP meetings included lack of follow-through by personnel involved in IEP meetings (e.g., significant delays in delivery of the IEP to the student and his or her family), failure of key personnel to appear for scheduled IEP meetings, focus on academic functioning at the cost of exploring other areas of need for the student (e.g., social functioning), and

omission of important transition-related information to students and families (e.g., ADA-related rights and responsibilities in higher education). These shortcomings do not ameliorate the mistrust of authority figures and adults that is common to this age group (Bridgeo et al., 2000). As previously discussed, the latter omission is especially important to highlight since service delivery in higher education settings shifts and is contingent upon the student's self-disclosing his or her disability (Ekpone & Bogucki, 2003; Gil, 2007; Jarrow, 1993; Lynch & Gussel, 1996; Wolf, 2001). This finding is consistent with previous findings by Lynch and Gussel (1996) and Gil (2007) that an incoming college student with a disability may not be aware of his or her new responsibilities related to disclosure and may also erroneously expect the same environmental supports provided during high school. Participants also expressed feeling as if their IEP meetings failed to address larger issues such as how students would concretely be able to meet their goals related to higher education.

Several participants, including those who viewed their ITP and IEP meetings as ineffective, reported having a parent (specifically, mother) present at the meetings who was identified as a support and advocate. For example, Sylvia, Kate, and John recounted parental involvement in navigating these meetings. The involvement of families in transition planning (when balanced with the choices and developmental needs of the student) has previously been identified as a key to successful engagement in transition planning and actual transition (Bridgeo et al., 2000).

Congruent with his impressions of his ITP meeting, John recalled his IEP meetings as a positive experience characterized by collaboration and a forum where he could not only receive feedback but approach teachers with his concerns in a supportive atmosphere. He

was the only participant who clearly mentioned having the opportunity to have his input heard during IEP meetings. John's experience reflects the ideal situation where transition planning involves student discussion of his or her unique transition needs (Cheney, Martin, & Rodriguez, 2000).

In examining the factors raised by students related to ITPs, IEPs, and related meetings, several components appear salient. These include the individualized or personalized nature of the plans and delivery, consistency and reliability of providers, concrete objectives for obtaining educational goals, opportunities for student input, and focus on multiple domains of student functioning (e.g., academic, emotional, interpersonal/social). Overall these components were not realized for participants in this study.

Research Question 2

How do students with psychiatric disabilities understand how they decided upon their postsecondary institution? Students had various ways of understanding how they decided on their postsecondary institution. Participants' identity statuses factored into the desired institutional type. They also ranged from viewing themselves as passive to active agents in the selection process and varied in their perception of the role of other individuals, services and environmental factors in influencing their specific institutional choices.

Participants' student identity indirectly influenced institutional choice. They had internalized images of themselves as students and the types of higher education environments that would offer the best match. Some students like Mark, who viewed

themselves as poor students, perceived themselves as having limited options and perceived community college as their only viable option whereas the majority of students (Sarah, Jane, Thomas, Kate, Annie, and Simon) viewed themselves as stronger students who were prepared for a four-year college. Some students held an image of themselves as living on campus whereas others described themselves as finding the commuter lifestyle the best fit for them in order to maintain stability or sobriety. Illness status influenced some participants' choice of school, preferring to remain near established supports. For students with a clearer vocational identity, availability of related major also factored into choice.

Students also recognized their level of motivation and investment in the application process as influencing their school options and choices. In general, these findings are consistent with those of Abery (1994) that found that students with disabilities generally have fewer opportunities to make decisions in their lives. Students who reported a low level of motivation or a more passive role in the planning process, combined with a lack of other supports (described below), had fewer options from which to make their ultimate institutional choice. Conversely, students who took a more active role in the college choice process had a clearer sense of choices and ultimate best fit. For example, John reported that collaborating with his Child Study Team played a key role in his ultimate choice of attending community college. Although initially wanting to immediately attend a four-year institution, their explanation of the added supports available at the community college and their careful weighing of pros and cons with John led him to narrowing down his choices and ultimately choosing community college as the best first step. He describes it as having been a process rather than a decision initiated by

one conversation or meeting. John's decision reflected a larger trend of students with disabilities typically enrolling at community colleges (60 percent), which have a long history of inclusion and accommodation of students with disabilities (Savukinas, 2003).

The usefulness of other supports, in the form of programs and individuals, varied across participants. Several participants reported having been enrolled in a college/career planning course during postsecondary education but that this class was minimally helpful in helping them decide on their postsecondary institution.

Regarding services providing direct exposure to prospective colleges, these services were described as nonexistent (to their knowledge), ineffective, or not offered to them. When not offered to participants, they projected that services such as visits to local colleges or ability to take courses at their local community college would have helped them better anticipate the social and academic challenges and expectations of higher education. When such programs were offered, they did not meet the specific needs of the individual (e.g., student planning on attending four-year institution with social transition needs being enrolled in a community college course). These experiences reflect the importance of student input in their transition needs as well as greater links between secondary and postsecondary education programs (Cheney et al., 2000).

When opting not to use formal college selection supports, participants found valuable assistance from other individuals such as other school personnel through informal contacts. Still other students looked to siblings as role models and used their observations of siblings to make their choice of institution.

Parents were perceived by participants as varying in their involvement in actual college planning. For students like Thomas and Sarah, being first-generation college

students led to limited direct assistance from their parents. In contrast, Simon described his mother as key to his college search by researching schools for him and arranging campus visits. Of all participants, he reported applying to the most schools and having the most options available to him.

Other important factors that figured into ultimate decisions for students included amount of available financial aid or scholarships, school location, and school size. Participants' preferences for school location ranged from wanting to remain at a more local institution (both as a commuter or as a resident student) to desiring to have a fresh start further away from their home environment (as a resident student). Participants' preferences regarding the size of their postsecondary institution also varied. Some participants looked to attend institutions with smaller student populations whereas others wished to attend postsecondary institutions with larger student populations. Interestingly, although the latter institutional types (larger and public institutions) have been cited as more likely to provide services and accommodations (Lewis & Farris, 1999), the participants who sought out these types of postsecondary placements either did not initially plan on self-disclosing for accommodations or continued to opt out of using such services at the time of their interview. There also appeared to be an intersection between school location and size in that students who sought to attend out-of-state schools also expressed a desire for a larger school that afforded them more anonymity and a fresh start. This perception of college offering a new beginning without the presence of psychological symptoms is a common phenomenon for students with psychiatric disabilities as well as their families (National Mental Health Association, 2002, as cited in Mowbray et al., 2006).

Research Question 3

What forces and influences at the secondary level, both inhibitory and facilitative, influenced the transition to higher education for students with psychiatric disabilities? Participants in the current study cited a number of factors that influenced the transition to higher education, both positively and negatively. Often, the same influence was perceived as both inhibitory and facilitative depending on its degree or associated qualities. In addition to degree or quality of IEP/ITP services, participants discussed how the involvement and expectations of family members, peers, members of the religious community, school personnel, and treatment providers positively and negatively influenced their transitions to higher education. They also described how some of these supports continued to support their transition by being incorporated into their off-campus support teams.

Family member involvement and expectations. Participants discussed the involvement of parents and siblings as influencing the transition process during their secondary education by their degree and quality of involvement in advocacy efforts, emotional support, college planning (mentioned earlier), and advice-giving about college. Expectations of family members related to academic potential in general and ability to succeed in higher education were also cited as important influences on the transition to higher education.

About half of participants described their parents (specifically mothers) as acting as effective advocates during their secondary school experience, positively influencing their transition to higher education. When assuming the role of advocate, parents were

perceived as key to initiating services and calling attention to gaps in classroom education experiences, transition planning, and therapeutic services when the participant felt his or her voice was not being heard or that he or she lacked the necessary self-advocacy skills. Students' reliance on parents or institutions to advocate for them is a common occurrence (Gil, 2007; Lynch & Gussel, 1996). Participants' positive perceptions of such involvement are congruent with findings that parents or other family members or guardians are a key element in the future success of young adults with psychiatric disabilities (Ryndak, Downing, Lilly, & Morrison, 1995). Although mothers' advocacy efforts acted as a means to an end (obtaining needed/mandated services), some participants reflected that their mothers' advocacy style probably led to strained relationships with school personnel. This was most notable in Sylvia's narrative. However, she also reflected that her mother was a role model for developing her own self-advocacy style and skills. Given her description of her mother's style and Sylvia's later descriptions of her self-advocacy experiences, this has ultimately been both facilitative and inhibitory, depending on the situation and other individuals involved.

Participants described parental emotional support as both facilitative and inhibitory in the transition process during secondary school. Several participants had parents who they perceived as emotionally unavailable, with proposed reasons ranging from a lack of their own maturity and coping skills to family discord. In contrast, other participants described their parents as being consistent sources of emotional support related to the transition and in general. These current findings of mixed experiences with parental support are consistent with the experiences of participants in the qualitative study by Mowbray and colleagues (2002).

Aside from concrete college planning efforts discussed earlier, parents and siblings more informally and indirectly contributed to the college preparation process. When these interactions were viewed as helpful, they included parents and older siblings serving as role models for pursuing higher education and older siblings providing practical or applicable advice about the transition to college (e.g., significance of living on campus). When these interactions were less helpful, parents had not attended higher education and could not serve as role models in this area and older siblings offered inapplicable advice (e.g., discussing their study skills with participant who had learning disability and different needs) or not serving as positive role models in areas like study skills.

During the secondary school years, family members' expectations also both positively and negatively influenced the transition to higher education for participants. When expectations of participants were too low, this negatively impacted his or her identity as a student (and in general). Expectations that were congruent with participants' abilities or slightly higher facilitated positive identity work and led to participants incorporating encouraging family members into their permanent support team. Another facilitative condition was when parents' expectations were aimed at reflecting the student's own self-derived goals or sense of potential and were not narrowly defined (e.g., attending certain school, achieving certain grades). When expectations were high and not necessarily congruent with the student's perceptions of his or her abilities, this was a mixed experience for the student. Expectations for the student were sometimes fluid.

Perceived changes in expectations (lowered) after diagnosis were also seen as a mixed experience. In some cases these altered expectations reflected a more realistic sense of what the student could accomplish given symptoms (Sarah) whereas in other cases (Jane) this was interpreted as inferring that her disability had negatively altered her identity as a student. Although these expectations may have motivated the student toward academic achievement, it had the potential to negatively impact family relationships and incorporation of family members into their support network (due to concerns about disappointing parents) and the student's sense of self.

Peer involvement and expectations. Peer involvements exerted negative and positive influences on participants, who also reported varying opportunities for social involvement. These included general interactions as well as those related to the college planning process. Peers' expectations about higher education also served as inhibitory and facilitative factors related to the transition to college.

When peers presented as negative influences, this took the form of substance abuse that was initiated or perpetuated by peers. The majority of participants had a history of substance use, with varying degrees of past and present impact. This is consistent with previous research by Mowbray et al. (2002) and Vander Stoep et al. (2000) pertaining to the presence of addictions or legal problems when students with psychiatric disabilities did not have other peer supports outside of these friendships. Breaking away from these negative influences meant finding a new peer group, which was often difficult in light of participants' illness status or identity. For participants in a private special education high school setting, remaining involved with peers from their

previous school settings or getting together with their private special education school classmates outside of the school setting was difficult. As a result, some participants noted that peer relationships felt less natural or close. Two participants, both with learning and psychiatric disabilities, reported being targets of bullying or harassment. These interactions exerted a negative influence on their identity as an active agent in the transition process by negatively impacting student identity and how the disability was integrated into identity. Although the experience of being bullied was difficult, there was a positive outgrowth to the experience for at least one participant who was motivated to develop self-advocacy skills. For all participants, peers exerted a positive influence by providing emotional support. Participants within the private special education school setting cited that this emotional support being delivered by peers with similar experiences filled a unique niche. This is not surprising, as students with psychiatric disabilities who participated in Mowbray and colleagues (2002) research sought out friends who had similar experiences and could provide a sense of commonality, belonging, and support.

Participants reported that peers' expectations for higher education influenced their expectations about attending higher education and how active participants should be in the transition process. Influential peer groups included classmates and friends outside of the assigned school or classroom setting. Participants who reported substance abuse issues during high school reported that that peer group not only exposed them to substance abuse but also to low expectations for attending college. Classmates' expectations about attending college as well as participating in the planning process were varied. However, by sharing their own college plans and goals as well as more concrete assistance such as helping the participant secure application materials, peers who were

already in higher education or were planning on doing so also positively supported the transition to higher education. Such a positive peer culture related to the transition to higher education has previously been identified as an important component to preparing students for the transition to postsecondary education (Cheney et al., 2000). Some participants reported mixed experiences, where they were exposed to both low expectations (from peers involved in substance abuse) and high expectations (from classmates in their college-track courses) about attending college.

Religious community involvement. Four participants reported that their involvement with faith or formal religious practices positively influenced their identity as an active agent in the transition process. All four participants' histories were significant for substance abuse issues during high school. Participation in religious communities provided participants with a sense of affiliation, overarching direction, support toward desired identity (sobriety), and exposure to positive supports. The positive supports that resulted from religious community involvement also led to establishing connections with individuals who served as career and general role models, which facilitated participants' own identity work. Positive supports within the religious community also provided support to the families of some participants, which indirectly benefited the students. Religious or faith-based involvement was not found in the literature reviewed for Chapter II of the current study. Upon further review of existing literature on the role of religious involvement in adolescent or young adult development, I was able to locate few studies. However, the findings of Kogan, Luo, McBride Murry, and Brody (2005) reflected the current study's finding regarding the important role that religious involvement can play in

ameliorating other negative influences and promoting positive developmental tasks. In their study of risk and protective factors predicting substance abuse of African American high school dropout youths, they reviewed the 1992 follow-up data from the *National Educational Longitudinal Study of 1988*. Results indicated that religiosity facilitated participants' interactions with conventional peers and promoted what they described as a positive life orientation (i.e., general optimism, self-concept, and conventional goals).

School personnel involvement and expectations. In addition to the aforementioned involvement with IEPs, 504 plans and the college search process, school personnel influenced the transition to college through informal contacts with participants. Based upon the nature of specific services and interactions, these experiences were viewed as helpful and unhelpful to participants. School personnel's expectations about participants' current academics and future academic potential or environment were also noted by participants as ranging in their utility during the transition process.

Participants ranged from viewing the involvement of teachers or staff at their high school from positive to negative. Those who reported negative interactions such as teachers breaching confidentiality regarding disability status or not fully implementing IEP objectives were also able to cite some positive interactions with other individuals within the same environment that seemed to counteract this. John, whose confidentiality was breached and who earlier mentioned being bullied, found that his self-advocacy skills developed in reaction to these incidents due to the other positive supports he had. Positive interactions included some flexibility when symptoms escalated, patience, and accessibility. Specific teachers cultivated participants' vocational and student identities

through their one-on-one contacts with students and pushing students academically. For one participant (Mark), his teachers' attention was key to his receiving an accurate diagnosis beyond just being perceived as disruptive. This was fortunate, as earlier research has indicated that teachers and administrators are usually not trained in how to address mental health issues (Doll, 1996; Mowbray et al., 2002; Wagner, Kutash, & Duchnowski, 2006). Although direct comparisons cannot be made due to the unclear inclusion criteria in Mowbray and colleagues (2002) study, the current participants generally reported more positive interactions with secondary school teachers, administrators and staff. However, some students in the current study reported isolated incidents of negative attitudes and behaviors from teachers that are consistent with findings in the earlier study.

Expectations communicated by school personnel varied. There were even variations within each student's experience, with some personnel acting as encouragers against a backdrop of low expectations related to high school academics. All of the participants graduating from private special education high schools described perceiving low academic expectations within the high school environment. This was communicated through negligible amount of homework which students felt left them unprepared for the academic demands of competitive colleges and a lack of follow-through with natural, negative consequences when participants or their peers did not complete homework, comply with behavioral expectations within the classroom, or otherwise feel able to manage the expectations association with their educational environment. Overall, participants perceived the lack of follow-through as having negative long-term effects

such as failing to equip them with the coping skills necessary for surviving in the "real world." which, as one participant noted, would not have a "therapy waiting room."

Experiences with informal accommodations such as extended time for assignments was also in stark contrast with what they were given in the higher education environment. Several participants who had previous experiences with informal accommodations appeared to expect them in higher education, which led to negative perceptions of professors or campus supports.

A review of the literature from Chapter II suggests that participants' perceptions of negative consequences of academic unpreparedness and lack of necessary coping skills are not unfounded. Previous research has shown that students with disabilities performed below age expectancies in math, science, and language domains within the postsecondary setting and that students with psychiatric disabilities may have less developed study skills (e.g., time management and organization) than their peers (Hartman, 1993; Wolf, 2001; Souma et al., 2002). Furthermore, research has suggested a lack of mastery in nonacademic skills that are integral to college success. These include effective self-disclosure and self-management skills (e.g., actively recognizing and managing symptoms, learning about and connecting with resources, and keeping a comprehensive support network) (Ekpone & Bogucki, 2003; Gil, 2007; Lynch & Gussel, 1996; Wolf, 2001). Despite a perceived culture of low current academic expectations for students, many of the same participants noted having at least one relationship with a teacher or principal that was characterized by the school personnel holding higher expectations for the student and pushing them to meet these higher expectations. For one student, this not only pertained to academic achievement but also the development of self-advocacy skills.

Her situation was unique, as many students with psychiatric disabilities do not have experience in self-advocacy in high school (Gil, 2007; Mowbray et al., 2006). In the area of expectations for higher education engagement, most participants from private special education high schools felt encouraged to pursue higher education and did not feel the expectations were too high. However, one participant from this school type reported that it was well-known among students that teachers held an unofficial about the negative outcomes their students may encounter, clearly conveying to the student low expectations about their prospects of success in the higher education arena that perpetuated stigma regarding students with psychiatric disabilities.

Participants in public school settings reported low and high academic expectations from teachers. These students typically experienced high expectations in their college-track and AP coursework. However, one participant was aware of the contrast between these expectations and the lower expectations from teachers of his special education classes. Further, the high current academic expectations for students in college-track and AP courses sometimes were a barrier, such as when students perceived teachers as confusing maintaining these same high standards with not complying with appropriate accommodations, even when they were aware of the student's illness and legally mandated accommodation plan. When teachers made negative comments about educational options such as community colleges, participants also perceived this as teachers communicating their high expectations for the student. Public school participants all reported that school personnel expected them to pursue a higher education degree. However, these expectations were based on the student's strong academic performances and did not necessarily consider his or her psychological needs.

Treatment provider involvement. The role of treatment providers, negative and positive, was more evident in the lives of participants attending private special education high schools. The degree of accessibility of treatment providers (formal and informal) was raised, with adequate accessibility viewed positively and too much accessibility as potentially fostering dependency that prevented student development of coping skills. This latter concern is valid and is also reflected by researchers in the field that define one of the goals of transition as helping students develop their own self-advocacy skills (Clark et al., 2000). One participant also cited the interpersonal skills gained through therapeutic work as valuable. Only one participant from public school mentioned the experience with a treatment provider and recounted the experience to generally be negative due to medication side effects and minimal input in decision-making.

Research Question 4

How well were the psychological components of disability addressed in transition plans, particularly for those students with diagnosed multiple disabilities (e.g., learning disability and psychiatric disability)? In light of the aforementioned discussion of transition plans in general, it is not surprising that students with multiple disabilities generally reported a lack of attention to their psychological needs during the transition planning process. Sylvia and Jane reported that their IEP meetings proceeded in a predictable fashion where general goals related to academics were essentially checked off. Both used the descriptor "basic" when describing IEP content. Even these academic goals were described as often existing in isolation from clear objectives for attaining them. As mentioned in the previous discussion of IEP/ITP services in general, this lack of

written, measurable objectives has been cited in related literature (Clark et al., 2000). Sylvia's experience also pointed out the absence of community-based supports in her transition planning, who can be important allies (Cheney et al., 2000). Other students with multiple disabilities reported more satisfactory transition planning services but these appeared to again focus on disabilities other than psychiatric disabilities. For example, John and Mark received appropriate referrals to their community college's disability support office but this was explained to them in the context of their learning disability or ADHD, respectively. This is again reflective of larger trends where secondary students with psychiatric disabilities do not receive the full array of transition-related psychological supports and services (e.g., skill teaching, symptom management, peer counseling, and personal support). Unger (1994), as cited in Cheney et al. (2000), observed that some of these services are available within secondary school setting but that this population usually does not receive them.

Research Question 5

For students with psychiatric disabilities, what forces and influences at the postsecondary level, both inhibitory and facilitative, influenced the transition to higher education? The previous discussion of the forces and influences at the secondary level that influenced the transition to higher education focused on early influences on the student's role of active agent in the transition process by influencing identity work and self-advocacy skills. Some of these influences were maintained at the postsecondary level in the form of members of participants' off-campus support teams. Other important forces and influences included on-campus support teams, illness status, opportunities for

giving (service), stigma, and perceptions of on-campus resources. A critical force/influence at the postsecondary level was the student him- or herself and his or her ability to effectively navigate the new environment as an active agent in the transition process. These areas will be discussed in the section below, including variations in the degrees to which these forces and influences were viewed as facilitating or inhibiting the transition to higher education.

Anchors: Off-campus and on-campus teams. Participants cited off- and on campus supports as influencing their transition to higher education. These supports varied in their density and usefulness to students, with more sufficient networks linked to more usefulness. These general findings are consistent with the general research consensus that support systems are essential to providing students with psychiatric disabilities with the necessary skills for navigating obstacles within their environment (Wolf, 2001).

Supports incorporated into off-campus team: In response to exposure to various potential support sources during secondary education, participants made decisions about who they would retain in their ongoing, off-campus support team during their time in higher education, which reinforced and encouraged their role as active agent in the transition process. These supports provided emotional support but also encouraged participants to seek formal sources of assistance when indicated, thereby also influencing choices and strategies implemented in the higher education environment. The construction of a support team is also promoted in related literature that meets developmental needs of interdependence, belongingness, and acceptance (Cheney et al., 2000). Family members who were previously experienced as helpful were retained in this team, reflecting research that indicates parents as essential to successful transitions

(Mowbray et al., 2002; Ryndak et al., 1995). At the same time, participants expressed a desire for family members to respect their growing independence, also developmentally expected (Vander Stoep et al., 2000). Parental support during this time included continued advocacy efforts on behalf of the student as well as new behaviors such as encouraging self-advocacy and independent decision-making, also developmentally expected with this age group and population (PACER Center, 2002). Peers who were nonjudgmental and aware of the student's psychiatric disability were retained in the support team. In this area, several participants reported difficulty with securing healthy peer supports they could carry over. The majority of participants who mentioned religious involvement during their secondary school years remained connected. Finally, several students from both public and private special education high schools remained in touch with teachers or administrators for general or academic advice/support. Two participants reported regularly seeing their off-campus therapists and considering them an important part of their off-campus team.

Supports incorporated into on-campus team: Participants varied in who they incorporated into their support teams as well as the adequacy of these support teams. Peers incorporated into the campus support team included classmates and roommates that they connected with through shared circumstances or participation. Participants did not always disclose their disability to new friends, to be discussed in more detail later in this section. These included peers with and without disabilities. Participants who connected with other peers with disabilities, usually through the campus disability support service, reported this as a positive experience. This is consistent with research of *The Needs Assessment Project* conducted by Blacklock and colleagues (2003), which found that

social connections based on disability were important for reducing barriers in higher education for this population. Although some resident participants reported difficulty with establishing on-campus friendships (due to social difficulties or a reliance on their off-campus peer network), commuter students generally reported fewer on-campus peer relationships. This was acceptable to some commuter students, who reported a satisfactory off-campus peer support team, whereas others reported desiring more friendships on campus. Participants in the latter scenario ranged from actively trying to build up a support network on campus by initiating contacts whereas others reported not feeling socially equipped to do so. In general, this is consistent with previous findings that students with psychiatric disabilities felt less isolated from the student culture even when this did not include close interactions with fellow students (Straw, 2003; Weiner, 1999). However, the current findings also point to students' difficulties with skills such as maintaining an ample support network (Ekpone & Bogucki, 2003). Several resident and commuter students reported incorporating postsecondary staff into their on-campus team after initial positive interactions with them via required contacts within the postsecondary environment. These included assigned professors as well as administrative staff within major departments, offices, clubs or other campus facilities (e.g., library) with whom participants had contact. Within these relationships, participants did not always disclose their specific disability. The role of faculty and administrative personnel in the participant's on-campus network was described as similar to that held by parents and former school personnel in the participant's off-campus support team (e.g., academic, emotional and referral support).

Illness status. Participants described different courses of their psychological illnesses during postsecondary experiences. The majority of participants reported experiencing positive and negative symptoms during college although the degree to which they impaired their educational experience differed. When symptoms were responsive to treatment (e.g., medication, therapy) or self-help strategies and predictable, participants reported that they presented minimal disruption. Symptoms that were less predictable, poorly managed, or presented as an acute episode resulted in disruption to academics, ranging from missed classes to course withdrawal or a medical leave of absence from the institution. Participants reported triggers for changes in symptom severity such as problems with roommates, feeling overwhelmed with the transition to college (e.g., scheduling, self-management), and returning to negative peer group and related influences (substance use). Medication side effects complicated the picture for some participants who had rare but serious reactions to medication. For the minority of participants such as Simon, who reported minimal symptoms during college, this supports findings that early and effective intervention can allow students with psychiatric disabilities to persist in higher education and other developmentally-congruent goals with minimal disruption (Mowbray et al., 2006). The experiences of most participants in the current study reflected literature identifying positive, negative, and cognitive symptoms as influencing college retention. Further, the barriers of medication side effects and the cyclical nature of illnesses mentioned here have been documented in previous research (Megivern et al., 2003; Mowbray, Bybee, & Collins, 2001; Weiner & Wiener, 1997).

Giving. The majority of participants reported opportunities for giving to others during their postsecondary experience. Opportunities took place through offices or organizations within the postsecondary environment, outside agencies, and religious entities and allowed students to serve a wide array of individuals (including other students). All participants reported positive benefits of service including improving time management or study skills; providing a sense of perspective on his or her own disability; a sense of belonging within the disability and larger student community on campus; the opportunity to develop leadership skills; positive influence on identity work; and the important experience of being on the giving- rather than strictly the receiving- end of help. The experience of giving through community service or volunteerism was not mentioned in the literature reviewed for Chapter II of the current study and is not widely covered in recent, relevant literature. The few mentions of such experiences for students with psychiatric disabilities corroborate these current findings, however. In a description of the Child and Adolescent Service Center (CASC), a private, nonprofit mental health agency serving children with psychiatric disabilities and their families in Canton Ohio, adolescents and young adults with psychiatric disabilities are integral to service delivery and advisory committees geared at making changes to the systems where they were once clients. Their involvement as peer advocates also allows for social opportunities with their peers (West, Fetzer, Graham, & Keller, 2000).

Stigma. In contrast with the overwhelmingly facilitative influence of giving, the majority of participants also reported encountering the barrier of stigma while in higher education that subsequently impeded self-disclosure and other behaviors (e.g., accessing

campus supports) within the setting. In addition to perceiving a general societal and institutional culture that conveyed a stigma related to mental illness, participants anticipated stigma from staff and faculty; peers; and potential future employers. For students with multiple disabilities, the stigma attached to one of their disabilities was usually perceived as a more frequent target for stigma (e.g., substance abuse, learning disabilities). The perceptions of participants in this current study are consistent with research previously reviewed and now introduced in this study. As discussed earlier, Blacklock and colleagues (2003) and Weiner (1999) found that students with psychiatric disabilities encounter stigma that can affect students' feelings about themselves as well as their willingness to seek help and social connection. Regarding the faculty attitudes conveyed in this study, these were also reflective of previously noted trends such as faculty communicating negative attitudes about accommodations for students who have already disclosed their disability and viewing them as special privileges (Eudaly, 2002; Weiner, 1999). More current research by Collins and Mowbray (2005) affirmed that faculty and staff attitudes can often be a barrier to assisting students with psychiatric disabilities. Fortunately, their research also conveyed hope in that the most common questions about this population from faculty and staff were more neutral and aimed at wanting to know how to best help students. This is consistent with the attitude of professors in participants' on-campus support teams. The consequence of impeded self-disclosure in the current study is also consistent with previous research, where students with mental illness do not self-disclose or connect with support services due to concerns of stigma, unfair treatment, or embarrassment (Ekpone & Bogucki, 2003; Megivern, 2002).

Perceptions of campus resources. Participants' early perceptions of the degree of availability, accessibility, flexibility, personalization, and trustworthiness of campus resources determined whether they were viewed as facilitators or barriers to transition in the postsecondary environment (through promoting or inhibiting action/interaction strategies such as self-disclosure).

Participants began their postsecondary experience with varying levels of awareness about available disability-related services. While some participants reported finding disability services prominently advertised in campus materials, others reported receiving minimal information or outreach prior to arriving on campus. Such a lack of information about campus services is a typical phenomenon (Collins & Mowbray, 2005).

Participants also reported mixed impressions of accessibility. When professors appeared accessible, they offered the student assistance outside of accommodations and provided prompt and reliable replies to student requests. Inaccessible professors were not available outside of class or were unwilling to extend assistance outside of accommodations. These descriptions parallel those made by participants in Weiner's (1999) study that included inaccessible professors or advisors among the barriers they described. Participants who were aware of disability support services generally described their early interactions with staff as conveying accessibility including staff being available outside of scheduled appointments and open to collaborating with students on decision-making. However, one participant recognized that services were more dependent on student initiative than in secondary settings. Counseling services were also characterized as accessible both by participants who had used and not yet used the service.

In the area of flexibility of campus supports, early interactions that some participants perceived as negative led to perceptions of inflexibility in regard to university policies (e.g., residency and financial aid requirements and policies) and faculty (e.g., inflexible assignment deadlines). These experiences echoed previous research findings regarding the bureaucracy that students with psychiatric disabilities encounter but also the lack of accurate information the student with a disability often has about services they are and are not entitled to within the higher education environment (Lynch & Gussel, 1996; Weiner, 1999). The *Needs Assessment Project* continued to emphasize organizational or institutional barriers as major obstacles for students with psychiatric disabilities (Blacklock et al., 2003). On the other end of the spectrum, some participants found professors to be very flexible with deadlines and other unofficial accommodations (e.g., providing extra credit) aimed at helping the student be academically successful.

Participants viewed professors and other professional staff as conveying varying levels of personalization in service delivery. Professors and staff who conveyed more personalized attention engaged in one-on-one relationships with students that focused on student's academic needs as well as their general functioning. Words such as "respect" were also used to describe these relationships. Previous research by Blacklock and colleagues (2003) also emphasized the importance of personal connections in serving students with psychiatric disabilities. Professors or staff who placed less of a priority on personalized relationships were also not viewed as accessible to students or receptive to their requests.

Finally, campus offices conveyed different degrees of trustworthiness, with the level of responsiveness to student complaints, protection of participants from harassment, and respect for confidentiality being early, determining factors in how students ultimately viewed and accessed them. Across these dimensions, participants' negative early impressions of a professional or office were ameliorated by other early positive experiences with professionals or offices within the postsecondary setting.

Student as active agent. The discussion of factors that influence the transition to postsecondary education during the higher education experience would not be complete without underscoring the student's role as active agent in the transition process. Specifically, the identity work the student has completed at the time of entry (e.g., disability, vocational, student, and developmental identity) as well as his or her self-advocacy skills play a key role in the actions and strategies he or she implements in this new environment. Ultimately, their role as active agent influences how successful the transition is viewed by the student and by the institution.

Identity work was comprised of several components that aligned with the developmental theories discussed earlier, particularly Chickering and Reisser's (1993) conceptualization of developmental tasks that occur early in higher education. All participants reported integrating one's disability or disabilities into larger identity as an important task. Several participants framed their illnesses as in recovery and precipitated by outside influences (e.g., substance use) whereas others understood that their disability's impact would be ongoing and needed to be integrated into their larger identity. Participants who identified with the recovery paradigm are on good company, as

this emphasis has begun to take hold in the conceptualization and treatment of individuals with serious mental illnesses (Mowbray et al., 2006). Participant perceptions of the impact of their disability differed, from seeing it as a weaknesses or deficit to a potential strength. Regarding vocational identity, participants ranged from having an unclear to a clear sense of vocational identity. These current findings are consistent with Ochs and Roessler's (2001) findings that high school students with disabilities scored lower on levels of vocational identity, suggesting less readiness to make future educational and career decisions. Another important aspect of identity work raised by my participants was creating a student identity that was separate from one's illness identity. Current study participants ranged from viewing themselves as academically unprepared to completely prepared for the academic demands of higher education (Chickering & Reisser, 1993). Also related to student identity, some of the current study's participants had particular images of themselves in higher education such as filling the role of resident student or studying abroad. Lastly, participants in the current study discussed working on moving toward a desired identity that was developmentally expected (Chickering, 1969; Chickering & Reisser, 1993; Erikson, 1964). This included desiring independence from parents and interdependence within peer relationships. Researchers have suggested that these developmental tasks are not only anticipated for this age group but may take on more meaning for young adults with psychiatric disabilities as a way of enhancing their sense of self and self-esteem (Kastner & Wyatt, 1997). Young adults with psychiatric disabilities may also face a more protracted and difficult period of tackling these developmental tasks since symptoms may have interfered with development and been the

necessary focus (Vander Stoep et al., 2000). The revisions to identity for participants in the current study suggest that these are tasks they are still actively engaged in.

Participants varied in their perception of self-advocacy skills, with the majority viewing their self-advocacy skills coming in to college as undeveloped or ineffective. Several participants reported that skill development in this area was restricted due to parents and school personnel making decisions on their behalf. Those participants who had role models or proponents for advocacy combined with opportunities for self-advocacy reported being able to develop self-advocacy skills. This translated into more willingness to engage in self-advocacy behaviors such as learning about and exercising one's disability-related rights and responsibilities. Some participants reported styles similar to their parents' early model, which continued to result in some problematic interactions but ultimately receiving needed services or actions.

Similarly, participants reported varying degrees of competence in self-disclosure as they entered higher education. This was again related to opportunities for developing skills in this area as well as comfort with disability identity and earlier concerns about stigma related to disclosing one's disability (Ekpone & Bogucki, 2003; Lynch & Gussel, 1996; Weiner, 1999). Being surrounded by peers who displayed similar behavior or reinforced maladaptive self-disclosure also led to ineffective self-disclosure skills coming into college. Individuals from private special education high schools also suggested that their self-disclosure skill development was partially impeded by being in an environment where all students had a known disability (lessening the risks and necessity of self-disclosure). Participants with perceived strengths in self-disclosure (as well as identifying as having a disability not in recovery) generally reported greater comfort with disclosing

and willingness to disclose to disability personnel and campus faculty and, as a result, more easily connected with campus supports. These findings are consistent with Collins and Mowbray's (2005) survey of campus disability support services that cited the most common barrier for accessing such services as fear of disclosure and a general tendency for the majority of students with psychiatric disability not to self-disclose. Even those who had negative past experiences with self-disclosure engaged in self-disclosure on the college campus when they had a climate of positive social support. A more detailed discussion of the process of self-disclosure can be found in response to the next research question.

Research Question 6

How do students with psychiatric disabilities arrive at decisions related to self-disclosure in the postsecondary setting? When participants considered disclosing their disability or disabilities, they considering the target, context, content, and motivation for the self-disclosure. For many participants, these decisions were a new experience as they had not had much experience with self-disclosure in the past. This is consistent with Lynch and Gussel's (1996) and Gil's (2007) findings about the self-disclosure experiences of this student population, in which students with disabilities may need to develop self-disclosure and other skills upon entering higher education. Targets included disability support personnel, professors, other campus personnel, and on-campus peers (e.g., friends, roommates, classmates, peers within disability program). Although one participant expressed a desire to be able to self-disclose electronically via the disability support office, the remaining participants preferred face-to-face, one-on-one interactions

in which to disclose. However, this was not always possible with professors if they were not accessible outside of class time. Some participants also expressed a desire for a casual conversational context within which to attempt a self-disclosure. The target's perceived interest and anticipated nonjudgmental response were also key to the interpersonal context. Participants varied in the content planned for disclosures. For participants with multiple disabilities or diagnoses, they tended to be more comfortable sharing the condition which they perceived as having less associated stigma. Participants with co-occurring learning disabilities tended to share these over psychiatric disabilities and individuals with multiple psychiatric disabilities also chose to share less stigmatizing diagnoses (e.g., social anxiety disorder versus bipolar disorder). Participants ranged from sharing minimal content (e.g., delivering accommodation letter with minimal commentary) when disclosing to choosing more detailed disclosures that explained the functional impact of the disability on past and present academic performance. Participants who chose not to self-disclose reported being motivated by a desire to have a fresh start that fit with their recovery identities whereas those who chose to self-disclose reported motivations as narrow as wanting to secure academic accommodations to using the disclosing process to deepen social relationships and correct any stigma-related misconceptions. Some participants, including those who did and did not self-disclose, reported that stigma concerns factored into their related decisions. Although a much smaller sample than in Megivern and colleagues' (2003) study, the results of the current study are somewhat different in that two-thirds of participants in the current study chose to disclose their disability to staff or faculty. However, the current results are consistent with research that indicates trends of nondisclosure in the face of stigma (Eudaly, 2002).

Further, the overall components related to self-disclosure decisions in this current study are reflected in those that Farzad Nawabi (2004) that described the self-disclosure behaviors of college students with mood disorders as comprised of five subcategories including context (setting or situation), approach (personal style or approach, encompassing self-disclosure context in current study), disclosure recipient and method (in person or via email). The remaining category covered the outcome of the disclosure, which is beyond the scope of this current question but covered elsewhere in the current study's grounded theory model. Similar to the results of the current study, Farzad Nawabi's participants expressed a preference for one-on-one or private settings for disclosure and casual approaches to disclosing. Participants in Farzad Nawabi's study also reported that self-disclosure decisions were influenced by stigma concerns.

Limitations of the Study

The current study sought to explore the positive and negative experiences of students with psychiatric disabilities, previously served via IEPs or 504 plans, who were transitioning to the postsecondary environment. The transition process for these students is clearly ongoing, complex, and unique to each individual and his or her environment. As such, the transition experiences for the entire population could not be fully explored or understood through the narratives of nine young adults in this study. Although the aim of the study was not generalization, several limitations are addressed. These include the need for more exploration and consideration regarding the influence of disability characteristics, salient cultural aspects, and self-selection. Past and present school

settings of participants deserve particular attention when considering limitations of the current study. Finally, limitations related to identity issues are raised.

Although the current study included participants presenting with a wide range of diagnoses, several diagnostic categories (specifically bipolar disorder) were better represented than others (e.g., psychotic disorders). Since age of receiving one's psychiatric diagnosis also was quite variable (ages 10 to 16) and this could clearly impact the experience of identity formation and development of self-advocacy skills, this should also be considered in future research with this population.

Further, the different reported experiences of students receiving IEP versus 504 plans, particularly in the area of transition planning, suggests the utility of studying these two student groups separately. Differences may not only be attributable to the differences in services offered under each, but also to significant differences in social and academic functioning that determined which legislation they received services under.

While the current study reflected the reality of many students with psychiatric disabilities who also have another disability such as ADHD or a learning disability (Stanberry, 2005; Wolf, 2001), greater exploration of the unique intersection and influence of different disability statuses is merited. For example, participants in the current study who met this criterion were more vocal about experiencing bullying and breaches of confidentiality by peers and teachers, respectively. Further, some participants with learning disabilities discussed the influence this held on their identity as a student and disclosure decisions (e.g., disclosing one disability versus another).

Several salient cultural aspects emerged during this study but were not able to be fully explored given the current scope and method. These included ethnic or cultural

identification. Although the majority of participants identified as White, three participants identified as Middle Eastern Indian American, Asian American, or Arab American. Experiences in areas such as familial expectations and the salience of such factors to the transition process need further exploration to determine the impact of culture of origin on transition. Another limitation regarding cultural aspects is in the area of sexual orientation. Through chance, the current study included at least two participants who defined themselves as bisexual or homosexual. However, the current study did not specifically explore how this influenced relationships and transition experiences. Although participants added the aspect of faith or religion by sharing the importance of their religious involvement or identity, this area was also not fully explored (e.g., incorporated into interview questions) in the current study.

This study only reflected the voices of those who were comfortable enough with their disability and experience to disclose it to me and did not include students who were unwilling to participate in this research or identify as having a psychiatric disability. Through recruitment via the private special education high school, the researcher was fortunate to be able to include one participant who was currently not attending a postsecondary institution and could share the barriers she had experienced while attending. Given the recruitment methods (on campuses), few students who had left postsecondary education due to unsuccessful transitions were included in the current study.

The participants included in the current study reflect the important reality that students with psychiatric disabilities find their way to postsecondary education via multiple paths including public and private special education high schools. However, in

areas such as school personnel expectations and social involvement, clear differences were voiced that strongly suggest the need to separately examine the experiences of students with psychiatric disabilities who remain in public schools and those who attend private special education high schools. These settings may not have guidance counselors or other support staff or the social and extracurricular functions that public schools offer. Further, these students are not exposed to the same curriculum, educational requirements, or class sizes as the peers in public schools. Combined, these different experiences may leave them differently prepared for the college culture (L. Walter, personal communication, February 5, 2008). The postsecondary education trajectories for these two populations of students with psychiatric disabilities may also be divergent, further emphasizing the need to separately focus on those who attend public schools and who are usually otherwise qualified versus those who attend private facilities and may not be otherwise qualified for a number of reasons.

Consideration should also be given to the differences that may exist among different private special education high schools. Two such schools were represented in this study. For example, although private special education high schools do not typically have guidance counselors on staff, one of the private special education high schools included in this study did in fact have certified school counselors and certified school social workers on staff. From participant reports, this school also offered some extracurricular activities for their students. As a result, generalizations about these school types or the students who attend them should be avoided at this time.

Finally, it should be noted that some of the experiences participants shared when discussing aspects of identity work may also be attributable to college students in general.

For example, revisions to one's vocational, student, or developmental identity are not uncommon for college students and some of the participants' experiences may reflect this rather than particular complexities added by their disability. Although these current results suggest that one's disability status does indeed influence identity work, broad generalizations in this area should be avoided.

Directions for Future Research

This study utilized a qualitative methodology that explored the six research questions and also allowed room for additional, unprompted information from participants. The grounded theory methodology was selected to gain a clearer understanding of the forces and influences (inhibitory and facilitative) that act upon the transitioning student with a psychiatric disability who received services under an IEP or 504 plan while in secondary school as well as how the student perceives him- or herself as an active agent in the transition process. The related in-depth descriptions from participants are provided to enable other researchers as well as school personnel (secondary and postsecondary) to make informed decisions regarding the appropriateness of transferability to other settings. In light of the aforementioned limitations, the following directions for future research are offered.

A grounded theory study or studies that explored the intersections of race and ethnicity; gender; sexual orientation; social class; school setting; religion and faith; and multiple disabilities on the transition process would allow increased understanding about the forces that influence the student's identity as active agent in the transition process and that more broadly support or inhibit successful transition experiences. Additional studies

could also begin the qualitative inquiry at earlier than the high school years, as participants who were diagnosed and received services from childhood could offer valuable insight into how earlier experiences shape their later perceptions of being active agents in the transition process. The examination into earlier influences would also allow school personnel a greater understanding of important components of early service delivery well before the student is required to be included in IEP meetings. Further, future research that employs a quantitative methodology is also suggested to validate the preliminary findings of this and any other subsequent grounded theory studies with this population.

The current study also supports Farzad Nawabi's (2004) recommendation of a longitudinal qualitative study of the participants. Obtaining a sense of what factors contribute to persistence and attrition beyond the first two years of higher education would inform professionals about not only the transition services necessary but also the ongoing supports that may be more salient at different points in the student experience (e.g., selection of major, transition to four-year school, career/job search).

The inclusion of students from private special education school settings also allows the possibility of following students who choose not to participate in postsecondary education or who may not persist. Following these students through a grounded study methodology, including eventual longitudinal designs, could inform the interventions most appropriate for these students.

Finally, the inclusion of parents and student-identified social supports as sources of information in future research should also be pursued. Since these individuals were cited as an influential in the student's development as an active agent in the transition

process, their feedback about their own experiences supporting the student as well as interacting with the same facilitators and barriers that the student identified would benefit professionals working with the student. This could take place by finding ways to incorporate these allies into transition planning and also address any observations these other key figures may have about the strengths and weaknesses of existing supports.

Practice Implications and Recommendations

The emergent grounded theory model in this study provides a framework for understanding how forces and influences positively and negatively influence previously classified students with psychiatric disabilities as they make the transition to college. The model also emphasizes the key role that students play as active agents in the transition process. Although further research can clarify and further the present findings, the present findings do suggest recommendations at the secondary and postsecondary levels that can better facilitate the transition to postsecondary education for these students.

The current findings highlight the influence of multiple forces during the student's time in postsecondary education. These influences include individuals such as school personnel as well as peers, parents, treatment providers, and other individuals. Formal programs or services also factor in to the student's transition experience. Given the potential influence of these forces, the following recommendations are made to better facilitate the transition to higher education for these students. Some of these recommendations are extensions of programs already existing in the disability community but not yet regularly incorporated into the school setting. Many come from

participants, who offered valuable suggestions about what would have been helpful to them during the transition.

Secondary Setting Recommendations

In order to better prepare the student for his or her role as active agent in the transition process, the legal mandate for inclusion in IEP/ITP meetings during postsecondary education must not only be met but expanded. In addition to attendance at these meetings, the student's input is critical to craft interventions that the student feels go beyond "basic" and meet their unique emotional, academic, and social needs. Such inclusion also moves the student toward developing necessary self-advocacy skills. Child Study Team personnel should consider using interventions such as the person futures planning process, which is already implemented in supported education programs and can also be ideal for developing goals and objectives in the student's IEP and ITP (Cheney et al., 2000). The personal futures planning process entails a transition specialist meeting across the school year with the student to learn the student's history and identify the student's wide range of social supports (e.g., family, friends, community). Another key piece of this process is engaging the student, along with school staff and outside individuals key to the transition process (e.g., mental health and vocational rehabilitation personnel) in identifying the student's goals and tangible, related objectives that can be incorporated into the transition plan. This process also emphasizes routine follow-up and evaluation to ensure movement toward the student's goals. The student is engaged throughout the process, continuing to be given avenues for decision-making and self-advocacy (Clark et al., 2000).

The previous recommendation is just one way to incorporate the student's support network into the transition process. Capitalizing on the student's existing supports as allies in the transition process can strengthen the supports available to the student during transition and better prepare families and ongoing treatment providers for overcoming barriers. This includes providing families with clear information about disability-related rights and responsibilities in higher education as well as specific means by which to access services, emphasizing the importance of making contact with them prior to the student's beginning at the institution. Providing parents with information about the developmental process and ways to encourage independence and self-advocacy/self-disclosure skills while still remaining as a support to the student would also benefit both the family and student. Such interventions should be made with consideration to family and student cultural values. Further, when students are remaining under the care of the same treatment providers, these individuals should be included in IEP/ITP meetings and also informed about ways they can facilitate the transition. The latter includes suggesting that they receive permission to speak with on-campus support services the student is or plans on using in order to coordinate care. Once the student has identified their intended institution, the new institution and personnel should be included in the transition planning process as much as is possible.

The provision of personally meaningful college search services should also be realized. Participants generally found existing school-based supports ineffective. Perhaps one of the best ideas comes from the participants, who observed that it would have been helpful to have been included on visits to nearby colleges or to have the nearby colleges come to them in the high school setting. This could include local community colleges and

universities. For the student who expresses an interest in becoming a resident student at in-state or out-of-state institutions, secondary personnel and families should work together with prospective institutions to arrange weekend or extended visits where the student has the opportunity to experience campus life.

Meaningful college search services could also be extended by encouraging students with psychiatric disabilities to participate in college-level courses while still in secondary school. Although students who reported goals such as attending a four-year university upon graduation or who primarily report social goals (e.g., improving social skills) may not find that participation in a community college course meets all goals, those students who identify attending a community college as their next goal would clearly benefit from such opportunities. For example, Mark reported that this exposure would have made obvious to him deficits in study skills and motivated him to better prepare for college prior to entry. The benefits may also be beyond simply academic preparation, as Mark suggested, "It's not this traumatic shock sort of putting a fish into cold water…College shock." Although such an opportunity would benefit IEP/ITP planning and student input/investment, further incentives for the student could include secondary schools providing credit for these courses.

Finding ways to provide incentives for students participating in community service should also be considered by secondary personnel. This could include creating courses around service learning, extra credit for community service, or school clubs focused on community service. Transition planning should also actively address ways in which to carry over community service into postsecondary experiences, facilitating connections between the student and campus service organizations.

Additionally, work-based learning for secondary school credit should be considered. Cheney and colleagues (2000) identified this as a frequent recommendation in related literature (Benz, Yovanoff, & Doren, 1997; Bullis et al., 1993; Johns et al, 1996; Cheney, Hagner, Malloy, Cormier, & Bernstein, 1998). The need for such opportunities is quite relevant when considering the unclear vocational identities of several participants. Such opportunities would also provide students with chances to learn and implement self-advocacy skills.

The recommendations of participation in college-level courses, service learning, and work-based learning would not only offer students opportunities for earning credit and exercising self-advocacy skills but better inform transition planning. Further, the frequently mentioned problem of lack of discipline in high schools and negative peer influences could be countered by more positive peer influences and adult role models in these settings.

Given the importance of spiritual or religious supports for many participants, this cultural aspect should also be infused into the transition process for students who identify with a religious or spiritual tradition. This can range from inquiring about the students spiritual or religious identification to incorporating this into the IEP/ITP and 504 plan/transition plan via objectives for attaining specific goals or enlisting the help of individuals within the religious community in the actual planning process. Thomas also suggested that secondary schools also provide avenues for student expression of religious or spiritual practices, stating, "Although it would be hard to implement in any kind of public school I guess bringing the component of faith in. Not necessarily, you know, Catholicism but really encouraging the student to find that undercurrent of direction."

Perhaps in addition to the "therapy room" at private special education high schools, a meditation room or other room where students can access personal time and exercise self-help strategies on their own would be a valuable resource.

Although specifically raised by participants from private special education high schools, the recommendation of exposing students to natural consequences also bears consideration for implementation across both settings. When students were not subject to negative consequences for failing to complete homework or implement self-help strategies in the moment, they reported that the short-term benefits (not having to complete work, being able to go to the "therapy room") were outweighed by the negative long-term consequences of not being prepared for the reality of the real world and higher education (e.g., managing college workload, implementing self-advocacy skills). As one participant explained:

> I know most people's best intentions are to help the kid but you've got to teach them to fish instead of just giving them a fish kind of thing. There has to be a lot more tough love in high schools…It's not a joke and I think it's really important that if a student doesn't realize it themselves I would really hope that a staff member would make it obvious that it may be really nice and cushy in the la-la land of alternative school but the rest of the world isn't like (private special education high school).

In my interactions with secondary school personnel working with this population as well as from the perspectives of many of the students coming from these schools, the personnel exhibit a strong commitment to seeing these students make successful transitions to higher education, whether or not their interventions are always successful.

However, reports of being unable to effectively manage disruptive students and speaking negatively about students among one another also point to the reality of potential burnout among these professionals. This calls attention to the need for support not only for the students but the professionals working with them.

Postsecondary Setting Recommendations

The following recommendations for postsecondary personnel span from the time the student first interacts with the institution to when he or she has entered as a student. In general, the recommendations continue to emphasize the importance of communication among the student, secondary, and postsecondary personnel. As a result, the student should be encouraged to consent to communication between secondary and postsecondary personnel (and any outside providers) as well as among various campus supports. These contacts can lead to improved communication that clarifies the role of each office and identifies any gaps in current service provision (Blacklock et al., 2003). However, the student should also be encouraged to be active in these exchanges and advocate for him- or herself whenever possible.

Building off of the previously mentioned recommendations for secondary school personnel and settings, postsecondary personnel and institutions should consider more active outreach to prospective students with psychiatric disabilities. This could include more information about available services beginning in admissions materials and on the institutions' website (including prominently displayed on the homepage and in web pages geared toward prospective students). By providing materials and information well in advance of student application and acceptance to the institution, the student and others

key to the transition planning process can determine whether the institution is a good fit for the student's needs. Further, information or recruitment events at institutions should make information about disability-related services easily accessible. Other possible outreach efforts from postsecondary institutions include inviting prospective or recently admitted students with disabilities to campus for tours of the campus and disability-related services, facilitating the student's self-identifying prior to arriving on campus or at the very least being aware of points of entry. Although potentially more labor-intensive at outset, postsecondary personnel should attempt to gain consent to interact with the prospective student's Child Study Team in order to improve transition planning and better anticipate the student's needs on campus. This would have the longer-term benefit of improved service delivery should the student attend the institution. If the student and key supports determine that the school is unable to meet his or her needs, the student would be spared the negative experiences of attending an institution where success is not realistic. Kate perhaps said it best when she observed, "It might take a little longer but it's worth it because you're not going to have as many people dropping out of your college."

Upon the student committing to the institution, students who identify as having psychiatric disabilities should be offered individual, personalized appointments with offices such as academic advising, residence life, and financial aid to have their psychological accommodations and concerns addressed prior to beginning their first semester. Introduction to these personnel or services should begin during student and parent orientation sessions if they have not already occurred (Bazelon Center for Mental Health Law, 2007). Advocates from the secondary setting or from the new postsecondary

setting (e.g., disability services or counseling personnel) should offer to attend these meetings or coordinate for a case meeting.

These recommendations also underscore the importance of the student having multiple entry points to service delivery. The current study supports Mowbray and colleagues' (2006) suggestion that there should be multiple entry points into the campus mental health system without duplicating services. Similarly, there should be multiple entry points for accessing disability support services. As mentioned earlier, the success of multiple entry points would largely depend upon the coordination and communication between campus personnel.

In addition to supports provided by postsecondary personnel on campus, students with disabilities could also be connected with current students with disabilities, perhaps serving in the role of a peer mentor, with whom they could remain in contact with during their transition. These programs would also provide more experienced students with disabilities with an opportunity for giving, possibly bolstering their own identity as an active agent in their educational experience. Programs constructed for peer advocates or mentors (possibly housed within the disability services or counseling services offices) would also allow for social connections between students with psychiatric and other disabilities, which has been cited as important in reducing barriers for students with psychiatric disabilities (Blacklock et al., 2003).

Additional peer support should be available to students with psychiatric disabilities who are striving to remain in recovery from substance use. Campuses who don't already do so should consider hosting Alcoholics Anonymous and Narcotics Anonymous self-help groups for the student population. By making these services

available on campus, this also reduces the barrier to participation that arranging transportation may present.

Expanded and improved education of the campus community about mental illness is also highly recommended. In light of the tragedy at Virginia Tech, this has become an imperative that is moving from recommendation to mandate. For example, the New Jersey Campus Security Task Force Report from October of 2007 stated, "The Subcommittee recommended all colleges and universities incorporate outreach activities that are designed to decrease the mental health stigma on campus and allow for interaction with students who may not otherwise seek formal counseling services." (p.7). The task force also recommends that colleges and universities provide annual mental health awareness training to the campus community. Campus education should include accurate information that aims to reduce the stigma related to mental illness (e.g., accurate information about occurrence and recovery) as well as when, where, and how to refer students to campus resources. As the current study illustrated, students with psychiatric disabilities interact with many members of the campus community outside of formal campus supports and develop one-on-one relationships that can serve as important conduits to them accessing other supports.

The researcher's recommendations also extend into the classroom. Continued opportunities for service and work-based learning should be offered and encouraged in the college environment. Similarly, clubs and organizations centered on community service/volunteerism as well as around academic areas of interest should be encouraged to help these students with ongoing identity work and with avenues for social interaction. Courses geared at assisting first-semester college students with the transition to college

should consider incorporating service learning opportunities, career awareness activities, and information about available campus resources.

Finally, administrative procedures and policies on campus should be flexible enough to offer reasonable accommodations to students with psychiatric disabilities. For example, the Bazelon Center for Mental Health Law (2007) drafted a model policy for colleges and universities pertaining to working with students with mental health needs. Their recommendations are geared toward assisting the student remain in school or return from a leave as well as academically and socially succeed. Recommended accommodations include permission for reduced course loads or alternative assignments; postponed assignments or exams; changes to rooming situation; and withdrawal from courses (including retroactive withdrawal when necessary). Bazelon's model policy also emphasized the need for flexibility in how the student requests these accommodations (e.g., verbal or in writing, before or after disclosing his or her specific condition) and who can assist in carrying out the request (e.g., counseling and disability services personnel). Additional administrative policies in need of revision that also appear to require changes at the federal level are financial aid eligibility requirements (minimum number of credits) and campus residency requirements (must be registered as a full-time student). Current requirements are punitive by excluding students with psychiatric disabilities from academic and social involvement on campus because they are making decisions (e.g., taking a part-time course load) that may be in the best interest of their mental health.

Conclusion

The current study, *Student as Active Agent: A Grounded Theory of Postsecondary Transition Experiences for Students with Psychiatric Disabilities,* examined and

described the postsecondary transition process for students with psychiatric disabilities who previously received services under an IEP or 504 plan. The research provided an exploration of how students become active agents in the transition process and what forces and influences hinder and help them along the way to transitioning to their new educational setting. Through the voices of the nine participants, the study was able to provide rich descriptions of the individuals and services that facilitated and inhibited the student's exercising his or her self-advocacy and self-disclosure skills and developing sense of identity. Each participant's path was unique and marked by successes, disappointments, and different outcomes at the time of interview.

The emergent theory reinforces previous recommendations for future research and practice and also offers new areas for exploration. Using the findings of this study, secondary and postsecondary personnel can examine how they can enhance facilitative forces and influences and reduce negative ones. Ultimately, they can assist these students in using their many strengths and creating even stronger voices.

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Appendix A

Recruitment Flyer

ADJUSTING TO LIFE AS A COLLEGE STUDENT?
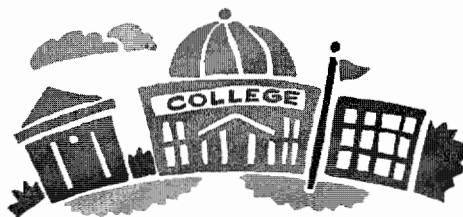
Help professionals better serve students with disabilities

by sharing your experiences and perspectives and earn $40 for your time!

ABOUT THE STUDY:

My name is Christina Liparini and I am a doctoral student in the Counseling Psychology program within the Department of Professional Psychology and Family Therapy at Seton Hall University. I am also a licensed professional counselor at Counseling Services at Fairleigh Dickinson University- College at Florham. For my dissertation project, I am seeking volunteers to participate in a study about the transition from high school to college for college students with psychological disabilities.

The study involves taking part in two interviews and filling out a brief demographic questionnaire, informed consent form and self-report questionnaire (Student Adaptation to College Questionnaire) about the college experience. The first in-person interview and second follow-up phone interview should each take no more than 1-1 ½ hours. Participants will receive **$20** for participation in each interview.

PARTICIPANT REQUIREMENTS:

In order to be eligible for inclusion in this study, participants must:

- Be at least 18 years of age
- Have been diagnosed with a psychological disability (e.g., major depression, anxiety disorder) before or during high school
- Have received accommodations while in high school as part of an IEP or 504 plan
- Have earned fewer than 60 credits at college

If interested in participating in this study or in learning more about it, please contact me by email (liparich@shu.edu) or telephone (973-443-8941). Thank you for your consideration!

Appendix B

Demographic Questionnaire

Demographic Questionnaire

1. Gender:

_____ Male

_____ Female

2. Age: _____

3. Race/Ethnicity:

_____

_____

4. Living Situation (Please Indicate All that Apply):

_____ On-Campus

_____ Off-Campus

_____ With Parents

_____ Residential Treatment

5. Current Employment Status (Please Indicate All that Apply):

_____ Work-Study

_____ Practicum/Internship

_____ Part-Time Employment

_____ Full-Time Employment

_____ Not Employed

6. Psychiatric Hospitalization:

_____ Yes

_____ Prior to College

_____ During College

_____ No

7. Psychiatric Medications:

_____ Yes

      _____ Prior to College

      _____ During College

_____ No

8. Services Used Off-Campus (Please Indicate All that Apply):

_____ Counseling/Therapy

_____ Medication Management

_____ Support Group(s)

_____ Social Services/Case Management

_____ Rehabilitative Services

_____ Employment Services

_____ Other (Describe: _____)

9. Services Used On-Campus (Please Indicate All that Apply):

_____ Disability Support Services

_____ Counseling Services

_____ Psychiatry (@ Counseling Services)

_____ Health Services

_____ Career Services

_____ Other (Describe: _____)

10. Age First Received IEP or 504 Plan: _____

11. Age Diagnosed with Psychological Disability: _____

12. First Diagnosis/Diagnoses:

_____

_____

_____

13. Current Diagnosis/Diagnoses:

_____

_____

_____

14. Number of Earned College Credits: ____

15. Number of College Semesters Attended: ____

16. Preferred Mail or Email Address (For Delivery of Interview Transcript):

_____

_____

_____

Appendix C

Informed Consent Form

INFORMED CONSENT FORM

Researcher's Affiliation
The researcher, Christina Liparini, is conducting a research study on the experiences of college students with psychological disabilities. This research is part of her work in the doctoral program in Counseling Psychology within the Department of Professional Psychology and Family Therapy at Seton Hall University. She is also a licensed professional counselor at Counseling Services at Farleigh Dickinson University- College at Florham.

Purpose of Research and Expected Duration of Participation
In this study, the researcher wants to hear about the experiences of students with psychological disabilities with a previous educational classification (i.e., IEP, 504 Plan) as he or she transitions from high school to college. Participation will consist of two interviews, each lasting 1-1 ½ hours, which will be audiotaped and transcribed. In between the two interviews, participants will also be expected to spend some time reviewing the transcript from the first interview.

Procedures
Before completing the first interview, participants will be required to complete a brief demographic questionnaire as well as review and sign this informed consent form. At this point, he or she will be asked to contact the researcher to schedule the first interview. At the end of this interview, he or she will be asked to complete the Student Adaptation to College Questionnaire. In total, the first in-person interview should take approximately 1-1 ½ hours. Participants will receive $20 for participation in this first interview. After the researcher has transcribed the interview, she will send the participant a transcript to review. He or she will then schedule a second telephone meeting to discuss comments regarding the transcript, as well as any additional thoughts or concerns that he or she may have. This interview should also take 1-1 ½ hours to complete. Participants will receive the remaining $20 for participation in this second interview.

Instruments
The demographic questionnaire will ask participants questions of age, gender, and race as well as questions about their illness and the services they use. The Student Adaptation to College Questionnaire is a 67-item self-report questionnaire that asks about factors associated with the adjustment to college. Participants will be asked to indicate their level of agreement with statements such as, "I am attending classes regularly" and "I am quite satisfied with my social life at college".

Voluntary Participation
Participation in this study is completely voluntary. If one freely decides not to participate in the present study for any reason, there will be no penalty. Even if one decides to participate in the present study, he or she is also free to discontinue participating without penalty at any time. This includes if he or she has any discomfort at any time during the interviews. The participant will still receive the agreed-upon monetary compensation for any interviews that were started but were unable to be completed.

Anonymity Preservation

Because of the need to contact participants by mail and phone, the research team will be aware of participants' identity. However, this information will be held in strict confidence, as described below.

Confidentiality Maintenance

Confidentiality will be maintained in several ways. First, completed copies of the demographic questionnaire, consent form, and Student Adaptation to College Questionnaire will be kept in a locked file cabinet maintained at Seton Hall University by the researcher's advisor, Dr. Pamela Foley. Only Dr. Foley and the researcher will have access to these materials. The researcher will transcribe all sessions and double-check them for accuracy before destroying them. No other members of the research team will have access to the resulting transcripts before they have been de-identified. All tape review will be done in research rooms at the university and the tapes will be destroyed once the interviews have been transcribed. The resulting transcripts will be stored in the locked file cabinet. Any computer files related to this research project will also be stored in this file cabinet and will not be stored on a computer hard drive.

Anticipated Risks or Discomforts

Anticipated risks or discomforts associated with this study are primarily associated with any discomfort participants may have about discussing their psychological disability or any negative aspects of the transition to college. Several steps will be taken to prevent or minimize discomfort. First, participants are encouraged to only share what he or she feels comfortable sharing. Should one experience any discomfort during or after participating in this study, he or she is strongly encouraged to inform the researcher. To accommodate the participant, the interview can be paused, terminated or rescheduled. In fact, the researcher will be checking in with the participant during the first and second interviews to see how he or she is feeling about the material shared.

Anticipated Benefits

Participation in this study will not directly benefit participants. However, through the knowledge obtained from the interviews, participants will help contribute to a body of knowledge that can assist college students with psychological disabilities in the future. It is hoped that participation will help high school and college personnel better understand and respond to the needs of college students with psychological disabilities.

Compensation

A list of possible services available to participants is attached to this informed consent form. Any participant who experiences serious discomfort during or following an interview is encouraged to utilize these referrals. The researcher, her advisor, and research assistants will not have any knowledge of a participant's use of these services unless the participant chooses to share this information.

Appropriate Alternative Procedures

Students who are seeking an alternative to participation in this study are encouraged to examine other opportunities for participating in research studies at this university. Students who are looking for the opportunity to discuss their experiences outside of a research context and receive support on campus are encouraged to speak with a staff member at the disability or counseling office.

Contact Information
If students have any questions about this study or would like a copy of the results, please feel free to contact Christina Liparini at liparich@shu.edu or (973) 443-8941 or Dr. Pamela Foley at (973) 275-2742 or by email at foleypam@shu.edu. Any questions about this research project can also be directed to Seton Hall University's Institutional Review Board (IRB) at (973) 313-6314 or by email at irb@shu.edu.

Consent for Audio-Taping
By signing at the bottom of this consent form, the participants will be giving permission for his or her interviews to be audio-taped. Any and all information concerning participation is confidential. Participants have the right to review all or any portion of the tape. The tape recording will be destroyed following transcription of the tape. In the transcription, no identifying information will be attached to comments. This transcript is to be used only by Christina Liparini, Dr. Foley, and any research assistants. The identity of participants will be concealed in all documents resulting from this research project (such as written reports). This includes the real names of participants as well as any other identifying details.

Signing and Retaining the Informed Consent Form
Informed consent is communicated by signing this document following review. Participants will be given one of the two signed and dated consent forms before the study begins. This copy is for them to keep.

_____

Subject or Authorized Representative   Date

Appendix D

Original Semi-Structured Student Interview

Original Semi-Structured Student Interview

1. Can you tell me about your IEP transition plan or 504 transition plan?

2. How do you view the role of your IEP transition plan or your 504 Plan in your transition from high school to college?

3. What was the process of choosing a college like for you?

4. How did you decide on attending this university?

5. What people, resources, and/or other factors during your high school experience influenced your transition to college, both positively and negatively?

6. What, if anything, do you wish you or others had done differently during high school to better prepare you for the transition from high school to college?

7. What people, resources, and/or other factors at the university have influenced your transition to college, both positively and negatively? (were helpful or not helpful)?

8. What, if anything, do you wish your or others had done differently since you arrived at college?

9. Who, if anyone, have you told about your illness?

10. Why did you decide to tell them?

Appendix E

Revised Semi-Structured Student Interview

Revised Semi-Structured Student Interview

1. What can you tell me about your IEP transition plan or 504 transition plan?

2. What was the process of choosing a college like for you? How about choosing a major?

3. Who/what during high school influenced your transition to college- positively and negatively?

4. Who/what during college influenced your transition to college- positively and negatively?

5. What, if anything, do you wish you or others had done differently to prepare you for college?

6. What are your thoughts on disclosing your condition to others?

7. How would you describe the impact of your condition on your educational experiences?

8. Is there anything that we haven't covered that you think would be important for me or others to know?

Appendix F

Referrals for Participants

REFERRALS – SETON HALL UNIVERSITY

Counseling Services (on-campus)
Mooney Hall, 2nd Floor
Seton Hall University
400 South Orange Ave.
South Orange, NJ 07079
(973) 761-9500

The Center for Low-cost Psychotherapy
(part of the Mental Health Association of Essex County)
33 S. Fullerton, Montclair, NJ
(973) 509-9777

East Orange General Hospital Outpatient Clinic
80 S. Munn St., East Orange, NJ
(973) 395-4182

NJ Self-Help Clearinghouse
(For assistance in finding or forming self-help support groups)
1-800-367-6274

Psychoanalytic Center of New Jersey
769 Northfield Ave, West Orange, NJ
(973) 736-7696

Psychotherapy Center of New Jersey
(provides referrals throughout New Jersey)
1-800-870-5940

FOR CRISIS/EMERGENCY:

East Orange General Hospital
300 Central Avenue
East Orange, NJ 07019
HOTLINE: 973-266-4478

Newark Beth Israel Medical Center CMHC
201 Lyons Avenue
Newark, NJ 07112
HOTLINE: 973-926-7444

University Behavioral Health Care
183 So. Bergen Street
Newark, NJ 07101
HOTLINE: 973-623-2323

REFERRALS – COUNTY COLLEGE OF MORRIS

Counseling Services (on-campus)
SCC 118
973-328-5140

Hope House
19-21 Belmont Avenue
Dover, New Jersey   07801
973-361-5555

New Bridge Services
- 21 Evans Place, Pompton Plains NJ 07444
- 390 Main Road, Montville NJ 07045
1-888-746-9333

NJ Self-Help Clearinghouse
(For assistance in finding or forming self-help support groups)
1-800-367-6274

Psychotherapy Center of New Jersey
(provides referrals throughout New Jersey)
1-800-870-5940

Saint Clare's Behavioral Health Services
- 130 Powerville Road, Boonton NJ 07005
- 50 Morris Avenue, Denville NJ 07834
- 100 Hanover Avenue, Cedar Knolls NJ 07927
1-888-626-2111

FOR CRISIS/EMERGENCY:

Saint Clare's Hospital
Pocono Road, Denville, NJ 07834
Psychiatric Emergency Services (973) 625-0280

Chilton Memorial Hospital
97 West Parkway, Pompton Plains, NJ 07444
Crisis Intervention Services (973) 831-5078

Morristown Memorial Hospital/Atlantic Behavioral Health
100 Madison Avenue, Morristown, NJ 07962
Crisis Intervention Services (973) 540-0100

REFERRALS – MIDDLESEX COUNTY COLLEGE

Department of Counseling and Career Services (on-campus)
Edison Hall, Room 100
732-906-2546

Catholic Charities
Mental Health Center
288 Rues Lane
East Brunswick
732-257-6100
Access # 1-800-655-9491

JFK Center for Behavioral Health
65 James Street
Edison
732-321-7189

NJ Self-Help Clearinghouse
(For assistance in finding or forming self-help support groups)
1-800-367-6274

Psychotherapy Center of New Jersey
(provides referrals throughout New Jersey)
1-800-870-5940

University Behavioral Health Care
Hoes Lane
Piscataway, NJ 08855
732-235-5500 or 1-800-969-5300

FOR CRISIS/EMERGENCY:

University Behavioral Health Care
671 Hoes Lane
Piscataway, NJ 08855
HOTLINE: 732-235-5700

REFERRALS – SUSSEX COUNTY COMMUNITY COLLEGE

Counseling Center (on-campus)
B Building, Room 206
973-300-2207

Center for Mental Health
Newton Memorial Hospital
175 High Street
Newton, NJ 07860
973-383-1533
CRISIS HOTLINE: 973-383-0973

NJ Self-Help Clearinghouse
(For assistance in finding or forming self-help support groups)
1-800-367-6274

Psychotherapy Center of New Jersey
(provides referrals throughout New Jersey)
1-800-870-5940

REFERRALS – FAIRLEIGH DICKINSON UNIVERSITY (College at Florham)

Counseling Services (on-campus)
Wellness Center
973-443-8504n

Hope House
19-21 Belmont Avenue
Dover, New Jersey   07801
973-361-5555

New Bridge Services
- vans Place, Pompton Plains NJ 07444
- 390 Main Road, Montville NJ 07045
1-888-746-9333

NJ Self-Help Clearinghouse
(For assistance in finding or forming self-help support groups)
1-800-367-6274

Psychotherapy Center of New Jersey
(provides referrals throughout New Jersey)
1-800-870-5940

Saint Clare's Behavioral Health Services
- 130 Powerville Road, Boonton NJ 07005
- 50 Morris Avenue, Denville NJ 07834
- 100 Hanover Avenue, Cedar Knolls NJ 07927
1-888-626-2111

FOR CRISIS/EMERGENCY:

Saint Clare's Hospital
Pocono Road, Denville, NJ 07834
Psychiatric Emergency Services (973) 625-0280

Chilton Memorial Hospital
97 West Parkway, Pompton Plains, NJ 07444
Crisis Intervention Services (973) 831-5078

Morristown Memorial Hospital/Atlantic Behavioral Health
100 Madison Avenue, Morristown, NJ 07962
Crisis Intervention Services (973) 540-0100

REFERRALS – FAIRLEIGH DICKINSON UNIVERSITY (Metropolitan Campus)

Student Counseling and Psychological Services (on-campus)
Student Union Building
860 SUB Lane, 2nd Floor
201-692-2174

Comprehensive Behavioral HealthCare, Inc
395 Main Street
Hackensack, NJ 07601
201-646-0333

Mid-Bergen Center - Division of Care Plus NJ, Inc
610 Industrial Avenue
Paramus, NJ 07652
201-265-8200

NJ Self-Help Clearinghouse
(For assistance in finding or forming self-help support groups)
1-800-367-6274

Psychotherapy Center of New Jersey
(provides referrals throughout New Jersey)
1-800-870-5940

Vantage Health System
Englewood Center
93 W. Palisade Avenue
Englewood, NJ 07631
201-567-0500

West Bergen Mental Health Care
120 Chestnut Street
Ridgewood, NJ 07450
201-444-3550

FOR CRISIS/EMERGENCY:

Care Plus NJ Inc at Bergen Regional Medical Center
230 East Ridgewood Avenue
Paramus, NJ 07652
201-262-4357

REFERRALS – OTHER LOCATIONS THROUGHOUT NEW JERSEY

DESIGNATED PSYCHIATRIC SCREENING/CRISIS CENTERS BY COUNTY:

Atlantic County

Psychiatric Intervention Program (PIP) at Atlantic City Medical Center-City Division
1925 Pacific Avenue
Atlantic City, NJ 08401
HOTLINE: 609-344-1118

Bergen County

Psychiatric Emergency Screening - Care Plus NJ Inc. at Bergen Regional Medical Center
230 East Ridgewood Avenue
Paramus, NJ 07652
HOTLINE: 201-262-4357

Burlington County

Drenk MHC SCIP at Lourdes Medical Center
218A Sunset Road
Willingboro, NJ 08046
HOTLINE: 609-835-6180

Camden County

Steininger Center at Kennedy Memorial Hospital
Cooper Landing & 2201 West Chapel Ave
Cherry Hill NJ 08002
HOTLINE: 856-428-4357

Steininger Behavioral Care Services at Our Lady of Lourdes Medical Center
1600 Haddon Avenue
Camden, NJ 08103
HOTLINE 856-541-2222

Cape May County

Cape Counseling Service at Burdette Tomlin Hospital
2 Stone Harbor Blvd.
Cape May Court House, NJ 08210
HOTLINE: 609-465-5999

Cumberland County

Cumberland County Guidance Center at South Jersey Hospital-Bridgeton
Division
333 Irving Avenue
Bridgeton, NJ 08302
HOTLINE: 856-455-5555

Essex County

East Orange General Hospital
300 Central Avenue
East Orange, NJ 07019
HOTLINE: 973-266-4478

Newark Beth Israel Medical Center CMHC
201 Lyons Avenue
Newark, NJ 07112
HOTLINE: 973-926-7444

University Behavioral Health Care
183 So. Bergen Street
Newark, NJ 07101
HOTLINE: 973-623-2323

Gloucester County

Newpoint Behavioral Health Care at Underwood Memorial Hospital
509 North Broad Street
Woodbury, NJ 08096
HOTLINE: 856-845-9100

Hudson County

Jersey City Medical Center
355 Grand Street
Jersey City, NJ 07340
HOTLINE: 866-367-6023

Bayonne Medical Center
29 East 29th Street
Bayonne, NJ 07002
HOTLINE: 201-858-5286

Palisades Medical Center
7600 River Road
North Bergen, NJ 07047
HOTLINE: 201-854-6300

Christ Hospital
176 Palisade Avenue
Jersey City, NJ 07304
HOTLINE: 201-795-8373

St. Mary's Hospital CMHC
308 Willow Avenue
Hoboken, NJ 07030
HOTLINE: 201-795-5505

Hunterdon County

Hunterdon Emergency Services Behavioral Health
2100 Wescott Drive
Flemington, NJ 08822
HOTLINE: 908-788-6400

Mercer County

Capital Health System at Fuld
750 Brunswick Avenue
Trenton, NJ 08638
HOTLINE: 609-396-4357

Middlesex County

University Behavioral Health Care
671 Hoes Lane
Piscataway, NJ 08855
HOTLINE: 732-235-5700

Monmouth County

Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740
HOTLINE: 732-923-6999

Morris County

St. Clare's Hospital, Inc.
25 Pocono Road
Denville, NJ 07834
HOTLINE: 973-625-0280

Morristown Memorial Hospital
100 Madison Avenue
Morristown, NJ 07960
HOTLINE: 973-540-0100

Ocean County

Kimball Medical Center (PESS)
600 River Avenue
Lakewood, NJ 08701
HOTLINE: 732-886-4474 or 866-904-4474

Passaic County

St. Mary's Hospital
Psychiatric Emergency Screening Unit
211 Pennington Avenue
Passaic, NJ 07055
HOTLINE: 973-470-3025

St. Joseph's Hospital
703 Main Street
Paterson, NJ 07503
HOTLINE: 973-754-2230

Barnert Memorial Hospital
680 Broadway
Paterson, NJ 07514
HOTLINE: 877-977-6996

Salem County

Healthcare Commons, Inc. at Memorial Hospital of Salem County
500 S. Pennsville-Auburn Road
Carney's Point, NJ 08079
HOTLINE: 856-299-3001

Healthcare Commons Inc. at Memorial Hospital of Salem County
310 Salem-Woodstown Rd.
Salem, NJ 08079
HOTLINE: 856-299-3001

Somerset County

Somerset County PESS
110 Rehill Avenue
Somerville, NJ 08876
HOTLINE: 908-526-4100

Sussex County

Newton Memorial Hospital
175 High Street
Newton, NJ 07860
HOTLINE: 973-383-0973

Union County

Trinitas Hospital
655 East Jersey Street
Elizabeth, NJ 07201
HOTLINE: 908-351-6684

Muhlenberg Regional Medical Center
Park Avenue & Randolph Road
Plainfield, NJ 07061
HOTLINE: 908-668-2599

Warren County

Family Guidance Center of Warren County
550 Marshall Street
Phillipsburg, NJ 08865
HOTLINE: 908-454-5141

OTHER MENTAL HEALTH RESOURCES (NON-CRISIS):

NJ Self-Help Clearinghouse
(For assistance in finding or forming self-help support groups)
1-800-367-6274

Psychotherapy Center of New Jersey
(provides referrals throughout New Jersey)
1-800-870-5940

ABSTRACT

STUDENT AS ACTIVE AGENT: A GROUNDED THEORY OF THE
POSTSECONDARY TRANSITION EXPERIENCES FOR STUDENTS WITH
PSYCHIATRIC DISABILITIES

Although research indicates a trend toward increased representation of students
with psychiatric disabilities in postsecondary education, the experiences of these students
tend to be marked by academic failure and social isolation. However, the existing
qualitative and quantitative research on this student population largely excludes the
transition experiences of students with psychiatric disabilities that take place before
entering postsecondary education or for those who received services under an IEP or 504
plan. The purpose of the current study was to gain a clearer understanding of the
facilitative and inhibitory influences that act upon the student as he or she transitions
from secondary to postsecondary education. An additional focus of the study was the
student's perceptions of his or her role in the transition process.

Using a grounded theory methodology, nine participants who previously had IEPs
or 504 plans for psychiatric disabilities participated in an in-person interview and follow-
up telephone interview. Eight were currently attending either a four-year institution or
community college and one was at home following a medical leave of absence. All had
completed 60 or fewer credits. Participants reported diagnoses including major
depression, bipolar disorder, posttraumatic stress disorder (PTSD), and schizophrenia.
Four participants had graduated from public high schools and five from private special
education high schools.

Data analysis generated the core category of *Student as Active Agent,* which described participants' identity work and self-advocacy skills prior to entering postsecondary education. The emergent theory discusses the causal conditions (i.e., others' involvement and expectations) that influenced the development of core category as well as the maintaining context (i.e., opportunities for giving, illness status, and anchors). The grounded theory model also discusses the resulting strategies used by the *Student as Active Agent* (i.e., self-disclosure and other strategies) and their consequences (i.e., revisions to path and revisions to identity work).

The emergent grounded theory model offers a means of better understanding the postsecondary transition experiences of students with psychiatric disabilities. Specifically, the findings suggest ways in which secondary and postsecondary personnel working with these students can facilitate more successful transitions by creating environments that foster the student's active role in the process.