A CASE STUDY EXPLORING THE SELF-DISCLOSURE EXPERIENCES OF STUDENTS

WITH PSYCHIATRIC IMPAIRMENTS IN AN ONLINE UNIVERSITY SETTING

by

Marcie Anne Dimač

Liberty University

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Education

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APPROVED BY:

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ABSTRACT

The purpose of this single case study was to explore the self-disclosure experiences of students with psychiatric disabilities in a fully online university setting. The theory guiding this study was the social model of disability as it focuses on the barriers imposed by society on students with disabilities as it pertains to self-efficacy, academic success, and the need to self-disclose. This case study asked the central question, "What can be learned from the self-disclosure experiences of students with psychiatric impairments?" Perspectives of students with psychiatric impairments, faculty, and disability support services professionals as it relates to the self-disclosure process and experience were shared. Self-disclosure experiences of students with psychiatric impairments were studied in a fully online, higher education environment. Data was collected through interviews, a focus group, and documentation. Six themes emerged during the data analysis and included: (a) academics, (b) communication, (c) disclosure experience, (d) encouraging disclosure, (e) discouraging disclosure, and (f) self-efficacy. The results of this study indicated that self-disclosure often occurs after encountering an academic barrier and that self-disclosure is influenced by prior disclosures, self-efficacy, and communication. The findings of this study aligned with much of the current literature but expanded to include aspects of communication during self-disclosure. A detailed report was included, which provided insight into the self-disclosure experiences and guidance for disability service professionals and higher education faculty and staff. Theoretical, practical, and empirical implications were also addressed.

Keywords: disability, online, higher education, self-disclosure, psychiatric, self-efficacy, communication

Dedication

I dedicate this dissertation to my sweet husband, Mario. Loved you then, loved you still. Always have, always will. I would not have finished without your unwavering encouragement, love, and support. I am forever grateful to walk this life with you.

To my parents, Mark and Trish, thank you for always encouraging me, listening to my struggles, and giving me the drive and determination I needed to complete this degree. To my dad, your education inspired my education and I am forever grateful for your influence. To my mom, there is no way this dissertation would have been completed without your guidance and support. Your listening ear is what I will always need. I love you both.

To my sweet children, Tona and Thomas. Although you are too young to understand why mommy would sit at her computer, you were still encouraging me to always be my best. I will always be there to encourage you to follow your dreams, whatever they may be!

To my sweet sister, I love you so much. Your words of encouragement were always so helpful. Thank you for always being the best big sister I could every ask for. I love you so much.

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I would like to thank my co-workers at WGU, for always checking on me to make sure that I was supported during the dissertation process.

I would like to thank Liberty University for providing me the opportunity to pursue this degree. Liberty University provided unwavering support and allowed me to complete a lifelong dream! To God be the glory, always!

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List of Abbreviations

Attention Deficit Disorder (ADD)

Attention Deficit Hyperactivity Disorder (ADHD)

Americans with Disabilities Act (ADA)

Disability Support Professionals (DSP)

Disability Support Services (DSS)

Grade Point Average (GPA)

High School Transition Planning (HSTP)

Individualized Education Plan (IEP)

Individuals with Disabilities Education Act (IDEA)

Online Accommodations Support (OAS)

Post-traumatic Stress Disorder (PTSD)

Students with Disabilities (SWD)

Students with Psychiatric Impairments (SWPI)

World Christian University (WCU)

CHAPTER ONE: INTRODUCTION

Overview

The number of students with disabilities (SWD) who pursue degrees in online education continues to increase (Kent, 2016). However, SWD often underachieve academically and socially and have lower self-efficacy when compared to their non-disabled peers (Cesarei, 2014; Cole & Cawthorn, 2015; Srivastava & Singh, 2016). Studies have shown that students who disclose their disabilities and receive the appropriate supports perform better academically and have stronger self-advocacy skills (Lindsay, Cagliostro, & Carafa, 2018; Stein, 2013; Terras, Leggio, & Phillips, 2015). However, SWD often hide their disability status, leaving them without the proper accommodations and academic supports necessary to level the academic playing field (Kim & Lee, 2016; Terras et al., 2015). Students with hidden disabilities, or those who have disabilities that are not readily visible to the naked eye, can more easily choose not to disclose when compared to their peers with visible disabilities (Lindsay et al., 2018; Thompson-Ebanks, 2014). Disability service professionals (DSP) must understand the self-disclosure experiences of students with psychiatric impairments (SWPI). A thorough understanding of these experiences may help DSP in creating programs and services geared towards increasing the self-disclosure and request for accommodations of SWPI.

The purpose of this single case study was to investigate the self-disclosure experiences of students with psychiatric impairments (SWPI) in a fully online university setting. Examining the experiences of self-disclosure of SWPI can assist DSP in framing programs and services in a way that promotes positive interactions and self-disclosure from this group of students. Students with psychiatric impairments, faculty members who have experienced self-disclosure of SWPI, and disability service providers provided their perspectives on the self-disclosure experience

through the lens of the social model of disability. A case study design was chosen for this study

as it allowed for the inquiry of an ongoing phenomenon in a real-world setting (Yin, 2018).

This chapter presents and examines the essential information related to this study.

Background

The percentage of students with disabilities enrolled in higher education has almost

doubled over the past decade (Zeng, Ju, & Hord, 2018). Nevertheless, students with disabilities

(SWD) are currently attending colleges and universities at about half the rate of their non-

disabled peers. The Current Population Survey, administered by the United States Census,

reported that in general, the percentage of adults without a disability who completed a bachelor's

degree was almost twice as high as those who completed bachelor's degrees with a disability

(Ryan & Bauman, 2016). A study conducted at the request of the Office of Special Education

and Rehabilitative Services in the U.S. Department of Education found that students with mental

health disabilities comprised the third-largest category of students with disabilities (15%). The

two largest categories of disability were students with Attention Deficit Disorder (ADD) or

Attention Deficit Hyperactivity Disorder (ADHD) (18%) and students with learning disabilities

(31%) (Raue & Lewis, 2011).

Though SWD continue to enroll at higher rates, they often underachieve at the university

level, when compared to their non-disabled peers (Raue & Lewis, 2011; Kranke, Taylor, &

Floersch, 2013; Zeng et al., 2018). According to a longitudinal study sponsored by the United

States Department of Education, students with disabilities graduated from four-year institutions

at about one-third of the rate when compared to their peers (Raue, & Lewis, 2011). Research

conducted on why SWD do not persist at the same rate as their non-disabled peers have

identified the following factors: (a) low self-efficacy skills (i.e., the ability to effectively

communicate with faculty, staff, and peers), (b) not registering with or having knowledge of disability support services (DSS), (c) low-self-esteem, and (d) real or perceived social stigma (Jorgensen, Budd, Fichten, Nguyen, & Havel, 2018; Krieder, Bendixen, & Lutz, 2015). Understanding the historical, societal, and theoretical background of students with disabilities in higher education can provide further insight into the barriers faced by this unique group of students.

Historical

Gallaudet University, originally named the National Deaf-Mute College, is the oldest known institution of higher education specifically created for students with disabilities (Madaus, 2011; Powell, 2011). Though minimal examples of outlying students with disabilities attending mainstream colleges and universities existed before World War I, changes in federal legislation and educational assistance after World Wars I and II paved the way for inclusion and access in higher education (Madaus, 2011). Congress passed the Veterans Rehabilitation Act of 1918 with the intent to assist veterans with disabilities in completing post-secondary educational opportunities and gainful employment (Madaus, 2011; Rothstein, 2014). The GI Bill of Rights, more formally known as Serviceman's Readjustment Act of 1944, provided further monetary support for veterans returning from war who wanted to pursue post-secondary education. Accommodations to support this influx of students with disabilities were largely grouped into three categories: transportation, housing, and classroom. Though the number of students with disabilities attending higher education has dramatically increased over time, accommodations support remains much unaltered (Madaus, 2011).

The Vocational Rehabilitation Act of 1974 required that any program or activity that received federal financial assistance ensured equal access and opportunity to individuals who

were otherwise qualified, regardless of disability status (Madaus, 2011; Rothstein, 2015). As

such, any college or university receiving federal funding had to ensure equal access and could

not discriminate based on disability. Enrollment of students with disabilities once again

dramatically increased after the passage of the Americans with Disabilities Act of 1990, as this

act brought awareness to disability rights, equal access, and disability discrimination (Kimball,

Wells, Ostiguy, Manly, & Lauterbach, 2007; Madaus, 2011; Rothstein, 2015). The most recent

legislation, The Americans with Disabilities Act Amendments Act (ADAAA), was passed in

2009, which provided a broader interpretation of what constitutes a disability and what

determines eligibility as it relates to students with disabilities and disability services providers

(DSP) on college campuses (Madaus, 2011; Rothstein, 2015). Though legislation has continued

to reevaluate the needs of persons with disabilities to ensure equal access and support, barriers

persist (Ostiguy, 2018).

Social

Students with disabilities are continuing to forgo seeking accommodations at institutions

of higher education, although research has proven that receipt of accommodations is linked to

persistence and academic achievement (Dong & Lucas, 2016). According to Krieder, Bendixen,

and Lutz (2015), "For students with disabilities, persistence, and success in post-secondary

education has been linked to the presence of, and access to, adequate and appropriate supports

and accommodations" (p. 427). For many students with disabilities, the social stigma placed on

their diagnosis causes fear or reluctance to disclose (Kimball, Moore, Vaccaro, Trioano, &

Newman, 2016). For students with psychiatric impairments, the added stress of side-effects from

medication can cause social barriers (Kimball et al., 2016). Understanding the self-disclosure

experiences of students with psychiatric impairments in a fully online university setting may

provide several benefits. Disability service professionals (DSP) can use data gathered from this study to improve the marketing and overall quality of services offered to students with psychiatric impairments. Colleges and universities can glean valuable insight into the accessibility barriers faced by students with psychiatric impairments. Lastly, educators can better understand the accommodation needs of this group of students, which can assist in the planning and delivery of accessible coursework.

Theoretical

The medical model of disability, which emphasizes "fixing" the disablement of the individual, was the predominant theoretical lens for disability studies for several years (Oliver, 1983; Owstrowski, 2016). In the early 1980s, the social model of disability was conceptualized and defined by Oliver (1983). The social model of disability emphasizes the societal and structural barriers that cause limitations, rather than the disability itself, and bolsters the notion that students with disabilities are limited not by their diagnosis, but by the accessibility barriers created on college campuses (Alderson, 2018; Manago, Davis, & Goar, 2017). The social model of disability has gained momentum since its inception and has sparked a more unified approach to understanding and meeting the needs of individuals with disabilities (Oliver, 1983; Oliver, 2013; Venville et al., 2014).

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Situation to Self

</div>

I was motivated to conduct this research as it will provide valuable information on the self-disclosure experiences of students with psychiatric impairments to disability services professionals, educators, course designers, parents of students with psychiatric impairments. I intend to provide vital information to the growing field of research on students with disabilities in higher education. I hope that this information can be used to increase awareness of the issues

faced, lessons learned, and experiences had by students with psychiatric impairments during the disclosure process.

My epistemological views followed a post-positivist perspective with regard to the multiple levels of data collection. I followed a constructivist perspective as I desired to understand the participant's view of the situation (e.g., factors behind self-disclosure). The "focus [was] on the specific context in which people live and work in order to understand the historical and cultural settings of the participants" (Creswell & Poth, 2018, p. 69). From an ontological standpoint, each participant presented their unique nature of reality and their own set of cultural and societal norms and beliefs that influenced their decisions to self-disclose. Participant's voices were heard in Chapter four of this study. I sought to give participants a voice on the topic of self-disclosure and the reasons behind self-disclosure. As data were collected and reviewed, emergent themes were reported (Creswell & Poth, 2018). My axiological views acknowledged the "value-laden nature" of the personal self-disclosure experiences of students with psychiatric impairments, and I acknowledged my positions and potential biases as I interpreted the findings of the study (Creswell & Poth, 2018, p. 62).

I acknowledged my personal beliefs and biases when conducting this case study that included being a disability service professional in higher education for over a decade. Additionally, I have a passion for serving students with disabilities. I possess a great deal of education and knowledge on the topic of supporting students with disabilities and general assumptions about why students choose to disclose in higher education. I strove to report the data willingly and openly, and without my bias (Yin, 2018). According to Yin (2018), "avoiding bias is but one facet of a broader set of values that falls under the rubric of research ethics. A

good case study researcher . . . will strive for the highest ethical standards while doing research" (p. 117).

Problem Statement

The problem is that, though the attendance rate for students with psychiatric impairments continues to increase, these students continue to underachieve when compared to their non-disabled peers (Biebel, Mizrahi, & Ringeisen, 2018; Hong, 2015; Kimball et al., 2016). The disclosure of disability to the disability support office and subsequent receipt of reasonable academic accommodations has been tied to greater academic success. Additionally, "more than 80% of students with disabilities in college need some type of assistance and related services in earning their degrees" (Hong, 2015, p. 209). A study conducted by Dong and Lucas (2016) found that students with psychological disabilities were more likely to be in good academic standing if they had requested accommodations. A study conducted by Verdinelli and Kutner (2016) found that online students were more comfortable disclosing their disability and felt less fear of stigmatization. Verdinelli and Kutner (2016) encouraged further research on the disclosure experiences of students in this environment. Understanding the self-disclosure experiences of students with psychiatric disabilities can assist disability services professionals, educators, and other stakeholders in determining roadblocks to access and paths to success for these students.

Purpose Statement

The purpose of this single case study was to investigate the self-disclosure experiences of students with hidden psychiatric disabilities in a fully online university setting. At this stage in the research, self-disclosure was defined as "the moment in which the student communicates any disability status or limitation that requires support or accommodation to be successfully carried

out" (Cesarei, 2014, p. 72). The theory guiding this study was the social model of disability as it shifts "away from focusing on the physical limitations of particular individuals to the way the physical and social environments impose limitations upon certain groups or categories of people" (Oliver, 1983, p. 23). The social model of disability views persons with disabilities as limited only by the barriers created by society rather than the nature of the impairment (Oliver, 1983). Studies previously conducted on self-disclosure at the university level have found that students tend to disclose when a perceived or real barrier exists (Thompson-Ebanks & Jarman, 2018). The social model of disability supported this focus of inquiry as it focuses on the barriers that may exist in a fully online university setting for SWPI. Understanding the disclosure experiences of SWPI in a fully online university setting can lead to the discovery of potential barriers and provide recommendations for ease of access and support.

Significance of the Study

Students with psychiatric impairments (SWPI) often comprise one of the largest, if not the largest, group of students with disabilities on college campuses (Biebel et al., 2018; Ringeisen, Ellison, Ryder-Burge, Biebel, Alikhan, & Jones, 2017). Nevertheless, SWPI have one of the lowest attrition rates and tend to enter college later than their non-disabled peers (Ringeisen et al., 2017). For many students with psychiatric impairments, academic success in higher education is linked to the appropriate academic services and supports, including disability support services (Biebel et al., 2018). Nevertheless, students with psychiatric impairments continue to forego disclosure of disability due to real or perceived stigma, lack of knowledge about the disclosure process or available supports, and lower self-efficacy skills (Jorgensen et al., 2018; Cesarei, 2014; Lindsay et al., 2018). This research will contribute to a growing body of literature on supporting students with psychiatric impairments in higher education. The

empirical, theoretical, and practical significance of this study will further highlight the gap in the literature regarding the self-disclosure experiences of SWPI.

Empirical Significance

Students with psychiatric impairments have not been exclusively studied and are grouped with other subpopulations of students with disabilities (Hong, 2015; Lindsay et al., 2018; Terras et al., 2015). Qualitative studies that have focused on students with psychiatric impairments have focused more on the perspectives of faculty and disability support staff (Mutanga & Walker, 2017; Venville et al., 2014) or the effectiveness of accommodations (Biebel et al., 2018; Hong, 2015). However, little to no research on the self-disclosure experiences of students with psychiatric impairments have been conducted, especially in a virtual college setting (Biebel et al., 2018; Venville et al., 2014).

Theoretical Significance

Minimal research exists on students with disabilities utilizing the social model of disability as a theoretical lens. Camacho, Lopez-Gavira, and Diez (2017) utilized the social model of disability when analyzing accessible classroom designs. Ostrowski (2016) utilized the social model of disability and its notion that coursework should be innately accessible to frame his analysis of current policies and supports for students with disabilities in post-secondary Canadian education. Kruse and Oswal (2018) utilized the social model of disability as a framework for interpreting the factors that hinder or bolster success for students with bipolar disorder. To date, no studies have employed this lens on an analysis of the self-disclosure experiences of students with psychiatric impairments.

Practical Significance

Belch (2011) cited the significant increase in students with psychiatric impairments enrolling in post-secondary opportunities and recommended further investigation into providing a more inclusive campus environment. According to Biebel et al. (2018),

> There is little qualitative research exploring the more in-depth perspectives of individuals with psychiatric disabilities who participate in and receive post-secondary education supports; hence, little is known from students themselves about what services are most useful or what ingredients are critical to supporting education goals. (p. 299)

A study conducted by Kim and Lee (2016) found that receipt of accommodations strongly influenced grade point average (GPA) and that the benefits of accommodations varied by disability category. Kim and Lee (2016) recommended that future research be conducted by category of disability as it relates to the receipt of accommodations. From a practical standpoint, there exists a strong need for additional research on the experiences of this group of students as it relates to the self-disclosure process and subsequent academic supports. Research from this study may benefit a wide variety of stakeholders, including disability service professionals, course designers, instructors, parents of students with psychiatric disabilities, and students with psychiatric disabilities.

Research Questions

Lindsay et al. (2018) conducted a systemic review of previous data on the topic of self-disclosure. This research highlighted the need better to understand the disclosure experiences of students with disabilities. According to Lindsay et al. (2018), understanding these experiences can assist disability service professionals (DSP) in increasing the rate of self-disclosure and subsequent accommodations support for SWD. Previous studies have reported that as little as one-third of all students with disabilities self-disclose while enrolled at a college or university

(Newman & Madaus, 2015). The central and sub-questions for this study will illuminate the self-disclosure experiences for SWPI. Each question was grounded in the current literature on self-disclosure for students with disabilities. In the following section, I explain the rationale for each research question.

Central Research Question: What can be learned from the self-disclosure experiences of students with psychiatric impairments in a fully online university setting?

Understanding the self-disclosure experiences of students who choose to disclose can identify barriers that keep SWPI from choosing to disclose (Cesarei, 2014). Further research broken down by disability category has also been recommended by Newman and Madaus (2015) as each sub-category of disability present their own unique set of struggles that can attribute to receipt of accommodations and academic success and persistence (Belch, 2011). Biebel et al. (2018) concluded that minimal qualitative research had been conducted on the experiences and perspectives of students with psychiatric impairments as it relates to self-disclosure. Thus, the central question of this study gave a voice to SWPI as it related to the experience of self-disclosure and can add to the growing body of literature on supporting these student's needs.

Sub-question One: What factors attributed to or hindered students with psychiatric disabilities decisions to self-disclose?

According to Newman and Madaus (2015), "Fears of stigma, discrimination, and professors' attitudes appeared to be driving forces in student decision making regarding receipt of disability-related services, particularly among students with psychiatric disabilities" (p. 210). Though large-scale quantitative studies have been conducted on factors attributing to self-disclosure for all students with disabilities (Newman & Madaus, 2015), little data exists on the

factors involved in self-disclosure decisions for students with psychiatric impairments (Biebel et al., 2018).

Sub-question Two: How does self-efficacy impact the self-disclosure experiences of students with psychiatric impairments?

Students with disabilities with a lower self-efficacy tend to have more negative views of their disability and are less likely to disclose (Ardell, Beug, & Hrudka, 2016; Hong, 2015). Students with disabilities who have a stronger self-efficacy and feel more confident in their disabilities and abilities tend to perform better academically and be more confident academically (Jorgensen et al., 2018; Koch, Mamiseishvili, & Higgens, 2014). A study conducted by Jorgensen et al. (2018) found that students with psychiatric impairments demonstrated lower self-efficacy, felt less comfortable talking with peers, faculty, or staff, and felt more isolated when compared to students with learning disabilities. Understanding how self-efficacy affects the self-disclosure experiences of students with psychiatric impairments can assist in identifying additional supports for these students.

Sub-question Three: How does academic success or failure impact the self-disclosure experiences of students with psychiatric impairments?

Students who have received accommodations are more likely to be academically successful and persist in higher education (Hong, 2015; Stein, 2013; Terras et al., 2015). However, prior negative self-disclosure experiences increase the likelihood that students will forgo disclosing in subsequent educational endeavors (Terras et al., 2015), thus risking academic success. Students with disabilities often tend to hide their disability status until faced with academic challenges or uncertainties, which places them at further risk (Weis et al., 2016).

Question three provided further understanding of how academic successes or failures have impacted the self-disclosure experiences of students with psychiatric impairments.

Definitions

1. *Americans with Disabilities Act* – federal legislation aimed at ensuring equal access and opportunity for all qualified individuals, regardless of disability status (Hong, 2015).

2. *Disability* – "a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment" (Procknow, 2017, p. 5).

3. *Disability Support Professionals* – professionals that work in the disability support services office who are responsible for determining reasonable academic accommodations (Stein, 2013).

4. *Disability Support Services* – provides academic accommodations that "address the functional limitations…a student is experiencing, thereby reducing the effects of an individual's disabling impairment" (Stein, 2013, p. 146).

5. *Grade Point Average* – measurement of academic performance that weighs student's scores against the amount of credits earned (Westrick, 2017).

6. *High School Transition Planning* – part of the Individualized Education Plan that includes specific goal setting and planning for secondary education students, with an emphasis on postsecondary objectives (Griffin, Taylor, Urbano, & Hodapp, 2014).

7. *Individualized Education Plan* – "legal document in which parents and school personnel determine specific supports and services the student will need to access general education" (MacLeod, Causton, Radel, & Radel, 2017, p. 382).

8. *Self-disclosure* – the moment in which the student communicates any disability status or limitation that requires support or accommodation to be successfully carried out" (Cesarei, 2014, p. 72).

9. *Stigma* – "an attribute that reduces 'a whole and usual person to a tainted, discounted one', ultimately discrediting the individual based largely, if not entirely, on perceptions of that attribute alone" (Kim & Aquino, 2017, p. 7).

10. *Students with psychiatric impairments (disabilities)* – student's with "diagnosable mental disorders that can cause mild to severe personal distress and/or impairment in thinking, feeling, and relating, as well as functional behaviors that interfere with a person's capacity to cope with life's daily demands" (Thompson-Ebanks, 2014, p. 19). "Mental illness, psychological disorder, and psychiatric disorder are used interchangeably to describe individuals with specific types of medical conditions" (Belch, 2011, p. 74).

Summary

Self-disclosure and subsequent receipt of academic support can increase academic success and persistence for students with disabilities. Nevertheless, roughly one in three students with secondary education disability support (either via IEP or 504 plan) chose to disclose once matriculated into higher education (Sanford, Newman, Wagner, Cameto, Knokey, & Shaver, 2011). As such, there exists a large number of students with disabilities who forgo accommodations support at the university level. The popularity of online learning environments has drastically increased in recent years, providing more accessible opportunities for students with disabilities (McManus, Dryer, & Henning, 2017). Nevertheless, students with disabilities are less academically successful in online environments when compared to their non-disabled peers (McManus, Dryer, & Henning, 2017). Understanding the experiences of SWPI who

choose to disclose can aid in understanding potential roadblocks to the process, enabling disability support service professionals to better shape policies and programs targeted at these students.

The purpose of this single case study was to explore the self-disclosure experiences of students with psychiatric disabilities in a fully online university setting. A theoretical framework incorporating the social model of disability guided the investigation of students' self-disclosure experiences. The single case, self-disclosure experiences, were bound by the specific population of students being studied, the online university environment, and by time (interviews and focus groups took place over the course of six weeks). This qualitative case study design allowed for the illumination of self-disclosure experiences for students with psychiatric impairments.

CHAPTER TWO: LITERATURE REVIEW

Overview

The literature review provides a theoretical understanding of the social model of disability (Oliver, 1983) and related literature on students with disabilities in higher education. The social model of disability was the theoretical lens for this study and permitted the findings to be applied within a greater context. More specifically, the social model of disability further illustrated the notion that students with disabilities only experience disclosure due to a barrier or limitation that has been imposed by society (Kent, 2016). Self-disclosing sensitive information arises due to perceived or real academic barriers that persist and may impact a student's ability to be academically successful in higher education. The purpose of Chapter Two is to provide a theoretical framework that serves as the basis for this study.

Chapter Two contains pertinent definitions as it relates to the framework of this study. Additionally, this chapter addresses the history of accommodations at the collegiate level. The substantial differences between the K-12 environment and higher education as it pertains to students with disabilities and the self-disclosure process are explored. Motivating factors behind choosing to disclose or not disclose in a higher education environment were reviewed. Lastly, research conducted on students with psychiatric impairments were discussed as it highlights the current gap in the literature.

Theoretical Framework

A robust theoretical framework provides direction in a problem area, "understanding and analysis of complex phenomena," assistance in decision making and a solid basis for understanding what might occur (Joyner, Rouse, & Glatthorn, 2013, p. 143). When the proposed research and subsequent findings are thoroughly grounded in the theoretical framework, the

generalizability of findings can also occur (Yin, 2018). When factually heightened by the findings of a case study, the theoretical framework lays the groundwork for analytic generalizations (Yin, 2018). University staff, faculty, and disability service providers can create policies and procedures to better support students with psychiatric impairments (SWPI) by understanding the self-disclosure experiences of these students (Kendall, 2016; Kent, 2016).

Social Model of Disability

The social model of disability was initially conceptualized by Oliver (1983) as he sought to develop a model that would complement the medical model of disability for the field of social work. The medical model of disability focuses on the physical limitations of individuals with disabilities (Manago, Davis, & Goar, 2017; Matthews, 2009; Oliver, 1983); whereas the social model of disability focuses on the "physical and social environments" that force limitations on individuals with disabilities (Oliver, 1983, p. 23). In the medical model, "disability is seen as a flaw in the individual that should be cured or removed, in order for the individual with a disability to fit within the dominant society" (Kimball, Wells, Ostiguy, Manly, & Lauterbach, 2007, p. 96). In this model, the defining nature of the disability is something that must be fixed, eradicated, or accommodated (Manago et al., 2017). Accommodations that are necessary for "fixing" the disability are also the barriers to access in the social model of disability (Manago et al., 2017).

Since its creation by Oliver (1983), the social model of disability has sparked a movement to eradicate the barriers imposed on persons with disabilities, opening doors to a more accessible world (Oliver, 2013). According to Alderson (2018), "the social model [of disability] aims for social and political change, and respects disabled people as active citizens with rights to equality, justice, liberty, and social inclusion" (p. 179). As such, the defining nature of the

disability does not rest with the person with a disability but instead relies on the social constructs and misconceptions surrounding disability (Manago et al., 2017).

Rather than focusing on fixing a physical disability, the person with a disability is a partner in the treatment plan and works in tandem with health care professionals (Yuill, Crinson & Duncan, 2010). The social model of disability does not eradicate the critical or medical models of disability but works in tandem to provide a holistic approach to disability studies. Though the medical and social models of disability are markedly different, they are intertwined, and each model plays a vital role in understanding the barriers and limitations of individuals with disabilities (Manago et al., 2017). Persons with psychiatric impairments or other disabilities cannot ignore the medical model of disability, as there may always be a need for some form of medical intervention (Kruse & Oswal, 2018). The social model of disability "focuses on structures and barriers that people experience" (Hughes, 2010, p. 509). Students who choose to self-disclose do so because of either real or perceived academic barriers that exist (Kent, 2016; Peck, Bouilheres, Brown, & Witney, 2018; Thompson-Ebanks & Jarman, 2018). Viewing the self-disclosure process through the lens of the social model of disability allows for an understanding of the real or perceived barriers that led to the self-disclosure experiences of SWPI (Kendall, 2016; Kent, 2016; Peck et al., 2018).

Several studies have drawn upon the social model of disability as it pertains to students with disabilities (Kattari, Lavery, & Hasche, 2017; Matthews, 2009; Soorenian, 2018). The social model of disability applies to students with disabilities during the self-disclosure process. Additionally, the social model of disability applies to the self-efficacy skills, academic success, and persistence of SWPI.

Self-disclosure. Students with disabilities must choose to disclose their condition and limitations to receive academic accommodations in the higher education environment. However, doing so requires that students divulge sensitive information that may lead to stereotypes, injustice, discrimination, and shame (Caserei, 2014; Kranke et al., 2013; Lindsay et al., 2018; Nalavany, Carawan, & Sauber, 2015). Enduring stigma and shame can lead to reduced feelings of self-worth and self-efficacy (Lindsay et al., 2018), which in turn can decrease the likelihood of requesting accommodations in the higher education setting (Lombardi, Murray, & Gerdes, 2012). The act of disclosure arises due to "the environmental and social barriers that exclude people from mainstream society" (Nalavany et al., 2015, p. 582). These barriers can be physical (i.e., ramp access, elevator access), attitudinal (i.e., negative or discriminatory attitudes), and academic (i.e., types of assessments or stringent attendance policies) (Kendall, 2016; Nalavany et al., 2015).

Even after self-disclosing, students with disabilities often continue to face barriers during the process of determining reasonable accommodations that can lead to misaligned or denied accommodations in the academic setting (Mutanga, 2018; Reed & Kennett, 2017; Sarrett, 2018). Students with disabilities must be able to advocate and articulate the barriers encountered in an academic setting to establish reasonable accommodations and supports (Mutanga, 2018; Sarrett, 2018; Venville et al., 2014). A study conducted by Mutanga (2018) found that students who had to utilize wheelchairs were confined to one of two residence halls while another student who had a guide dog had to live off-campus. In each of these instances, students felt underaccommodated and stigmatized (Mutanga, 2018). In addition to the typical academic barriers encountered, students with psychiatric impairments must also be able to articulate the shifting and sometimes

unpredictable nature of their diagnosis, which can also affect mood, energy, motivation, focus, and concentration (Venville et al., 2014).

    Self-efficacy. Students with disabilities must staunchly advocate for rights and liberties that may otherwise be taken for granted (Thompson-Ebanks, 2014). This ability to advocate for oneself requires self-efficacy, or the ability to cope in the face of adverse situations (Bandura, 1977). Self-efficacy is the perceived threshold of persistence and willingness to engage in a risky activity or behavior and is based on perceived, rather than actual performance (Bandura, 1977). Self-efficacy has been tied to academic persistence, success, and more positive self-disclosure experiences for students with disabilities (Cole & Cawthorn, 2015; Thompson-Ebanks & Jarman, 2018). Students who have encountered a negative or unpleasant disclosure experience may tend to exhibit lower self-efficacy, which may also lead to the reluctance to repeat disclosure (Bandura, 1977; Venville, Street, & Fossey, 2014).

    Disability status and negative experiences with shame, stigma, and disclosure in childhood have lowered self-esteem and self-efficacy in adulthood (Nalavany et al., 2015). Thus, by the time students with disabilities have reached the post-secondary environment, they may fear the potential outcomes of self-disclosure and hide their status until forced to disclose (Nalavany et al., 2015). Self-efficacy, as it relates to employee satisfaction, has also been studied for individuals with disabilities. Higher self-efficacy in the workplace has also been tied to reframing goals to align with strengths and understanding limitations (Nalavany et al., 2015). A study conducted by Nalavany et al. (2015) found that adults with higher levels of emotional experience with dyslexia had lower levels of work self-efficacy. Emotional experience with dyslexia is defined as the negative thoughts, feelings, and emotions ascribed to living with dyslexia (Nalavany et al., 2015). Thus, students with disabilities who have experienced negative

emotional encounters related to their diagnosis may exhibit lower self-efficacy in the academic

environment, which is consistent with research conducted by Venville et al. (2014) and Reed and

Kennett (2017).

Venville et al. (2014) conducted semi-structured interviews of twenty students with

psychiatric impairments. They found that "when students spoke of academic achievement and

employment goals, their language was peppered with cautious optimism: the experience of

mental illness appeared to reduce students' ability to trust that the self could be reliable and

predictable" (p. 797). According to a study conducted by Reed, Kennett, and Emond (2015),

"students with disabilities who go to university for internal reasons (e.g., for the challenge,

because they like learning) show higher academic resourcefulness and self-efficacy . . . [than] . . .

those disabled students who choose to go to university in order to get a better job" (p. 225). The

ability to maintain positive self-efficacy for this sub-population of students with disabilities

proves difficult. When viewed through the lens of the social model of disability, students with

psychiatric impairments would not endure the stigma associated with their diagnosis and forced

to disclose their disabilities because society would not view their disability as inferior (Kattari et

al., 2017).

Academic success. Students with disabilities face several academic barriers to success,

including the nature of assigned work, the nature or format of course delivery, and inadequate or

unavailable accommodations support (Weis, Dean, & Osborn, 2016). For many students with

disabilities, the essence of assignments can impose barriers to academic success (Burgstahler,

2015; Lindsay et al., 2018; Weis et al., 2016). Students who utilize screen reading technology to

access course assignments may find them inaccessible if not correctly formatted (Burgstahler,

2015). Students with hearing impairments may not be able to access videos without proper

captioning (Burgstahler, 2015). Students with chronic impairments or psychiatric impairments may require a more flexible attendance policy (Venville et al., 2014). Students with disabilities often must take assessments at testing centers designated explicitly for them, which can incite segregation and further isolation (Liasidou, 2014).

Reed and Kennett (2017) assessed self-efficacy, academic resourcefulness, and academic adaptation (from high school to college) of students with and without disabilities. They found that students with disabilities had much lower academic resourcefulness when compared to students without disabilities. For this study, academic resourcefulness pertained to "completing exams, meeting deadlines, attending classes and tutorials, study preparation, reviewing notes, being mindful of content, feeling assured in tests, and asking for extensions" (Reed & Kennett, 2017, p. 77). Students with disabilities were far less likely to perceive themselves as capable of balancing multiple academic roles when compared to their non-disabled peers (Dong & Lucas, 2016; Reed & Kennett, 2017; Thompson-Ebanks & Jarman, 2018). Thus, the perception of academic success for students with disabilities can have a significant effect on the actual academic success for this population of students. When viewing these academic concerns through the lens of the social model of disability, the current academic model in higher education creates barriers to academic success for SWPI. It is the shared responsibility of higher education entities, including faculty and staff, to change the strategies of delivery and support services to holistically meet the needs of students with disabilities (Liasidou, 2014).

Persistence. Persistence, or the ability to continue year to year at the collegiate level and attain degree completion, has been extensively studied in higher education (Herbert, Hong, Byun, Welsh, Kurz, & Atkinson, 2014; Knight et al., 2018; Koch et al., 2014; Lee et al., 2015; Verdinelli & Kutner, 2016). Students with disabilities who have access to appropriate academic

supports (i.e., accommodations) are more likely to persist (Kim & Lee, 2016; Koch et al., 2014; Verdinelli & Kutner, 2016). Knight et al. (2018) conducted a study on the persistence rates for students with disabilities and found that these students can persist at the same rate as their non-disabled peers. However, the time to completion was higher than their non-disabled peers. These students often take longer to graduate due to barriers encountered while attending (Knight et al., 2018; Koch, Mamiseishvili, & Wilkins, 2016). Enrollment status (full time vs. part-time), housing status (on-campus or off-campus), and having higher degree expectations (Herbert et al., 2014) influenced the persistence rates for students with disabilities. Low self-efficacy for students with disabilities can lead to lower degree expectations, which can, in turn, lower persistence rates (Verdinelli & Kutner, 2016).

It is clear from the literature that understanding the disclosure experiences of students with disabilities in higher education is crucial to their academic success and persistence (Kim & Lee, 2016; Knight et al., 2018). Research has been conducted on students with disabilities and factors behind self-disclosure, academic success, and persistence. Additionally, researchers have sought to understand the experiences of subgroups of students with disabilities, including those with learning disabilities (Bunch, 2016; Thompson-Ebanks & Jarman, 2018) and hidden disabilities (Thompson-Ebanks & Jarman, 2018). However, little to no research has been conducted specifically on the self-disclosure experiences of students with psychiatric impairments. According to Oliver (1983), the social model of disability should inform practice. Understanding the self-disclosure experiences of students with psychiatric impairments through the lens of the social model of disability can further drive practices and policies for a more comprehensive model of support.

Related Literature

Students with disabilities (SWD) continue to face a myriad of barriers at the post-secondary level. According to Ardell, Beug, and Hrudka (2016), SWD have increased levels of academic stress and more significant difficulties with academic adjustment. Additionally, SWD often "require more time to learn new information, must apply greater effort for understanding and completing school projects, and tend to apply unconventional learning strategies that can require extra time and effort" (Ardell et al., 2016, p. 2). Rights and responsibilities for SWD at the higher education level are significantly different from those at the K-12 level, often leaving SWD unsure of appropriate and available resources. Though a lack of knowledge of disability support services (DSS) is one potential factor behind a student's choice not to disclose, several additional factors also exist. The related literature provides a historical overview of accommodations in higher education, reviews important definitions as it pertains to this study and explores the differences between K-12 and higher education environments for SWD. Additionally, this section provides a summary of the existing research on the motivating factors behind choosing to disclose disabilities in higher education and discusses the current research conducted on students with psychiatric impairments and the self-disclosure process.

Historical Overview of Accommodations in Higher Education

Though not directly related to individuals with disabilities, the movement toward equal access for all began with the Supreme Court decision in Brown v. Board of Education. The court's decision determined that separate, equal education was not constitutional and sparked a movement surrounding equal access. This decision also provided some impetus for the passage of Section 504 of the Rehabilitation Act (Rothstein, 2014). Providing accommodations for students with disabilities in the higher education environment began after the passage of Section

504 of the Rehabilitation Act of 1973, which prohibited discrimination based on disability for

agencies receiving federal funding (Madaus, 2011; Powell, 2011; Rothstein, 2015). The passage

of Section 504 of the Rehabilitation Act of 1973 marked the beginning of fair and equal

treatment to individuals with disabilities in the United States of America (Rothstein, 2014). In

part, Section 504 stated that

> no otherwise qualified individual with a disability . . . shall, solely, by reason of her or his
>
> disability, be excluded from the participation in, be denied the benefits of, or be subjected
>
> to discrimination under any program or activity receiving Federal financial assistance. (p.
>
> 524)

The passage of Section 504 also marked the first instance of regulation for institutions of higher

education regarding students with disabilities, as many colleges and universities receive federal

financial assistance (Madaus, 2011). Though the significance of Section 504 of the

Rehabilitation Act was not recognized for several years, legal action was taken against

institutions of higher education due to disability discrimination (Rothstein, 2014).

The passage of the Americans with Disabilities Act in 1990 expanded protection to

individuals with disabilities to include private entities and businesses (Madaus, 2011; Rothstein,

2015). The Americans with Disabilities Act of 1990 brought broad interpretations of both

disability and covered entities. Subsequent amendments to ADA in 2008 sought to provide a

more thorough understanding of the qualifications of the disabled and the scope of the law

(Madaus, 2011; Rothstein, 2015). Under the amendment, the definition of major life activities

included self-care, seeing, eating, sleeping, hearing, walking, speaking, breathing, learning,

reading, comprehending, working, thinking, and communicating (Rothstein, 2015). For

institutions of higher education, this broadened the scope of students with qualified disabilities

and further solidified the need to provide equal access and opportunity (Madaus, 2011; Rothstein, 2015).

Students with Disabilities

Students with disabilities (SWD) are often defined in a multitude of ways (Stewart & Schwartz, 2018) and are generally categorized into specific subsets including physical, learning, developmental, psychological, and sensory (Cesarei, 2014; Chan, 2016). According to the Americans with Disabilities Act, students in higher education meet the criteria of disabled if they: "(1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such an impairment; or (3) be regarded as having such an impairment" (Hudson, 2013, p. 85). Students must disclose or share personal information regarding their impairment to the appropriate university personnel to be eligible to receive accommodation support (Wright & Meyer, 2017). For students with psychiatric impairments, the impact of disability can often impact major life activities of thinking, reading, and concentrating (Kranke et al., 2013). Nevertheless, this population of students has not been adequately studied in higher education environments (Holmes & Silvestri, 2016).

Students with Hidden Disabilities

Research has indicated that students with apparent disabilities, or those visible to the naked eye, are more likely to self-disclose when compared to their peers with hidden disabilities (Soorenian, 2018; Thompson-Ebanks & Jarman, 2018). Students with hidden disabilities are defined as having impairments with "physical and psychological characteristics that are not readily recognized by an onlooker" (Thompson-Ebanks & Jarman, 2018, p. 287). These students are also less likely to understand and have the ability to navigate the extreme differences in supports that accompany higher education (Cole & Cawthorn, 2015).

Students with hidden disabilities tend to have more control over the choice of disclosure when compared to their visibly disabled peers (Cesarei, 2014; Couzens Poed, Kataoka, Brandon, Hartley, & Keen, 2015; Thompson-Ebanks & Jarman, 2018). As such, unless a student chooses to disclose, professors may not know that there are students with disabilities present in the classroom and that varied academic support is required (Matthews, 2009). Additionally, research has shown that instructors are less likely to feel accommodations are necessary for students with hidden disabilities when compared to their visually disabled peers (Kranke et al., 2013). Likewise, students with hidden disabilities are also less likely to believe they require additional support and may refrain from disclosing out of a belief that their diagnoses are not severe enough (Couzens et al., 2015; Cole & Cawthorn, 2015).

Differences in Higher Education and K-12 Environments

According to Thompson-Ebanks and Jarman (2018), "unlike K-12 schools, which are required by federal law to identify and provide accommodation for students with disabilities, colleges and universities do not have similar legal obligations" (p. 286). Colleges and universities are required to provide "appropriate academic adjustments and auxiliary aids and services that are necessary to afford an individual with a disability an equal opportunity to participate in a school's program" but only after a student discloses a disability ("Protecting students", 2020, para. 23). Furthermore, institutions of higher education are not required to make modifications that would fundamentally alter the nature of the course requirements or competencies (Barnard-Brak et al. 2010; Lovett, Nelson, & Lindstrom, 2015). Thus, students with disabilities who have been given shorter assignments or tests or have been excused from assignments in high-school may be ineligible for the same opportunities at the post-secondary

level (Banard-Brak et al., 2010). This problematic distinction can be shocking and disheartening for students with disabilities.

Individualized education plan. Support for students with disabilities (SWD) in higher education environments often begins with transition planning in secondary education (Knight et al., 2018). Under the Individuals with Disabilities Education Act (IDEA), Individualized Education Plans (IEP) include transition plans for students who desire to continue to post-secondary environments (Knight et al., 2018). The stark changes in support systems coupled with the acute nuances of accommodation requests and the self-disclosure process can pose barriers for students with disabilities in higher education. Thus, transition planning for SWD who plan to pursue post-secondary education is a crucial component of the IEP (Barnard-Brak, Davis, Tate, & Sulak, 2009).

Individualized Education Plans (IEP) increase the academic successes of students with disabilities in a K-12 environment (Lovett et al., 2015). Students are eligible for services under an IEP if they have a recognized diagnosis in one of 13 specific categories. Once identified, SWD receive reasonable accommodations, and special education services (i.e., resource rooms, additional tutoring, remedial courses) (Lovett et al., 2015). According to Chan (2016), Individualized Education Plans (IEP) require that transition plans address the shift away from the K-12 special education environment and into the post-secondary realm, if applicable to the student.

A study conducted by Lee, Rojewski, Gregg, and Jeong (2015) found that if SWD had the expectation of earning a college degree, they were almost two times more likely to persist in college compared to those SWD who did not have the expectation of earning a college degree. For many SWD, the expectation of a college degree is a vital point of discussion in the transition

plan and, thus, can significantly influence a student's persistence in post-secondary settings (Chan, 2016; Lee et al., 2015). According to Newman and Madaus (2015), transition plans that address the skills necessary to be successful in a post-secondary setting for SWD (self-advocacy, self-determination) increase the probability that SWD will also seek out accommodations and appropriate supports in higher education. Transition planning can also include role-playing between the student and the special education teacher or school counselor. Role-playing activities allow the student to practice self-advocacy and accommodation requests at the collegiate level (Keenan, Maudas, Lombardi, & Dukes, 2019). Nevertheless, for students with psychiatric impairments, there exists a higher risk that their conditions will be undiagnosed until entering a university setting, which makes navigating reasonable accommodations even more challenging (Corrigan, Kosyluk, Markowitz, Brown, Conlon, Rees, Rosenberg, Ellefson & Al-Khouja, 2016).

      Self-disclosure. In the K-12 environment, parents are often the most prominent advocates of their children which is in stark contrast to higher education, where students must navigate the path to determining reasonable accommodations without familial support or intervention (Knight, Wessel, & Markle, 2018; Krieder, Bendixin, & Lutz, 2015). This onus on the student to seek out and request reasonable accommodations is a vital step for students seeking accommodations support at the higher education level (Krieder et al., 2015). If students choose not to disclose, the institution is not liable for any supports that the student potentially should have received but did not receive due to non-disclosure ("Protecting Students," 2020). Thus, students must be prepared to experience the disclosure process and understand their rights and responsibilities as students with disabilities.

SWD must choose when and how to disclose to the appropriate DSS personnel and must also be equipped with the appropriate advocacy and self-efficacy skills needed to negotiate reasonable accommodations (Krieder et al., 2015).

SWD, particularly those with hidden disabilities, are often unprepared and ill-equipped to advocate for their disability and reasonable accommodations (Chan, 2016; Cole & Cawthorn, 2015). In the K-12 environment, educators and administrators are aware of a student's need for accommodations and alike are provided specific guidance on supporting them (Chan, 2016). However, in higher education, SWD are often required to present their accommodations paperwork to professors and are encouraged to have in-depth conversations regarding their specific academic needs, which many are unprepared to do (Cole & Cawthorn, 2015). Furthermore, though some faculty members may accommodate a specific student's need on an individual basis, students with disabilities can only be guaranteed consistent accommodations support if registered with the DSS office of their institution (Couzens et al., 2015).

Types of support. The goal of providing accommodations in the higher education environment is to provide equal access and opportunity for students with disabilities. In contrast to students with disabilities in a K-12 environment, accommodations at the higher education level are not provided to foster student success, but rather are in place to allow students the same opportunity to succeed (Knight et al., 2018). Classroom modifications like shortening the length requirement for assignments or creating simpler versions of exams are not available accommodations in higher education as they can provide a fundamental alteration to the nature or type of assessment or program. Simply put, accommodations at the higher education level are meant to guarantee access, not success. SWD in the higher education environment are required to adhere to the same rigorous requirements of all other students.

Accommodations like extending test time for a student with a processing deficit or allowing a

reader for exams for a student with dyslexia allow SWD the same opportunity to succeed without

fundamentally altering the nature or content of the exam (Stevens, Schneider, & Bederman-

Miller, 2018).

Though accommodations intended to level the playing field are provided for students

with disabilities, some studies have found that students are often underaccommodated, or

accommodations are misaligned or ineffective (Cole & Cawthorn, 2015; Cox, 2017; Sarrett,

2018). A study conducted by Sarrett (2018) on the accommodation experiences of students with

autism in higher education found that 31% of students were dissatisfied with the

accommodations received. Accommodations are sometimes not individually tailored to meet the

unique needs of students. As such, boilerplate accommodations that do not address all

limitations are provided to students (Kruse & Oswal, 2018). Yet, many students report the

usefulness of accommodations support and acknowledge that without them, success would be

out of reach (Timmerman & Mulvihill, 2015). Understanding the varying and often misaligned

supports provided to students with disabilities can also aid in understanding why students choose

to disclose or withhold their disability.

Factors Behind Self-Disclosure

"For students with disabilities persistence, and success in postsecondary education has

been linked to the presence of, and access to, adequate and appropriate supports and

accommodations" (Kreider et al., 2015, p. 427). Students must choose when and how they want

to disclose their disability and how much information they wish to divulge (Thompson-Ebanks,

2014). A longitudinal study that followed SWD for six years after high school graduation found

that only 28% of SWD chose to disclose their disability once they matriculated into higher

education, with only 19% receiving accommodations support (Sanford, et al., 2011). Several studies have linked a positive view of disability, increased self-awareness and self-advocacy, and knowledge of disability support services as crucial for SWD who choose to disclose at a university level. Students also choose to disclose out of fear of academic failure.

Positive view of disability and of the disclosure process. Cole and Cawthorn (2015) found that students who had a more positive view of their disability were more likely to disclose their disability to DSS and seek accommodations. SWD who hold a more positive view of their disabilities, and as such, higher self-esteem, are more likely to self-disclose at the higher education level (Kendall, 2016). Students with disabilities who have a more positive view of disability are more willing to repeat the disclosure process at subsequent institutions of higher education (Thompson-Ebanks & Jarman, 2018). A study conducted by Thompson-Ebanks and Jarman (2018) found that three of the four students who chose to disclose their disability to the disability support office had prior positive interactions with disclosure at a prior university. These prior positive disclosure experiences boost a student's confidence in the choice to disclose (Thompson-Ebanks & Jarman, 2018) subsequently. Blockmans (2015) noted that individuals who are more assertive and confident tend to view their disability in a more positive light and feel more apt to disclose. A systemic review of over 3,000 peer-reviewed, scholarly articles conducted by Lindsay et al. (2018) found that students who had a positive interaction with the DSS office were more likely to feel confident in disclosing in subsequent situations, either with faculty, staff, or peers.

Self-awareness and self-efficacy. Caserei (2014) studied the role that self-awareness and self-efficacy have on academic success for SWD. Caserei (2014) defined self-efficacy as "one's belief in one's overall competence to effect requisite performances across a wide variety

of achievement situations" (p. 72). For SWD, self-efficacy relates to confidence in one's ability to adequately describe their disability and limitations when negotiating for reasonable accommodations (Jorgensen, Budd, Fichten, Nguyen, & Havel, 2018). Students with disabilities with higher self-efficacy tend to have higher academic achievement and persistence (Reed, Kennett, & Emond, 2015). Various studies have demonstrated that students who understood their disabilities, limitations, and academic impacts had higher self-efficacy and stronger advocacy skills when compared to their peers (Kimball et al., 2016; Reed et al., 2015). Self-efficacy can also enhance an instructor's ability to accommodate students with disabilities adequately. Wright and Meyer (2017) found that instructors who demonstrated higher self-efficacy as it relates to confidence in teaching abilities were more likely to be confident in applying accommodations for students with disabilities in the classroom.

Knowledge of the disclosure process and legal mandates. A study conducted by Stergiou-Kita, Qie, Yau, and Lindsay (2017) of cancer survivors and stigma and workplace discrimination determined that those cancer survivors who were knowledgeable about the process for disclosing, seeking appropriate supports, and legal mandates were more successful returning to work after cancer. These conclusions coincide with the findings of a systemic review of the barriers and factors to self-disclosure for students in the post-secondary education environment conducted by Lindsay et al. (2018). Lindsay et al. (2018) reviewed over 3,000 scholarly, peer-reviewed articles related to students with disabilities and accommodations. They found that youth who were mentored in the accommodations process and self-advocacy were far more likely to self-disclose in the higher education environment. Empowering students with the knowledge of the accommodations process in higher education environments during transition planning in secondary education has also proven to be successful (Keenan, Madaus, Lombardi,

& Dukes, 2019). Students with prior self-disclosure experiences also may be more likely to subsequently disclose because of the knowledge gained during the initial disclosure (Thompson-Ebanks & Jarman, 2018).

To avoid or combat academic failure. Students with disabilities may only choose to disclose their disability after facing an academic crisis (Grimes, Southgate, Scevak, & Buchanan, 2019). Roughly 25% of the students with psychiatric impairments studied by Venville et al. (2014) only disclosed after experiencing some form of academic difficulty or failure. Some students also choose to disclose after prior academic failures at prior institutions (Thompson-Ebanks & Jarman, 2018; Zeng, Ju, & Hord, 2018). Kranke et al. (2013) also found that the majority of students they studied chose to disclose only after some form of academic failure or perceived academic difficulties. Kranke et al. (2013) noted that

> some students eventually confided in professors, and asked for accommodations, because their grades were so negatively impacted. One student recalled, 'I have (disclosed), because I was trying to explain why I wasn't able to finish an assignment on time, because I had been having trouble with a medication and dosage and switching them up and things like that'. (p. 43)

Kranke et al. (2013) conducted a qualitative, exploratory study and found three pathways to self-disclosure, which included (a) disclosing to raise awareness, (b) disclosing once the disability impairs functioning in some way, and (c) choosing to never disclose. Many students with disabilities forgo disclosing until academic failure looms on the horizon because of a strong desire to be academically successful without accommodations support (Zeng et al., 2018).

Factors Behind Non-Disclosure

Because roughly only one in three SWD register to receive accommodations from DSS in higher education (Sanford, et al., 2011), there is more literature exists that pertains to reasons for non-disclosure than reasons for self-disclosure. Factors behind non-disclosure can include embarrassment and/or shame that they have a disability; stigmatization when they disclose their disability; impressions of a chilly campus climate toward disability; risks to identity and integrity; negative perceptions of peers and faculty; regrets with previous disclosure experiences, including rejections; a wish to be self-reliant; desire to take on a new persona from that in high school; fear of discrimination and denial of opportunities; unreceptive or uncooperative response from faculty; fear of being treated differently; social distancing; marginalization; and discrimination (Thompson-Ebanks, 2014, p. 19). Most prevalent in the literature are documentation requirements, cultural and social stigmas, attitude towards disability and disclosure, and lack of knowledge regarding accommodation services in higher education.

Documentation requirements. Institutions of higher education have documentation guidelines in place as part of the interactive process of determining reasonable accommodations supports for students with disabilities (Banerjee, Madaus, & Gelbar, 2015). These guidelines can vary greatly depending on the institutional policies for supporting students with disabilities (Banerjee et al., 2015; Lovett et al., 2015). Though some institutions of higher education are following a less document-driven process, which was proposed in 2012 by the Association for Higher Education and Disability (Lovett et al., 2015), others still have stringent documentation guidelines. Disability Support Services with strict documentation guidelines can preclude students with diagnosed disabilities from disclosing or receiving adequate supports (Banerjee et al., 2015). Sparks and Lovett (2009) applied various diagnostic criterion models to diagnostic paperwork provided by students who were classified as learning disabled to determine if their

documentation would meet these guidelines. Their findings revealed that over half of those

students examined would not meet any of the diagnostic criterion models studied, and therefore,

would not be eligible for academic accommodations if their institution used those models

(Sparks & Lovett, 2009).

When documentation fails to meet the established disability support office's guidelines,

students with disabilities may be forced to be re-evaluated at a high cost or denied reasonable

accommodations (Banerjee et al., 2015). Thompson E-Banks and Jarman (2018) found that

either insufficient documentation or lack of understanding of documentation guidelines deterred

students with hidden disabilities from disclosing and receiving appropriate supports. One

student, in particular, was not able to confirm a perceived diagnosis of attention deficit

hyperactivity disorder (ADHD) because their provider refused to acknowledge or address their

concerns (Thompson E-Banks & Jarman, 2018). Thus, though some students find it arduous to

obtain documentation that falls within the DSS guidelines, others struggle with obtaining the

proper diagnosis that would allow them to explore reasonable accommodations. Unclear and

varying documentation guidelines individually established by each university can significantly

hinder a student's decision to self-disclose, leaving them without adequate accommodations

support (Banerjee et al., 2015; Thompson E-Banks & Jarman, 2018).

Cultural and social stigmas. "Stigma can be described as the loss of social status and

experiences of discrimination triggered by negative stereotypes that have become linked in a

particular society to a particular human characteristic such as mental illness (Venville et al.,

2014, p. 793). Soorenian (2018) likened students with disabilities entering higher education to

non-disabled international students studying abroad and immersed in a different cultural, social,

and educational norm. Different cultures perceive disabilities differently and place social

stigmas on persons with disabilities, which in turn can cause SWD to refrain from self-disclosure (Soorenian, 2018; Thompson-Ebanks, 2014). A study conducted by Hoehn in 1998 explored the relationship between how students view their disability and the effect that view has on behaviors related to willingness to seek help from others. Hoehn (1998) found that students who felt highly stigmatized by others were less likely to seek help from the appropriate disability support services or professors. The current literature on students with disabilities is fraught with stories of real or perceived stigmas that can come with the act of disclosure (Culp et al., 2017; Kim & Lee, 2016; Mutanga, 2018; Stewart & Schwartz, 2014; Thompson-Ebanks, 2014). Students with hidden disabilities have often cited that they feel others believe they have made up their diagnosis and limitations (Culp et al. 2017). Many students with disabilities have reported a stigma dilemma when considering disclosing (Stewart & Schwartz, 2014).

This dilemma arises when students with disabilities must either choose to disclose and receive appropriate supports, which can lead to the stigma, or choose not to disclose and not receive academic supports, which can lead to academic struggles or failures (Mutanga, 2018; Schwartz & Stewart, 2014). A longitudinal case study conducted by Venville, Street, and Fossey (2014) found that students with mental health diagnoses refrained from disclosing, even when they knew it might lead to academic failure, due to the fear of stigma. Furthermore, all participants studied indicated that they would not disclose in future situations because of the associated stigma (Venville et al., 2014). Disability support professionals (DSP) also reported that stigma is a common reason for a student's choice not to disclose (Thompson-Ebanks, 2014). Roberts, Crittenden, and Crittenden (2011) found that the negative perceptions of disability coupled with the fact that the majority of students they studied chose not to disclose their

disability warranted further investigation into the stigma that may surround the disclosure process.

Students with disabilities have also reported non-disclosure because of real or perceived stigma from peers and feelings of being singled out by professors (Jorgensen et al., 2018; Hong, 2015). Stigma is defined as an "attribute, which is devalued in a particular social context" (Srivastava & Singh, 2016, p. 124). Hong (2015) found that students chose not to disclose because they wanted a fresh start at the collegiate level and thought their diagnosis would not impact their academics. Studies have also indicated that if faculty hold negative views of accommodations support or were reluctant to accommodate students, students with disabilities either delay or forgo disclosure in order to refrain from being stigmatized (Kim & Lee, 2016). Research into the disclosure process in online learning environments has indicated that students choose not to disclose because of certain anonymity provided in online learning (Kent, Ellis, & Giles, 2018). Kent et al. (2018) surveyed students with disabilities enrolled in online learning and found that although over half of students surveyed were aware of disability support services, less than one-fourth of respondents applied for accommodations support.

Attitudes toward disability disclosure and requesting accommodations. The process of experiencing self-disclosure and receiving accommodations can be paramount to the success of students with disabilities, as SWD will be less willing to seek support after negative self-disclosure experiences (Kranke, Taylor, & Floersch, 2013). Nevertheless, many SWD are reluctant to request accommodations for fear of stigma or unwillingness to label themselves as disabled (Blockmans, 2015; Cole & Cawthorn, 2015; Jorgensen et al., 2018). Hong (2015) found that many students interviewed described their encounters with their campus disability support office to be negative, uncomfortable, and cold. All of the students with psychiatric

impairments studied by Venville et al. (2014) preferred not to disclose to the DSS office, and all students reported prior negative self-disclosure experiences. A study conducted by Cole and Cawthorn (2015) found that students who had negative attitudes regarding self-disclosure when measured by the Attitudes Toward Requesting Accommodations (ATRA) scale were far less likely to request accommodations support. Thus, "if the perceived risks that accompany the act of disclosure . . . are not mitigated by a culture of respect, transparent processes and the provision of timely and effective study supports, most students appear unwilling to disclose again" (Venville et al., 2014, p. 800).

At most institutions of higher educations, SWD must first disclose to DSS and then subsequently disclose to their professors, typically in the form of an accommodation letter that outlines the students' needs (Hong, 2015). Many SWD have reported non-disclosure or resistance to self-disclose because of the real or perceived stigmas from faculty upon disclosure (Hong, 2015). Students with disabilities often require accommodations that professors feel are undue, unwarranted, or unnecessary (Stevens, Schneider, & Bederman-Miller, 2018), and SWD have reported feeling discrimination from professors due to requested accommodations (Hong, 2015). In Hong's (2015) study, students did not disclose to professors because they felt it would indicate that they were flawed, would not be taken seriously, or judged because of their diagnosis. Studies of faculty attitudes towards SWD have indicated that, though faculty generally have a positive attitude towards SWD, they have more negative attitudes towards students with psychiatric impairments and students with hidden disabilities when compared to their visibly disabled peers (Sniatecki, Perry, & Snell, 2015). A study conducted by Kendall (2018) of faculty perspectives of supporting students with disabilities found that, although faculty had an overall positive view of students with disabilities, frustrations with lack of timely

disclosure were evident. Kendall (2018) found that some faculty expressed frustration that students with hidden disabilities would often wait until an assessment was looming to disclose, making it difficult for them to provide timely supports.

Further proliferating the fear of stigma from disclosure, many students with disabilities refrain from identifying as disabled, thus forgoing accommodations support (Wood, 2017). Matthews (2009) noted that the stigmatizing nature of identifying as disabled could lead to refraining from embodying this identity. Several studies have shown that students often are unsure if their diagnosis would qualify as a disability under the American with Disabilities Act (Jorgensen et al., 2018; Koch et al., 2014; Roberts et al., 2011; Thompson-Ebanks & Jarman, 2018). Krieder et al. (2015) also noted in their study that "several . . . [students] . . . chose to forgo legally afforded accommodations because of not really believing their disability status or difficulty accepting that they needed additional supports to remain academically successful at the university level" (p. 436).

Lack of knowledge regarding accommodations. Many students with disabilities enrolled in higher education do not seek accommodations support either because they are unsure if they qualify, uncertain of the necessary steps to request accommodations or are entirely unaware that accommodations support exists (Dong & Lucas, 2016; Jorgensen et al., 2018; Kranke et al., 2013). Compounding lack of general knowledge of accommodations support in higher education is the uncertainty of what qualifies as a disabling condition or what accommodations may be available (Hong, 2015; Jorgensen et al., 2018). Students with disabilities have reported uncertainty in knowing if their disability would qualify for services or what types of accommodations to request (Hong, 2015; Kranke et al., 2013). Hong (2015) noted

that during the disclosure process, some students were uneasy when asked what types of accommodations they may need because they did not know themselves.

SWD are often unsure of what to request, unsure if they qualify, and hesitant to seek the support necessary to be successful in higher education (Jorgensen et al., 2018; McGregor, Langenfeld, Van Horne, Oleson, Anson, & Jacobson, 2016). A documentation disconnect is also often noted as it pertains to the documentation requirements in secondary versus higher education (Keenan, Madaus, Lombardi, & Dukes, 2019). This disconnect exists, in part, due to the varying eligibility requirements under the Individuals with Disabilities Education Act (IDEA), which pertains to students in secondary education, and the Americans with Disabilities Act and Section 504 of the Rehabilitation Act, which regulates accommodations supports in higher education (Keenan et al., 2019).

Studies conducted on the preparedness of students with disabilities to enter post-secondary environments have found that some students believed they had to disclose on their admissions application to in order to receive accommodations (Lindsay et al., 2018). Though students with disabilities must self-disclose and submit supporting documentation, the onus to determine reasonable accommodations lies with the disability support professional (Weis et al., 2016). Because of varying documentation and policy guidelines regarding students with disabilities at institutions of higher education, students with disabilities are not guaranteed that accommodations received at prior institutions will transfer to current universities (Weis, et al., 2016). Varying application of accommodations further compounds the confusion surrounding accommodations support and what is available to students (Keenan, et al., 2019)

Online Learning in Higher Education

A study conducted on students enrolled in Open Universities Australia in 2014 and 2015 found an "unexpectedly high incidence of students with a mental illness" (Kent, 2016, p. 1) enrolled in online education. The nature of online education can be enticing for students with disabilities, as it is often marketed in accessible ways (Kent, 2016). Students with disabilities are intrigued by the flexible nature of online learning and the anonymity that can exist in online education (Bunch, 2016). Some research has found that the inherent nature of online learning increases accessibility for students with disabilities, which can lessen the need for accommodations support (Lindsay et al., 2018). Flexible deadlines and attendance via online learning platforms can allow students with chronic conditions to continue educational opportunities without disclosing their diagnosis (Lindsay et al., 2018). Nevertheless, students with disabilities enrolled in online education still encounter barriers to their success (Kent, 2016; Stein, 2013). Barriers to success in online educational systems can stem from the impacts of a student's diagnosis and a lack of accessibility standards (Kent, 2016; Roberts, Crittenden, & Crittenden, 2011).

Accessibility standards in online learning. Online learning or distance education is governed at the federal level through the Americans with Disabilities Act, and Sections 504 and 508 of the Rehabilitation Act (Roberts, Crittenden, & Crittenden, 2011). More specifically, Section 504 of the Rehabilitation Act "provides the same protection against discrimination and equal access to web-based educational content" (Roberts, Crittenden, & Crittenden, 2011). The Americans with Disabilities Act also ensures that any entity receiving federal financial funding, including institutions of higher education, adhere to web-based standards to include distance learning (Roberts, Crittenden, & Crittenden, 2011, p. 243). Section 508 of the Rehabilitation Act also covers accessibility standards for government entities and includes a broad range of

technological applications including web-based content, mobile applications, operations systems, and multimedia (Roberts, Crittenden, & Crittenden, 2011)

The United States Higher Education Opportunity Act, established in 2008, proposed that colleges and universities embrace the principles of universal design for learning (UDL) (Peck et al., 2018). The principles of UDL are based on the premise that all students, regardless of disabled or non-disabled, fall on a continuum of learning that, when properly constructed, can eliminate all barriers that any student may encounter (Kim & Aquino, 2017). Incorporating UDL requires a broader approach to both course materials and assessment of learning, a shift from the standard educational model that embodies attending lectures, reading books, and taking tests (Kim & Aquino, 2017). Architects and engineers have utilized UDL as they construct buildings to ensure equal access to facilities (Phillips et al., 2012). In an academic setting, UDL is applied to provide multiple modalities when teaching, ensure that web content is accessible, provide captions and descriptions for video content, and provide flexible and more asynchronous content (Peck et al., 2018; Phillips et al., 2012; Wright & Meyer, 2017).

Students with Psychiatric Impairments in Higher Education

Students with psychiatric impairments are continuing to enroll at higher rates, with some reports indicating that roughly 30-50% of all students have some form of psychiatric impairment while enrolled in higher education (Jorgensen et al., 2018). Students with psychiatric impairments (SWPI) tend to disclose and seek accommodations support less than their peers with hidden disabilities (Jorgensen et al., 2018; Koch et al., 2016; McManus et al., 2017; Venville et al., 2016). This particular sub-group of students also tend to be more likely to withdraw when compared to non-disabled students (Koch et al., 2016; Martin & Oswin, 2010) and take longer to graduate, when compared to other students with hidden disabilities (McManus et al., 2017).

SWPI also tend to be less knowledgeable about available accommodations supports, the process

for seeking reasonable accommodations and are less knowledgeable about their diagnosis, and

the academic impacts (Jorgensen et al., 2018).

McManus et al. (2017) studied the barriers to online learning for students with psychiatric

impairments. The results indicate that this group of students have substantial disruptions to

aspects of daily living that impede their ability to be academically successful (McManus et al.,

2017). McManus et al. (2017) noted that "despite efforts to plan ahead and schedule extra time

to read course materials, the participants' mental health disability often imposed limits on the

repertoire of skills available to complete assignments by the due dates" (p. 341). Students with

psychiatric impairments also may be less likely to disclose to disability support services, be

enrolled in programs that were not their first choice and be less likely to intend to graduate when

compared to students with learning disabilities (Jorgensen et al., 2018).

Stressful situations or events often exacerbate psychiatric impairments (Jorgensen et al.,

2018; Martin & Oswin, 2010; Venville et al., 2014), and many students report looming deadlines

and examinations to be incredibly stressful and triggering (McManus et al., 2017). McManus et

al. (2017) found that the increased reported anxiety also led to increased dosages of medication,

which can then impede focus and concentration when studying and testing (Venville et al.,

2014). All of the students that McManus et al. (2017) studied chose online education due to the

flexibility and autonomy offered. However, almost half of the participants still reported issues

with balancing work, family, and school, and all participants noted difficulty with time

management and motivation. Venville et al. (2014) note that students with psychiatric

impairments

may experience intermittent disruptions of varying intensity to their learning through the

academic year, caused by fluctuating thinking difficulties, energy, mood and motivation,

negative effects of medication, difficulty in negotiating social relationships, and lowered

levels of academic confidence. (p. 572)

Kent (2016) found that students with mental illnesses comprised the largest group of

impairments of all groups studied (44.9%). This group was less likely to be knowledgeable or

aware of the types of accommodations that could be made available and "had a noticeable lower

rate of disclosure of their disability to the different institutions when they were studying" (Kent,

2016, p. 13). Though this group of students had a more slightly positive view of online learning

when compared to their peers, they still encountered barriers to online success. SWPI in this

study disclosed barriers in online learning as it related to group projects or discussion boards,

triggering subject matter, and difficulty with focus, concentration, and retention (Kent, 2016).

Students with psychiatric impairments reported positive attributes to online learning, which

included the flexibility of attendance and studies, pre-recorded lecture materials, asynchronous

learning environments, and chunked materials (Kent, 2016).

Students with Psychiatric Impairments and Self-Disclosure Experiences

Students with psychiatric impairments are continuing to enroll in higher education

opportunities at an increasing rate (Koch et al., 2014). Psychiatric impairments encompass a

wide variety of complex diagnoses, including depression and mood disorders, autism spectrum

disorders, personality disorders, and psychosis disorders (Belch, 2011). Some research has

begun to demonstrate that SWPI are enrolling in post-secondary educational opportunities at a

higher rate than those with attention deficit disorder (ADD) and learning disabilities combined

(Koch et al., 2014). Understanding the unique characteristics and needs of this population of students is vital for disability service professionals and educators.

Students with psychiatric impairments who complete at least some form of vocational rehabilitation services have a higher likelihood of employment than their peers (Koch et al., 2014). Vocational rehabilitation opportunities, like IEP transition services, provide SWPI with self-efficacy tools needed to disclose their diagnosis and receive necessary supports adequately. Yet, the uniqueness of this population of students poses challenges for disability service professionals, educators, and university stakeholders (Belch, 2011; Blockmans, 2015). The act of self-disclosure for SWPI requires that they shift from a model where others have advocated for them to learning the new skills necessary to advocate for themselves (Belch, 2011; Thompson-Ebanks & Jarman, 2018). Thompson-Ebanks and Jarman (2018) found that four out of five students with psychiatric impairments chose not to disclose to disability support services in their study. Venville, Street, and Fossey (2014) found that all students with psychiatric impairments sampled (n=20) had prior negative experiences with self-disclosure, with over half of the sample choosing not to disclose to their current university. According to Blockmans (2015), research conducted on students with psychiatric impairments indicated that they would prefer to hide their diagnosis.

Coupled with the need to acquire new self-efficacy skills, SWPI are also faced with the same challenges of all students in higher education in forging new friendships, academic and social skills, and navigating new and unchartered environments (Koch et al., 2014; Ostrowski, 2016). When viewing this group of students through the lens of the social model of disability, the struggle to self-advocate while adapting to new experiences as students in higher education is

further compounded by the barriers created by society (Oliver, 1983; Ostrowski, 2016; Venville et al., 2014).

Summary

A study of students with hidden disabilities (n=63,802) attending 11 large universities across the United States found that only approximately 1/3 of students registered for accommodations support (McGregor et al., 2016). However, students with hidden disabilities who did register for accommodations support reported more positive faculty interactions and less academic difficulties (McGregor et al., 2016). Students with psychiatric impairments are less likely to disclose and receive accommodations support when compared to their peers with learning disabilities (Jorgensen et al., 2018; Koch et al., 2016; McManus et al., 2017; Venville et al., 2014). Studies have been conducted on factors behind self-disclosure (Thompson-Ebanks & Jarman, 2018) or non-disclosure (Cesarei, 2014) for SWD. However, little data exists that specifically addresses the self-disclosure experiences of students with psychiatric impairments. This subpopulation of students with disabilities is unique as their diagnoses are hidden to the outside world, can be fluctuating and unstable, and often impose barriers to academic success. Furthermore, this population of students is also burdened with the additional fear of shame and stigma that surrounds mental health (Venville et al., 2014). Little research has been conducted on this specific subpopulation of students with disabilities as it relates to accommodations support or self-disclosure experiences (Venville et al., 2014).

The social model of disability, which shifts away from a model that views the disability as the barrier to success and instead focuses on the barriers imposed by society that limit a person's full participation (Alderson, 2018; Hughes, 2010; Manago et al., 2017; Oliver, 1983), will provide the theoretical framework for this study. The social model of disability allows for

illumination of the social, academic, and self-efficacy barriers faced by students with psychiatric impairments when disclosing to institutions of higher education. Research has shown that students tend to disclose only when faced with a barrier that they cannot overcome without the addition of accommodation supports (Blockmans, 2015; Caserei, 2014; Thompson-Ebanks, 2014; Thompson-Ebanks & Jarman, 2018). Understanding the self-disclosure experiences of students with psychiatric impairments can expand knowledge of the social (stigma, attitudinal), academic (persistence, graduation, enrollment) and self-efficacy (advocacy, knowledge, support) barriers faced by this unique population of students.

To understand the social, academic, and self-efficacy experiences of students with psychiatric impairments, descriptive data of the experiences of this population must be studied (Koch et al., 2014). With the number of students with psychiatric impairments attending colleges and universities increasing (Barnard-Brak et al., 2010; Cole & Cawthorn, 2015; Jorgensen et al., 2018; Thompson-Ebanks, 2014; Venville et al., 2014), it is vital for disability services professionals to understand the self-disclosure experiences of these students. Analyzing the self-disclosure experiences of this specific population can uncover the barriers faced that prompted disclosure and the reasons for choosing to disclose. Examining the disclosure experiences of students with psychiatric impairments can assist DSP in reaching a greater number of students with psychiatric impairments while simultaneously assisting students with disabilities in meeting educational goals.

CHAPTER THREE: METHODS

Overview

The purpose of this single case study was to explore the self-disclosure experiences of students with psychiatric disabilities in a fully online university setting. The findings of this study are intended to address the gap in the current literature regarding self-disclosure experiences of students with psychiatric impairments in fully online university environments (Jorgensen, Budd, Fichten, Nguyen, & Havel, 2018; Knight, Wessel, & Markle, 2018; Thompson-Ebanks & Jarman, 2018). Understanding the self-disclosure experiences of students with psychiatric impairments (SWPI) in a fully online university setting will provide insight to disability service professionals and online faculty and staff regarding the barriers these students face in the online learning environment. A single case study approach which allows for rich, descriptive data to emerge and for illumination of the self-disclosure experiences is used (Yin, 2018). Chapter Three addresses the research design and research questions, participants and setting, and procedures for this study. I will also discuss my role as the researcher and the human instrument of data analysis. Additionally, data collection methods, data analysis, and trustworthiness of the study including credibility, dependability, transferability, and ethical considerations are addressed. The purpose of this chapter is to provide descriptive details that allow for the replicability of the study.

Design

The research study follows a qualitative research design as qualitative inquiry is used to find meaning in a phenomenon (Patton, 2015). Qualitative research allows for investigation into the meaning of an experience or event (Patton, 2015). This study sought to explore the essence of self-disclosure experiences for students with psychiatric impairments in a fully online setting.

A qualitative case study was appropriate for this design as "the primary focus of data collection will be on what is happening to individuals in a setting and how individuals are affected by the setting" (Patton, 2015, p. 260). A single case study design was used as it allowed for the study of a specific phenomenon (self-disclosure) in the bounded context of a fully online university setting (Yin, 2018). Case study research provides illumination to the case, which can take the form of individuals, groups, places, policies, experiences, or decisions (Yin, 2018). This single case study design provided illumination of the case (self-disclosure experiences) for students with psychiatric impairments.

Participants in this study had the opportunity to explain their self-disclosure experiences (Yin, 2018). Multiple points of view were obtained from participants who represented faculty and staff who have encountered a student's self-disclosure and from students with psychiatric impairments (Yin, 2018). The social model of disability provided insight into the impacts that academics and self-efficacy can have on the self-disclosure experience (Matthews, 2009; Oliver, 1983). Analytic strategies of theoretical propositions, utilizing the social model of disability, and developing case descriptions were used (Yin, 2018). Coding strategies (Saldana, 2016) were also used to report emergent themes and findings throughout the data collection process. I followed the explanation building analytic technique, which allowed me to focus on an illumination of the case (Yin, 2018). I utilized a linear-analytic form to report findings, which highlighted the voices of each participant and is also indicative of descriptive case study design (Yin, 2018).

Research designs are often described in terms of a trilogy: mode, methods, and units of design (Yin, 2018). Thus, case study research is the overarching mode, the method is single or multiple case studies, and the case itself is the unit of inquiry (Yin, 2018). Case study research

originated in anthropological and sociological disciplines and is popular in psychological, medicinal, legal, and political designs (Creswell & Poth, 2018). Understanding the self-disclosure experiences of students with psychiatric impairments is a contemporary phenomenon indicative of a case study design (Lapan, Quartaroli, & Riemer, 2012). This study was bound by the unique population of SWPI, the online university environment, and the specific time frame in which the research was conducted (over six weeks). The case study was additionally bound by the research questions, which guided the phenomenon of self-disclosure that was the focus of inquiry (Lapan et al., 2012). The type of research questions, which asked why students chose to disclose and how self-efficacy and academics can influence self-disclosure experiences, were also indicative of a case study design (Yin, 2018).

Research Questions

CRQ: What can be learned from the self-disclosure experiences of students with psychiatric impairments in a fully online university setting?

SQ1: What factors attributed to or hindered students with psychiatric disabilities decisions to self-disclose?

SQ2: How does self-efficacy impact the self-disclosure experiences of students with psychiatric impairments?

SQ3: How does academic success or failure impact the self-disclosure experiences of students with psychiatric impairments?

Site

This study sought to understand the self-disclosure experiences of students with psychiatric impairments in a fully online setting. Thus, it was essential to select universities that provided entire academic programs virtually. I chose to study students with psychiatric

impairments in a fully online setting as virtual higher education is increasing in both popularity

and accessibility (Verdinelli & Kutner, 2016). Though several studies have shown that students

with disabilities tend to disclose less in the virtual setting (Roberts, Crittenden, & Crittenden,

2011; Terras et al., 2015; Verdinelli & Kutner, 2016), academic and persistence concerns remain

(Terras et al., 2015; Verdinelli & Kutner, 2016). Therefore, choosing to understand the self-

disclosure experiences in this setting provided recognition of the barriers students face and can

enact positive program and policy change to serve this student population better.

Identification of the Sites

World Christian University (WCU) (pseudonym) was selected as the primary site for this

study for several reasons. Little research has been conducted on self-disclosure in online

learning programs with a focus on students with psychiatric impairments (Peck et al., 2018).

According to Peck et al. (2018), "the global push towards increased online learning and

interaction in education means that establishing the basic technical conditions of accessibility . . .

[will] . . . pave the way for learning being open to greater numbers of diverse students" (p. 195).

Additional research should be conducted in online learning environments to ensure the

accessibility of education for all students. World Christian University provides programs that

allow students the opportunity to complete all aspects of the learning experience virtually, apart

from licensure components for nursing and education programs. Faculty and student participants

in this study were affiliated with WCU.

Focus group participants comprised of disability service professionals (DSP) who

provided virtual accommodations support for students with psychiatric impairments in a fully

online setting. There is currently no research that has been conducted on the experience of self-

disclosure for students with psychiatric impairments in an entirely virtual setting. Additionally,

no research exists on the perspectives of DSP as it relates to virtual self-disclosure. Understanding the viewpoints of DSP in a virtual environment can assist disability support service (DSS) offices with identifying strategies for supporting students with psychiatric impairments.

Site Descriptions

Student and faculty site. World Christian University is a facet of a brick and mortar university and currently offers over 400 online programs, including over 100 undergraduate and over 300 graduate programs. The total enrollment for the entire university, including both online and brick and mortar, exceeds 100,000. Students attending the university represent all 50 states and over 80 countries. Programs at this university are presented on a semester basis, and most courses are completed within eight weeks. Some programs offer campus-based intensives, where students can complete a portion of their coursework on-campus. Intensives can last one week, two weeks, an entire semester, or can take place during several weekends. World Christian University utilizes a Learning Management System (LMS) to provide course content and materials. Students can communicate with faculty and staff virtually, either via email, over the phone, or using virtual conferencing software (e.g., Adobe Connect or Skype). A President and Board of Trustees govern World Christian University. World Christian University is accredited by the Southern Association of Colleges and Schools Commission on Colleges and holds several program-specific accreditations.

Focus group participant sites. Disability service professionals (DSP) from three universities that provide online academic programs participated in this study. Norris State University (pseudonym) was founded in 1910 as a teacher-training school and now is one of the largest universities in the northeast region. The university offers on-campus and online programs

with eight various physical campus locations. Norris State University's disability support office also has individual campus locations and students can either visit a local campus or meet with a disability service professional virtually. St. Edwards University (pseudonym) was founded in 1912 and is a small, private national university in the upper Midwest region of the United States. St. Edwards University offers bachelors, masters, and doctoral degrees and offers both on-campus and online programs. The disability service office provides in-person support at multiple campus locations and virtual support for students enrolled in online offerings. Canyon Christian University (pseudonym) is located in the western region of the United States and was founded in 1914 and offers both residential and online programs. Canyon Christian University has several regional locations, and approximately 9,000 students are enrolled in both online and residential programs. The disability service office for Canyon Christian University provides support for students both virtually and on-campus.

Participants

Purposive criterion sampling was utilized to select participants for this study, which can be used to identify participants from a standardized questionnaire or invitation (Patton, 2015). Participants for this study included students with psychiatric impairments, faculty members who have experienced self-disclosure of students with psychiatric impairments, and disability service professionals. Participants were studied until thematic saturation emerged (Lapan et al., 2012). Pseudonyms were assigned to all participants to maintain confidentiality (Creswell & Poth, 2018).

Selection Criteria

To meet the criterion of a student with a psychiatric impairment, students had already disclosed a diagnosis associated with this definition to the Office of Online Accommodations

Support (OAS) (Thompson-Ebanks, 2014).   Students also completed at least one term with the

university, which allowed the researcher to gather data related to their academic experiences and

success at the World Christian University (WCU).   Faculty members were eligible for

participation in the study if they had worked with a student who had virtually disclosed a

psychiatric impairment (under the definition established by Thompson-Ebanks, (2014) during

their time at the university.   Descriptive, diagnostic information regarding the definition and

criteria for a psychiatric impairment was also provided for clarity.   Disability support staff who

served students with psychiatric impairments in a fully virtual setting were asked to participate in

the asynchronous online focus group.

Sampling Procedures

Students with psychiatric impairments for this study were contacted through OAS at

World Christian University.   To maintain student's confidentiality, the director of OAS worked

with the marketing department to determine (through tracking software used at the university)

which students that have disclosed to their office meet the criteria.   Students who met the criteria

were emailed and invited to participate in the study.   Students who were interested in

participating then emailed me directly with their intent to participate.   I responded to introduce

myself further and select an appropriate day and time to conduct the phone interview.

Faculty members were contacted via email and asked to consider participating in the

study if they met the selection criteria.   Faculty members who were interested in participating

emailed me to set up a time to conduct the phone interview.   Support staff was invited to

participate through a professional online organization chatroom that specializes in supporting

students with disabilities in higher education.   Support staff was invited to consider participating

if they served students with psychiatric impairments in a fully online setting. Support staff then

emailed me with their intent to participate.

Sample Size

In qualitative research, rich and descriptive detail is critical to the data collection process

(Creswell & Poth, 2018). Thus, while only a few individuals may be studied, the thick,

descriptive, and holistic data collected provides illumination of the phenomena (Creswell &

Poth, 2018; Yin, 2018). Twelve students with psychiatric impairments participated in the

interviews. Eight faculty members participated in the faculty interviews. For the online,

asynchronous focus group, three disability service providers from various universities

participated (Stewart & Shamdasani, 2015). As the intent of focus groups is to provide

additional illumination to the topic being studied, it is essential to focus on the quality of data

collected, rather than the number of participants (Stewart & Shamdasani, 2015).

Procedures

Prior to data collection, I secured preliminary site approvals from World Christian

University. I then obtained approval from the Institutional Review Board (IRB) from World

Christian University (Appendix A). After gathering appropriate approvals, I began the process

of developing a protocol, which can also increase case study reliability (Yin, 2018). The case

study protocol (Appendix B) contains a set of general guidelines I used while conducting

research (Yin, 2018). After conducting the pilot study and gathering feedback from two

seasoned disability service professionals, I secured participants and gathered data (Creswell &

Poth, 2018; Yin, 2018)

Students with psychiatric disabilities were secured via an email sent on behalf of the

Online Accommodations Support (OAS) office with the invitation to participate in the study and

consent form attached. The email asked students to consider participating in the study if they had a diagnosed psychiatric impairment and had disclosed to OAS. Consent was collected via electronic signature as participants resided throughout the United States. I followed the same process for faculty participant selection. After gathering consent forms, I began data collection. All interviews were audio-recorded and transcribed by me, and I analyzed the data and utilized memoing at the onset of data collection (Creswell & Poth, 2018; Lapan et al., 2012)

The focus group was asynchronous and was conducted over one week (Stewart & Shamdasani, 2015). Focus group participants responded to a posting thread each day (for a total of six days), and I served as moderator (Stewart & Shamdasni, 2015). Focus group participants were given anonymity, which can increase their confidence and honesty during discussions (Stewart & Shamdasni, 2015). Documents were collected via reflective and active field notes (memoing) and documentation regarding the policies and procedures to support students at WCU (Yin, 2018). According to Lapan et al. (2012), "data collection and analysis ideally occur simultaneously in a dynamic and interactive process" (p. 263). Data collection followed a circular pattern, where I continually reflected on the evidence presented and adjusted the research accordingly (Yin, 2018). Lastly, I wrote a descriptive and interpretive case study report, which will "allow readers to make their own interpretation of what the study findings mean and how to use findings" (Lapan et al., 2012, p. 267). Additional details regarding the specific procedures that were used in the case study are further outlined below.

The Researcher's Role

In this study, I was the human instrument that collected, analyzed, and interpreted the data (Creswell & Poth, 2018). I was dedicated to being intentional and focused on the value that the participants brought to the exploration of the phenomenon being studied (Yin, 2018). Though I

have a working relationship with WCU and the participants, their participation in this study did

not affect the relationship I have with students, faculty, or staff at the university. I continually

reminded participants that their participation in this study was voluntary, and they could choose

to exit the study at any time.

Though bias is unavoidable, I was committed to being open and honest about my

perspectives as a disability specialist and advocate for students with disabilities. I have worked

in the field of disability services for a decade and am inspired daily by the stories of adversity

that students share with me. Thus, I was cognizant of my potential bias and continually engaged

in reflexivity throughout data collection and analysis (Patton, 2015). I sought to be thorough in

data analysis and will provide data results to WCU as it may assist in future policy and program

alterations (Yin, 2018).

Data Collection

Before collecting any data, I obtained IRB approval from World Christian University.

Data collection methods employed triangulation, as doing so provides both credibility and

transferability to the findings (Yin, 2018). Specifically, data were collected through (a)

interviews, (b) online asynchronous focus group, and (c) documentation (Yin, 2018). Before

conducting initial interviews, interview and focus group questions were piloted, which allowed

me to modify and adjust the questions as needed (Yin, 2018). According to Yin (2018), pilot

data can assist in strengthening the validity of the study and provide "considerable insight into

the basic issues to be studied" (p. 140). The four principles of data collection (Yin, 2018) were

utilized in this study and are as follows: (a) utilize multiple sources of evidence, (b) create a case

study database, (c) maintain a thorough chain of evidence, and (d) exercise caution when using

data from social media resources (if applicable). Data collection methods are further outlined

below.

Interviews

Interviews are one of the most valuable methods of data collection for case study

researchers and can yield insights into the experiences of participants (Yin, 2018). Interviews

also allow the researcher to uncover information that cannot be gleaned through direct

observations (Patton, 2015). Through these interactions with participants, I gained an in-depth

understanding of the self-disclosure experiences of students with psychiatric impairments.

Questions utilized during the interviews resembled guided conversations rather than systemized

surveys or reports (Yin, 2018). As such, I utilized open-ended interview questions that focused

on providing an in-depth, detailed experience of self-disclosure (Yin, 2018). I followed the

prolonged interview approach, which allowed for a thorough examination of a participant's

"insights, explanations, and meanings related to certain occurrences" (Yin, 2018, p. 151).

Conducting extended interviews allowed me to adjust research questions for future inquiry if

needed. Each interview was recorded with the consent of the interviewee, and transcription was

later conducted to analyze themes and patterns (Yin, 2018). Interview questions were piloted on

individuals outside of my actual participant group to ensure clarity and proper phrasing (Patton,

2015; Yin, 2018).

Yin (2018) provided several useful strategies for crafting thoughtful interview questions.

When crafting interview questions, Yin (2018) proposed focusing on "how" rather than "why"

questions, as the latter often can feel intimidating or threatening. Interview questions should be

nonjudgmental and easily understood and interpreted by the participant (Patton, 2015). Skilled

interviewing also requires that the interviewer be alert and responsive, so follow up questions

can be implemented as needed (Patton, 2015). Yin (2018) suggested that interviews begin with exchanging pleasantries, and the interview be conducted amicably and cordially.

Student interviews. Students with psychiatric impairments were interviewed using semi-structured interview questions. Interview questions focused on self-efficacy and academics as they relate to the self-disclosure experience and on the overall experience of disclosing one's disability. The interview questions were designed to answer all of the research questions for this study.

Standardized Open-Ended Interview Questions

1. Please tell me a little about yourself.

2. Please tell me the program you are pursuing and your current status.

3. Why did you choose this specific program?

4. Please tell me about your specific diagnosis.

5. Please share your prior experiences attending previous colleges or universities.

6. Why did you leave those universities?

7. If applicable, please share your prior experiences with self-disclosure and receiving accommodations at a prior college or university.

8. What concerns, if any, did you have prior to coming to the university about your disability impacting your ability to be successful?

9. How have past instances of self-disclosure influenced your self-disclosure at World Christian University (WCU)?

10. When did you decide to self-disclose your diagnosis to the university? Did something specific prompt your self-disclosure? If so, please share.

11. How did you feel during and after disclosing your disability to disability support services (DSS) staff?

12. Please share an experience where you have disclosed to someone other than DSS staff at WCU.

13. If applicable, please share ways that you self-advocate while in your courses or program, without DSS intervention.

14. If applicable, please describe how your disability and accommodations have negatively or positively impacted your ability to complete assigned coursework, including assignments, quizzes, and exams.

15. If applicable, please describe how your disability has impacted your ability to work with your instructors or others at the university.

16. How has the nature of online learning affected your need for accommodations support?

Questions one through five provided baseline information regarding the student, their chosen program, and their prior academic history. Quality qualitative interviewing relies on a fruitful interaction between the interviewer and the interviewee (Patton, 2015). Thus, it is essential to take the necessary time to establish a rapport with the interviewee (Patton, 2015). Questions one through five gathered baseline information and established a rapport before entering into more evasive questioning. Question six allowed respondents to share reasons for departing prior colleges or universities, which can shed insight into potential disclosure or accommodation issues (Diez, Lopez, & Molina, 2015). Question seven provided additional information regarding prior disclosure experiences at colleges and universities, which can shed insight on self-disclosure decisions at future institutions (Nalvany et al., 2015). As a more positive view of prior experiences tends to bolster confidence in future decisions, it is important to understand the

prior disclosures of students as it relates to their self-efficacy (Lapan et al., 2012; Nalvany et al., 2015). Question eight gathered information about a student's perception of their diagnosis and the perceived impact it may have had on academic success (Srivastava & Singh, 2016). Students with a more positive view of their disability are more apt to disclose (Cole & Cawthorn, 2015). Question nine determined the effect that prior disclosure decisions may have had on the current disclosure decision at WCU. Students who have had prior positive disclosure experiences are more likely to repeat the process (Cole & Cawthorn, 2015).

According to Nalvany et al. (2015), "self-efficacy is not based on actual performance but upon perceived performance" (p. 19). Questions six through nine provided understanding regarding student's perceived academic performance and self-disclosure experiences. Questions ten through 12 addressed self-disclosure experiences for students with psychiatric impairments. Each question allowed for rich, descriptive data aimed at illuminating the essence of the self-disclosure experience. Little research exists on the actual self-disclosure experiences for students with disabilities, and there is no research on the self-disclosure experiences of this particular sub-population of students (Cole & Cawthorn, 2015; Kranke et al., 2013; Terras et al., 2015). Question ten asked students to share the reasons behind why they chose to self-disclose, which can aid in determining barriers that prompted disclosure (Thompson-Ebanks & Jarman, 2018). Understanding the experiences and feelings encountered during the act of self-disclosure, captured through question 11, can provide insight into program planning and staff training for disability service providers (Thompson-Ebanks & Jarman, 2018). Question 12 asked students to consider sharing another self-disclosure experience that they had at the university as students are often required to repeat all or portions of the disclosure process to faculty at the university level (Cesarei, 2014; Cole & Cawthon, 2015; Kranke et al., 2013; Thompson-Ebanks & Jarman,

2018). Understanding this additional disclosure aided in capturing the essence of the phenomenon of self-disclosure.

Questions 13 through 16 gathered information that will assist in understanding how academic successes or failures have impacted the self-disclosure experience. Question 13 asked students to share ways in which they self-advocate without the intervention of DSS. Research has shown that students with disabilities who exhibit higher self-advocacy are more likely to be academically successful (Newman & Maudas, 2015; Verdinelli & Kutner, 2016; Zeng et al., 2018) and may also be more apt to self-disclose (Cole & Cawthorn, 2015). Understanding the self-advocacy experiences of students with psychiatric impairments may shed light on disclosure decisions or comfort levels with self-disclosure. Question 14 asked students to share information regarding accommodations support received as it pertains to academic success or failure. According to Newman and Madaus (2015), receiving accommodations has been linked to greater academic success for students with disabilities, though as little as one-third of students with disabilities seek postsecondary accommodations support. Question 15 provided an understanding of the impacts that disability status can have on interactions with faculty and university staff (Cesarei, 2014; Cole & Cawthon, 2015). Students with disabilities are often ashamed or embarrassed to disclose and are fearful of stigmas or negative repercussions when they do disclose (Cesarei, 2014; Kranke et al., 2013; Thompson-Ebanks & Jarman, 2018). Online learning environments have been touted as more accessible and user friendly for students with disabilities (Verdinelli & Kutner, 2016). However, students with disabilities still often face barriers to academic success and persistence, and question 16 gathered information related to this concern (Verdinelli & Kutner, 2016).

Faculty interviews. Faculty members were asked to participate if a student with a

psychiatric impairment had disclosed to them virtually. Semi-structured interview questions addressed the research questions regarding the self-disclosure experience, self-efficacy, and academics. Gathering perspectives from those to whom students have disclosed can add further credibility to the findings (Yin, 2018).

Standardized Interview Questions:

1. Describe a time that a student with a psychiatric impairment disclosed to you. What prompted the disclosure? What resulted from the disclosure?

2. Once a student with a psychiatric impairment does disclose to you, does it affect your relationship with that student? Have you found that you work to support them in a different way?

3. Describe a time where a student with a psychiatric impairment has shared with you about a negative disclosure experience that they had.

4. Describe a time where a student with a psychiatric impairment has shared a positive disclosure experience.

5. How do you feel that self-efficacy influences a student's decision to disclose?

6. How do you feel that a student's disclosure affected their academics?

Responses to question one provided additional perspectives to the self-disclosure experiences of students with psychiatric impairments, including the reasons for disclosure. Some students with disabilities choose to disclose to faculty members before disability support services, either because they are more comfortable in disclosing to them or they are unaware of additional supports (Verdinelli & Kutner, 2016). Thus, it is important to understand how and why students disclose their disabilities to others at the university. Responses to question two will aid in understanding how disclosure can affect relationships between faculty and students with

psychiatric impairments, as research has shown that once a student does disclose, they are typically treated differently (Phillips, Terras, Swinney, & Schneweis, 2012). Understanding the relationship changes between student and faculty can aid in answering the main research question. Questions three and four provided additional information about disclosure experiences, which can shed insight into factors behind the current disclosure and self-efficacy as it relates to the self-disclosure process (Srivastava & Singh, 2016). Question five sparked discussion around self-efficacy as it relates to the self-disclosure process. Self-disclosure is a sensitive and intimate process for students with disabilities (Brohan, Evans-Lacko, Henderson, Murray, Slade, & Thornicroft, 2014), and question five brought additional understanding to how self-efficacy has impacted the self-disclosure process. Responses to question six addressed academic success or failure and how it has impacted the self-disclosure experiences for students with psychiatric impairments (Stein, 2013).

Focus Group

Focus groups are a highly respected and broadly used qualitative method that allows for triangulation and corroboration of the phenomenon of self-disclosure (Merriam, 2009; Yin, 2018). The focus group for this study was conducted in a virtual environment, utilizing conferencing software and allowed for participants to voice their own opinions while also providing rich responses to their peers (Roller & Lavrakas, 2015; Stewart & Shamdasani, 2015; Yin, 2018). According to Roller and Lavrakas (2015), "focus groups provide researchers with multiple perspectives as two or more persons become actively engaged in a 'focused' discussion about the topics the researcher is studying" (p. 104). Focus group questions were grounded in the literature and assisted in answering all of the research questions (Yin, 2018). As with the interview questions, the focus group questions were also piloted (Yin, 2018). In an

asynchronous focus group setting, participants were asked to respond to one question each day, and reply to each of their peers, which allowed for illumination of the phenomenon of self-disclosure experiences for students with psychiatric impairments (Stewart & Shamdasani, 2015). Standardized Open-Ended Asynchronous Online Focus Group Interview Questions

1. Describe a time that a student with a psychiatric impairment disclosed to you.

2. How do students with psychiatric impairments negotiate their requests for reasonable accommodations? For example, how do students discuss their request for accommodations with you? What terminology do they use when describing their disability and request for support?

3. Based on your experiences, what supports, strategies, or processes would you suggest that might increase the rate of self-disclosure for students with psychiatric impairments?

4. If applicable, describe a time where a student with a psychiatric impairment has shared with you about a negative disclosure experience that they had. Based on what you know, what do you feel could have improved that disclosure experience?

5. If applicable, describe a time where a student with a psychiatric impairment has shared with you about a positive disclosure experience that they had. Based on what you know about self-disclosure, what do you believe attributed to this positive experience?

6. How do self-efficacy and academics impact the self-disclosure experiences of students with psychiatric impairments? Please provide any examples to support your thoughts.

Question one solicited additional information about the self-disclosure experiences of students with psychiatric impairments from the viewpoint of a disability support service (DSS) professionals (Stein, 2013). I was prepared, as the moderator of the discussion boards, to prompt participants to share more about how they felt during the process as well the experience of the

students who chose to disclose (Stewart & Shamdasani, 2015). Question two asked that participants reflect on the negotiation of reasonable accommodations support between the DSS staff and the student. According to Venville et al. (2015), students and DSS staff often have differing views about the negotiation of academic accommodations and the need for self-disclosure. Question three asked that DSS staff reflect on what services or strategies they would implement that they believed would increase the self-disclosure of students with psychiatric impairments (SWPI). As each institution of higher education is responsible for establishing policies and procedures that DSS staff must follow to support SWPI, it is important to understand, from the DSS view, what current gaps lie in models of support for these students (Stein, 2013; Weis, et al., 2016).

Question four and five asked participants to share student accounts of both positive and negative self-disclosure experiences. The literature on self-disclosure for students with disabilities is fraught with negative experiences. Understanding more about negative self-disclosure experiences can assist in answering the main research question and sub-questions one and two. Understanding prior disclosure experiences can shed light on self-efficacy as it relates to self-disclosure, thus providing illumination to sub-question two (Brohan et al., 2014; Stein, 2013; Wright & Meyer, 2017). The sixth focus group question asked participants to address how self-efficacy and academics can impact self-disclosure experiences for students with psychiatric impairments (Stein, 2013; Wright & Meyer, 2017).

Documentation

According to Patton (2015), documentation in qualitative research can take many forms including "written materials and documents from organizational, clinical, or program records; social media postings of all kinds; memoranda and correspondence; official publications and

reports; personal diaries, letters, artistic works, photographs, and memorabilia; and written responses to open-ended surveys" (p. 14). Documentation was collected through written materials and documents regarding the policies and procedures for students with disabilities and self-disclosure from World Christian University (WCU) and notes made by the researcher (Patton, 2015; Yin, 2018). I encouraged OAS to share any relevant data, including surveys, questionnaires, or records that pertain to receipt of accommodations and student success. Documentation was used to triangulate and further strengthen the validity of the data and to verify the correct spelling and titles of participants involved (Yin, 2018).

Data Analysis

Data analysis answered the research questions that were posed in this study. Participant interviews were personally transcribed by the researcher to maintain confidentiality. Data analysis was continually conducted throughout this study (Creswell & Poth, 2018). As such, data were organized consistently, and observations were made while analyzing the data. Information gleaned during observations and data analysis was incorporated into future data collection methods and procedures for this study (Merriam, 2009). Developing a general analytic strategy was the foundation for data analysis and included memoing, taking notes, and categorizing themes (Yin, 2018). In this study, data analysis was completed by collecting and coding data into themes that emerged as the data was collected (Saldana, 2016). I analyzed data a cyclical pattern, which involved reviewing the research questions, the data, interpreting the data, and drawing conclusions from the data. Additionally, data analysis occurred following the theoretical propositions analytic strategy (Yin, 2018), utilizing the social model of disability (Oliver, 1983). Particular focus was placed on the experience of self-disclosure, through the eyes of students with disabilities, faculty, and staff as data were analyzed.

Saldana (2016) suggested coding participant data individually and unilaterally, which allows for a fresh perspective in coding the second and subsequent participant's data. Doing so can "maximize the potential for variety in concepts (or in their forms of expression) early in the process" (Bazeley & Jackson, 2013, pp. 69-70). Qualitative data analysis software, ATLAS.ti was employed to assist in coding of the data, but with an understanding that these programs do not complete the analysis of the case study (Yin, 2018). Yin (2018) suggested that the researcher will still need to manually analyze the results of the data as "developing a rich and full explanation or even a good description of your case, in response to your initial 'how' or 'why' questions, will require much post-computer thinking and analysis on your part" (p. 211). Thus, although analysis began with computer-assisted coding of the data, Yin's (2018) strategies for analyzing case study data, which included relying on theoretical propositions and developing a case description, were used.

Memoing, a strategy recommended by Yin (2018), was utilized from the onset of data collection and throughout the data collection process. Yin (2018) likened this process to serendipitously jotting down a random thought while in the shower, as it should be a process of continual reflection and engagement. Bracketing, or holding the phenomenon up for tedious scrutiny with an emphasis on refraining from the interpretation or assigning meanings, was also utilized in this study (Patton, 2015). As I am familiar with and passionate about serving students with disabilities in higher education, I needed to bracket my assumptions or applications of the data being collected and treat the phenomenon, "as much as possible, on its own terms" (Patton, 2015, p. 576). When reporting data, I utilized a linear-analytic form, which is common in descriptive case study design (Yin, 2018). Data was succinctly yet eloquently reported and

oriented to my intended audience of disability service professionals, faculty and staff at institutions of higher education, and students with psychiatric impairments.

Trustworthiness

I utilized several methods to obtain trustworthiness in this study including: (a) triangulation and member checking to obtain credibility (Yin, 2018), (b) clarification of researcher bias and engagement in reflexivity to obtain dependability (Patton, 2015), (c) generating rich, thick descriptions of the data to obtain confirmability (Creswell & Poth, 2018), and (d) pilot testing of interview questions and focus groups conducted to obtain transferability (Yin, 2018). The three methods of data collection were: (a) interviews, (b) focus group, and (c) documentation. The combination of these three methods provided corroboration of the phenomenon via triangulation (Yin, 2018). Credible interpretations of the data were provided by employing the five techniques provided by Lincoln and Guba (1985) which include: (a) utilizing a method that promotes the likelihood of achieving credible findings (triangulation), (b) including external checks (peer debriefing), (c) revisiting and refining the research questions as additional information was gathered, (d) member checking, and (e) comparing preliminary findings against archived data.

Prior to data collection, two seasoned disability service professionals reviewed my research questions and case study protocol and provided tangible feedback. I incorporated the feedback provided and adjusted the research questions accordingly. I utilized memoing throughout the data collection phase and kept this information stored in a journal. Upon data collection and transcription, I utilized member checking and gave each participant an opportunity to review their transcripts and provide feedback. The case study protocol allowed me to ensure accuracy throughout the data collection and reporting process.

Credibility

Interviews and focus groups were recorded and transcribed verbatim. Transcriptions of these recordings were made available for additional review of critiquing if needed, which provided an opportunity for member checking. Member checking, according to Lincoln and Guba (1985), is "the most crucial technique for establishing credibility," and it allows the participants to review the transcribed data, which increases the credibility of the data (p. 314).

Dependability and Confirmability

Quotes from the participants were selected and used to give the participants a voice in Chapter Four of the study (Creswell & Poth, 2018; Yin, 2018). The number of participants who identified with particular themes were included in Chapter Four of the study (Creswell & Poth, 2018). The case study protocol, which assisted in allowing for replication of the study, also bolstered the dependability of the study (Yin, 2018). According to Patton (2015), dependability and confirmability are obtained with solid descriptions and a thorough explanation of analytic techniques. Confirmability was ensured via thorough and accurate interpretations of the data collected. Additionally, confirmability was accomplished via opportunities for member checking and through reflexivity (Lincoln & Guba; 1985; Yin, 2018).

Transferability

In qualitative research, transferability is used in lieu of generalizability, which is commonly used in quantitative research (Creswell & Poth, 2018). Transferability is achieved when the results of a study can be applied to a different situation that is like the one being analyzed (Patton, 2015). This case study was conducted in a specific online university environment, but by providing rich, descriptive data, transferability can be achieved to other institutions of learning (Creswell & Poth, 2018). Transferability was achieved through pilot

testing of the interview questions and focus group questions (Yin, 2018). Lastly, by utilizing a case study protocol, the reliability of the data collection process was heightened (Yin, 2018). According to Patton (2015), transferability deals with "providing readers with sufficient information on the case studied such that readers could establish the degree of similarity between the case studied and the case to which findings might be transferred" (p. 685). Thus, I accomplished transferability via the thorough, accurate, and meticulous methodology section of my dissertation and the detailed case study protocol, which allows for replication (Yin, 2018). Transferability was additionally achieved through the triangulation of the data and findings (Patton, 2015). Thus, using multiple methods of data collection, providing a thick and descriptive methods section, and thoroughly presenting the data to readers increased the transferability of the study (Patton, 2015; Yin, 2018).

Ethical Considerations

Before conducting any research, I secured the appropriate Institutional Review Board (IRB) approvals. Throughout data collection, I maintained close contact with the IRB and submitted change approvals as needed. Furthermore, approvals for all aspects of the study were approved through my dissertation chair. All participants were treated with the respect, admiration, and honesty that they deserve (Patton, 2015). I was clear in my intent and purpose of the study to the participants. Additionally, I ensured that participants knew that their consent to participate was voluntary, and I secured consent before collecting data (Patton, 2015). Participants were informed that they may choose to leave the study at any time and that their anonymity was maintained throughout the study and reporting process (Patton, 2015). Transcripts and recordings were secured on a password-protected computer, and the university and participants were provided pseudonyms when the findings were reported. Bracketing and

reflexivity were utilized as I have strong connections to the field of research and students with disabilities (Patton, 2015). A thorough report of the study and findings was reviewed by my dissertation chair and committee before the final publication.

Summary

The purpose of this qualitative case study was to understand the self-disclosure experiences of students with psychiatric impairments in a fully online university setting. Students with psychiatric impairments are attending colleges and universities at an increasing rate (Jorgensen et al., 2018). It is vital for disability support services personnel, faculty and staff, and college administrators to understand how these students experience self-disclosure and how self-efficacy and academics can impact the self-disclosure experience. After obtaining IRB approval, I conducted a single case study utilizing interviews, a focus group, and documentation as a means of data collection. Data were analyzed utilizing coding, memoing, and reflexivity and followed Yin's (2018) analytic strategies of relying on theoretical propositions and developing a case description. Data were reported in a linear-analytic format, focusing on a rich and descriptive reporting of the findings. I obtained trustworthiness through triangulation, memoing, member checking, following a case study protocol, and thorough explanations of analytic techniques.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this single case study was to explore the self-disclosure experiences of students with psychiatric impairments in a fully online university setting. Data were obtained through interviews with students and faculty, a focus group of disability service professionals, and documentation gathered from the Online Accommodations Support office (OAS). Data were analyzed and aimed at answering the central question: What can be learned from the self-disclosure experiences of students with psychiatric impairments in a fully online university setting? Additional sub-questions were:

1. What factors attributed to or hindered students with psychiatric disabilities decisions to self-disclose?

2. How does self-efficacy impact the self-disclosure experiences of students with psychiatric impairments?

3. How does academic success or failure impact the self-disclosure experiences of students with psychiatric impairments?

This chapter presents the results of the data analysis that occurred throughout this study. A detailed description of each participant is described, followed by theme development. The themes that emerged from this study were: academics, communication, disclosure experience, encouraging disclosure, hindering disclosure, and self-efficacy. Lastly, the research questions are answered with an emphasis on the emergent themes.

Participants

A total of 23 individuals participated in this study. Participants comprised of eight faculty members and 12 students. Additionally, three professionals in the disability services

field participated in an online, asynchronous focus group. Student participants varied in age from 18 years old to 56 years old. Half of the students interviewed were diagnosed with post-traumatic stress disorder (PTSD). Faculty participants varied in age from 33 to 63 and had been teaching between one and six years at World Christian University (WCU). A detailed description of each participant follows. Student demographics are represented in Table 1, and faculty demographics are presented in Table 2. Pseudonyms were provided to protect the identity of participants, and interviews were conducted via phone and recorded. Both students and faculty were sampled from the same school, World Christian University. Focus group participants were disability service professionals from various universities across the United States.

Table 1

Student Demographics

Name	Degree	Age	Ethnicity	Diagnosis
Roger	Bachelor of Psychology	33	White	ADHD, Bipolar Disorder, Dyslexia
Jerry	Masters of Counseling	55	Native American	PTSD
Tabitha	Doctorate of Counseling	52	White	Schizoaffective Disorder
Mark	Bachelor of Business	50	White	ADHD, PTSD
Harley	Masters of Counselling	44	White	PTSD
Angela	Bachelor of Education	18	White	Depression, Anxiety, Visual Disability
Alison	Bachelor of Religion	51	White	Bipolar, Schizophrenia
Ria	Bachelor of Religion	53	African American	Depression, Central Pain Syndrome, Seizure Disorder
Kelly	Masters of Religion	56	White	Anxiety, PTSD
Thomas	Bachelor of Education	22	White	ADHD, Anxiety, Learning Disability
Launa	Masters of Counseling	47	Hispanic	PTSD
Sally	Masters of Counseling	50	White	PTSD, Generalized Anxiety Disorder, Depression, Eating Disorder (in recovery)

Table 2

Faculty Demographics

Name	Age	Ethnicity	Number of Years Teaching with WCU
Dr. Russo	60	White	Six
Dr. Whistler	44	White	Two
Dr. Campbell	40	White	Four
Dr. Riker	33	Asian Indian	Three
Dr. Suarez	59	White	Two
Dr. Costa	63	White	One
Dr. Lavin	55	White	One
Dr. Cook	51	White	Two

Individual Descriptions: Students

Thomas. Thomas was a senior pursuing a degree in education. He lived in a remote area of the United States and chose online learning for both ease of access due to his location and flexible learning environment. World Christian University (WCU) is the only institution of higher education that Thomas had attended. Thomas did not take advanced placement (AP) courses while in high school. Thomas was diagnosed with ADHD, anxiety, and a learning disability in his youth and reports that he mainly struggles with reading comprehension, focus, and concentration. Thomas knew to ask for accommodations upon entering the university and was encouraged to do so by his parents. He was comfortable sharing his diagnosis and asking for accommodations because he had done so for most of his youth. Though Thomas reported rarely using his accommodations of extended time on assignments, quizzes, and exams, he did feel more confident with them in place. Thomas felt supported while registering for his

accommodations at the university but also knew that not all students are aware of these services at the onset of matriculation.

Sally. Sally was an adult learner and a full-time student pursuing a master's degree in counseling. Sally was diagnosed with post-traumatic stress disorder (PTSD), generalized anxiety disorder, panic disorder, depression, and, at times, had suffered from an eating disorder. She did not receive her bachelor's degree at World Christian University (WCU) and did not ask for accommodations until she had been in the program for a few semesters. Sally did not realize that she would qualify for accommodations and was hesitant to follow through with the process. Sally believed that her anxiety disorder is the most impactful academically. Sally reported struggling at times with feelings of anxiousness when testing and asking for help. She had accommodations for extended time on quizzes, assignments, and tests as needed. She also felt the need to justify her accommodations to her professors. Though she appreciated the flexibility of online learning, she also felt that she lost the ability to read the professor's body language, which did sometimes increase her anxiety.

Harley. Harley was an adult student and a veteran in the WCU master's program in a psychology discipline. He attended WCU for both his bachelor's and now his master's. Harley did not request accommodations until last semester despite being diagnosed with PTSD in 2011. He did not want the stigma that often comes with disclosing a mental health diagnosis, but he also felt that advocacy for oneself is vital to academic success. His prior disclosure and request for accommodations with his employer (a government agency) helped to prepare him for requesting accommodations at the university level. He withdrew twice from WCU due to his diagnosis. Navigating the accommodations request with his employer was challenging but also

prepared him to be an advocate for himself. He received accommodations for extended time on quizzes, tests, and assignments as needed.

Mark. Mark was an adult student and reported that WCU was his first collegiate experience. He was over halfway through his bachelor's program in public administration. He was a veteran and was recently diagnosed with attention deficit hyperactivity disorder (ADHD) and PTSD. He felt that professors were more receptive and responsive when he reached out to them with typical problems rather than issues related to his disability. He sensed stigma regarding his diagnosis and felt that working with students with a diagnosis cannot be a one size fits all model. He was an advocate for his child with medical needs, which made him a more forceful advocate for himself. At times, he found himself doing double or triple the work of his peers because he did not receive the support he needed to work through the material promptly. He worried about retaliation if he complained about his accommodations or services not being met but also felt that it was essential to speak up when necessary.

Tabitha. Tabitha was a doctoral student at WCU, pursuing a degree in psychology. She was diagnosed with schizoaffective disorder after suffering a psychotic break in her late adolescence. She was employed in the mental health field and was an advocate for disability rights. She earned her bachelor's degree at a different university but has completed her master's degree at her current university (WCU). She did not ask for accommodations until the end of her master's program when life events exacerbated her condition. Tabitha believed that her current and prior work as an advocate had helped her in negotiating for reasonable accommodations. Most of her self-disclosures at the university had been positive, though there had been a few times where she had to advocate for what she felt was right. She still worried about the stigma of her invisible diagnosis and did not disclose without strongly considering the consequences.

Roger. Roger was an undergraduate student pursuing a degree in psychology at WCU. He did not disclose his diagnosis of ADHD, bipolar disorder, and dyslexia until halfway through his program. He also had physical disabilities that would require accommodations at a physical campus, but he had not disclosed them to the university because he attended entirely online. He felt comfortable sharing information about his diagnosis as needed as he had public speaking experience. He encountered academic difficulties as a result of his diagnosis while attending WCU and had to either drop courses or withdraw. He felt that being confident about his diagnosis and limitations had been vital for positive self-disclosures and navigating reasonable accommodations.

Jerry. Jerry was a veteran, working towards his master's degree in psychology at WCU, and he planned to pursue his doctorate after graduation. He spent several decades in the military. Jerry reported a combination of psychological distress suffered during his service in the military and childhood trauma as attributing factors to his diagnosis of PTSD. He did not disclose and request accommodations while pursuing his undergraduate degree at another university. He did not disclose at that time because he was still active in the military and was fearful of the stigma. Jerry served as an advocate for veterans in his community, which made him more comfortable and confident when disclosing his diagnosis. Though he knew about the process to request accommodations upon matriculation, he delayed his disclosure until enrolling in his second or third class at WCU.

Angela. Angela was a junior and majored in education at WCU. She disclosed to the Online Accommodations Support (OAS) office and sought reasonable accommodations before matriculating. She had a history of established accommodations in high school and felt confident in advocating for herself at WCU. Although she had mental health diagnoses of

anxiety and depression, she did not disclose these to OAS. She did disclose her visual

impairment and felt that the accommodations provided for this diagnosis also supported her

mental health needs. She had a good working relationship with OAS and felt that she could

reach out to them for support. She had been her own advocate for several years, which she felt

had attributed to her academic success.

   Alison. Alison was an adult learner with bipolar disorder and schizophrenia. She

suffered from lithium toxicity in 2012, which left her in an almost catatonic state for several

months. She attributed World Christian University (WCU) and their faith-based approach to

education and their online format as vital to her mental health recovery and academic success.

She was pursuing a bachelor's degree in religious studies and had approximately one year left to

graduate. She did not disclose upon entering the university, as she thought she might not be

accepted to the WCU. She disclosed after suffering a breakdown in her first year at WCU. She

was overwhelmed with the amount of material that she needed to absorb and the rigid due dates.

She called the WCU student helpline, and the representative that she spoke with mentioned OAS.

Although she did not feel that her accommodations have been received negatively at the

university, she is not comfortable negotiating her accommodations with her professors if they are

not properly honored.

   Ria. Ria was a 53-year-old mother of four adult children pursuing a bachelor's degree in

religion at WCU. She had a history of drug use and was an advocate for substance abusers with

mental health issues in recovery. Her advocacy work had helped her in being comfortable when

discussing her diagnosis and limitations. She had attended community college in the past but

chose the online learning environment because of the limitations of her physical disability

(stroke). She also suffered from depression and bipolar disorder, which was what prompted her

to register for accommodations upon matriculating into WCU. She knew to register because her

community college had encouraged her to do so, but she "didn't want to be treated differently"

(Ria, personal communication, February 25, 2020), so she declined accommodations at that time.

She found the rigidity of professors at WCU to sometimes cause her to feel unsupported when

disclosing or enacting her accommodations. Ria felt that some of the professors had "control

issues" and that they "want[ed] things done exactly like they want[ed] things done" (Ria,

personal communication, February 25, 2020). She felt that because her accommodations

counteracted the professor's original plan, she was often left feeling unsupported. She had also

considered forgoing asking for accommodations in some future classes because of the lack of

support in her current classes.

 Kelly. Kelly was also an adult learner pursuing a master's degree in divinity at WCU.

She did not request accommodations during her undergraduate degree as she was diagnosed later

in life with PTSD after a traumatic family event. She did not disclose upfront but was

encouraged to seek accommodations through OAS by her personal counselor after struggling to

retain information that was necessary for a closed-book assessment. She received

accommodations for extended testing time and flexible due dates on assignments. She reported

that her accommodations were "now in place . . . [but] … I have not used them" (Kelly, personal

communication, February 11, 2020). She reported that she did ask for a flexible due date

recently, but it was due to illness and not her diagnosis. Kelly said that she "tries not to abuse

that [accommodations]" and that she only "pulls out that accommodation of extended time unless

it was a problem" (Kelly, personal communication, February 11, 2020). She was not guarded

about her diagnosis and spoke openly about her trauma as a form of therapy. However, she did

not want to be treated differently because of her disability. Although she described OAS as

incredibly supportive, she did feel that the process of disclosing was "painful" but that she "needed the outcome [of approved accommodations]" (Kelly, personal communication, February 11, 2020). She believed that the "things we hide have power…and if you don't want it [diagnosis] to have power over you [then] you can't hide it either" (Kelly, personal communication, February 11, 2020). Like Ria, she felt that some professors "have their buttons" and could be less supportive due to rigidity (Kelly, personal communication, February 11, 2020). Overall, she had a positive experience at WCU and was close to graduation.

Launa. Launa was an adult learner pursuing a master's in counseling at WCU and was in her third year. She was approximately halfway through the program and attended part-time. She suffered from PTSD and had accommodations during her undergraduate degree. Her accommodations at WCU included extended testing time and flexible due dates on assignments. English was her second language (ESL), and her ESL status impacted her academics in much the same way as her PTSD. She believed that she had to study harder and longer than most students and had to be more meticulous about her work. She reported that she sometimes felt discriminated against and that "the teacher is telling me like, I know you have a disability, but this isn't fair to the other students" (Launa, personal communication, March 2, 2020). She sometimes felt depressed by the lack of support and that "maybe I don't fit in here with them, and I am not worthy" (Launa, personal communication, March 2, 2020). Her depression also set her back academically speaking and, she reported it would take time to recover from bouts of depression. Launa believed that her ESL status and her disability caused her to feel discriminated against. Launa felt that, even though her accommodations were provided to her professors when she entered a course, they were not always evenly applied. She shared that "accommodations [are] whatever the teacher decides . . . [and]…not whatever I need" (Launa,

personal communication, March 2, 2020). The inconsistencies from professor to professor in enacting the accommodations left her feeling unsupported.

Individual Descriptions: Faculty

  Dr. Russo. Dr. Russo taught in the School of Education at WCU. Dr. Russo tried to create a welcoming virtual environment by making personal connections. As a doctoral chair, she had instances of self-disclosure that occurred due to barriers that students faced while collecting data. Dr. Russo was sympathetic to students and understood that students are struggling to maintain a school-work life balance. She felt that in the realm of virtual learning, "we [educators] just don't understand how frightening it can be. It [the diagnosis] is a barrier, a roadblock, a pothole. So, I need to be that person they [students] can pick up the phone and call to go to" (Dr. Russo, personal communication, February 25, 2020). In the instances of disclosure Dr. Russo described in her interview, students "backs were against the wall . . . [and] . . . were at a difficult juncture where quitting isn't an option" (personal communication, February 25, 2020). She also felt that students who were articulate in their diagnosis and limitations allowed her to be better prepared to support them.

  Dr. Campbell. Dr. Campbell was a faculty member in the counseling department at WCU. Dr. Campbell posted weekly inspirational quotes and felt that this helps students feel comfortable and encouraged self-disclosure. When students disclosed, she always directed them to OAS and tried to counsel them on other available resources that might be in their area. Dr. Campbell would ask students, "what support do you need to make you feel successful in this term" and then discuss available supports with them (personal communication, November 24, 2019). Dr. Campbell felt that disclosure could be "really harsh. When you're…telling someone the most intimate thing about you at that moment, and it is received negatively" (personal

communication, November 24, 2019). She felt that empathy and communication were essential in supporting students through the disclosure process.

Dr. Costa. Dr. Costa taught in the counseling department at WCU and found that students disclose "usually after the student has been doing poorly in the class, like not turning in their papers, late on assignments" (personal communication, November 25, 2019). Dr. Costa felt that after students disclose, she could formulate a plan for success and had more empathy when working with them. Dr. Costa did find that students tend to elude to their diagnosis rather than stating, "I have this disability, and I need to get some sort of accommodation" (personal communication, November 25, 2019). Instead, students would state that they were seeing a therapist or counselor and then elude to anxiety or depression. Most of her students did not know what to ask for in terms of support. She believed that her background in counseling did help her to be more empathetic and prepared her to work with students with psychiatric impairments. She felt that students who disclosed and were more proactive about their limitations and what they were doing to address their mental health needs were better supported. However, she also felt that "I can't say that I've seen that [level of awareness] to a degree" (Dr. Costa, personal communication, November 25, 2019).

Dr. Cook. Dr. Cook was a faculty member in the counseling department at WCU. He also believed that empowering students to understand their diagnosis and limitations was crucial when disclosing. He believed that empathy was essential for supporting a student's disclosure and that the process was a "sacred trust that I will carry with me" (Dr. Cook, personal communication, December 5, 2019). Dr. Cook believed that faculty should honor disclosure, and when a student states, "I have a weakness, and I need help. Well, that's why we're in this

profession [counseling] to begin with! Why would we not at least respond in a way that's kind and compassionate and caring" (personal communication, December 5, 2019).

Dr. Riker. Dr. Riker was also a faculty member in the counseling department at WCU. Dr. Riker found that students with psychiatric impairments who are reflective about their diagnosis and limitations and are in counseling (when needed) tend to be more successful in self-disclosure. Dr. Riker felt that it is vital that potential and incoming students understand the expectations of the counseling program so they can be prepared and informed. She believed that being "more transparent in expectations [of the counseling program]" can allow students to "disclose potentially what's happening within them for why they're not meeting those expectations so that in turn we [faculty] can be more supportive" (Dr. Riker, personal communication, November 25, 2019).

Dr. Whistler. Dr. Whistler taught in the education department at WCU and relied on her history as a prior special education teacher in working with student disclosures and requests for support. The disclosures that she discussed were delayed and usually occurred about halfway through the course when the materials became more difficult. Dr. Whistler believed that she provided the empathy and support needed for students who are enrolled in her online courses because she also worked with children with disabilities. She added personal touches to her online courses by providing weekly spiritual check-ins and felt that this supported self-disclosure. She believed that self-disclosure should be positive and that students should "feel like it's almost like a weight lifted off of them. That they were able to expose themselves. They didn't get judged. They know that they're going to get the help that they need" (Dr. Whistler, personal communication, February 27, 2020).

Dr. Lavin. Dr. Lavin taught in the counseling department at WCU and found that students with psychiatric impairments disclosed when they had reached an academic barrier rather than at the onset of a course. He believed that professors must honor accommodations as laid out by OAS but found that students often refrain from utilizing their services. Instead, students communicated individually by professor and were not provided consistent accommodations. He had a background in special education and school counseling and used that knowledge to direct students to the appropriate resources. He was better equipped to support those students who had a strong knowledge of their diagnosis and limitations and who received accommodations with OAS. He believed that students should be their own advocates, but also have proper supports to help them navigate reasonable accommodations.

Dr. Suarez. Dr. Suarez taught in the education department at WCU and believed that by providing a welcome and safe virtual environment, students were more comfortable in their self-disclosure. At the beginning of each course, she invited students to write an introduction via the discussion board. Dr. Suarez would then record an individual response and send it to each student. She felt that providing this personal touch was crucial in making students feel welcome in her classroom and thus more comfortable in their self-disclosure. She also found that students who were more articulate in their diagnoses were more successful in their academic endeavors. She believed that "it [lack of articulation] make[s] it harder for me to be able to assist when I don't know exactly what they need" (Dr. Suarez, personal communication, March 3, 2020). She felt that students might disclose because they get to "the point where, they want the degree, they want to reach their goals, but they realize that, that this particular issue that they're dealing with personally is keeping them from that goal" (Dr. Suarez, personal communication, March 3, 2020).

Individual Descriptions: Focus Group Participants

Lisa. Lisa was a director for a disability department in the Northeast region of the United States. She had been working for this university for nine years in academic and disability services roles. She has been working in the disability support service field for 15 years. She has a master's degree in higher education and is currently pursuing a doctorate in higher education administration. The university had multiple campuses across the region and offered both in-person and online degrees.

Kayleigh. Kayleigh was a disability services professional at a large university in the upper Midwest region of the United States. Their university offered both residential and online programs and has several campus locations. Disability support services are offered individually, depending on the campus location or virtual programs that students are enrolled in and students are encouraged to request accommodations at least 30 days prior to beginning a course.

Dianna. Dianna was a student services coordinator for a small university in the Western region of the United States. Approximately 8,000 students attend both the physical campus and online program offerings. Diana had been working in disability support services for five years and had earned a master's degree in organizational leadership.

Documentation

The Office of Online Accommodations Support (OAS) "exists to provide equal access to students with documented disabilities and temporary medical conditions [and they] arrange reasonable accommodations and program access upon request; striving to ensure that discrimination on the basis of disability does not occur" (Online Accommodations Support, 2020, para. 1). In order to receive accommodations with OAS, students must complete their "Notification of Need" form, which asks students to list and describe their diagnosis and

request for accommodations. Students must then coordinate with their diagnostician to have supporting documentation submitted to OAS (Online Accommodation Support Processes, 2020). The OAS website contains documentation requirements for the following major disability categories: ADD/ADHD, head injury/traumatic brain injury, hearing impairment, learning disability, physical disability, psychiatric disability, and visual impairment. Students who participated in this study fell into the psychiatric disability category with regards to supporting documentation (Online Accommodation Support Processes, 2020).

The Online Accommodations Support office (OAS) requires that documentation to support a psychiatric condition be no more than three years old and submitted by a qualified professional. According to their website, "professionals qualified to diagnose psychiatric, psychological, or emotional disorders must be a licensed mental health professional" (Psychiatric Disability Documentation Requirements, n.d., para. 4). The diagnostic information must also include the specific diagnosis, the results of any assessments used to determine a diagnosis, current limitations and impact of medications, and suggestions for reasonable accommodations.

At the beginning of each sub-term, students must contact a Disability Support Advisor, providing the courses in which they are enrolled and the professor for each course. OAS then provides an accommodation letter to the professors on behalf of the student. Professors proceed to implement the accommodations that were agreed upon between OAS and the student (Online Accommodation Support Processes, 2020). As with all institutions of higher education, the student is responsible for disclosing their disability to OAS in order to receive accommodations (Online Accommodation Support Processes, 2020). Without disclosure to OAS, professors are not responsible for implementing accommodations.

Results

Theme Development

The purpose of this single case study was to explore the self-disclosure experiences of students with psychiatric impairments in a fully virtual learning environment. Data were gathered through interviews, a focus group, and documentation from the Online Accommodations Support office. Interviews were recorded and transcribed by the researcher verbatim and then manually coded along with the focus group data and documentation utilizing ATLAS.ti software. The codes were then analyzed until themes emerged. Initially, data were coded while simultaneously reviewing the research questions (Saldana, 2016). The strategy of coding contrasting data was utilized, moving through each interview unilaterally (Saldana, 2016). A total of 105 codes were initially discovered during the first review of the data. Appendix I contains the initial codes that were created during the precursory review of each interview. In Vivo coding, a strategy that creates "a more nuanced analysis" from the onset of coding was used (Saldana, 2016, p. 23). A second review of the data was conducted to remove redundant codes and to identify themes. After themes were identified, codes were assigned to themes, and the data were reviewed a third and fourth time. A total of 18 codes were categorized into six themes, which included academics, communication, disclosure experience, encouraging disclosure, hindering disclosure, and self-efficacy. Table 3 provides a list of the revised codes with themes as they occurred during data analysis.

Table 3

Codes & Themes

Open Code	Major Theme
Choice for Online Learning	Academics
Limitations in the Online Learning Environment	
Rigid Communication	Communication
Lack of Communication	
Open Communication	
Fear	Disclosure Experience
First Instance of Disclosure	
Prior Disclosure	
What Prompted Disclosure	
DSS Job Roles	Encouraging Disclosure
Faculty Roles	
Multiple Modalities	
Faculty	Hindering Disclosure
Justifying Accommodations	
Stigma	
Negotiation	Self-Efficacy
Threshold	
Understanding of Disability and Limitations	

Theme one: Academics. The first theme encompassed the following codes: (a) choices for online learning, (b) limitations in the online learning environment, (c) negative aspects of online learning, and (d) positive attributes of online learning. All 12 student participants discussed the flexibility of the online learning environment as a motivation for their choice in online learning. Many responses incorporated the need for flexibility due to home, family, and work obligations and the limitations of their diagnosis. Focus group participant Lisa felt that students with psychiatric impairments (SWPI) might choose online learning for personal, academic, and diagnostic reasons. She wrote

I wonder if they've [SWPI] chosen the online format so they can work through that

anxiety or lack of motivation independently rather than facing an in-class situation or if

it's simply a matter of preference or the way their programs are set up. (Lisa, personal

communication, March 12, 2020)

Alison, who was diagnosed with bipolar disorder and schizophrenia, was completely homebound

due to her condition. She was grateful for the opportunity to attend WCU. She shared that "I'm

just happy that I can go [to WCU] and that there is a way that I can do work as I didn't leave the

house for many years" (Alison, personal communication, February 3, 2020). When considering

the choice for online learning, Angela stated

I wanted to be able to do some of it [academics] from home. I had some I have some

mental health issues as well. So, I needed sometime between high school and college

before I knew [if I wanted to move away]. My mom and I are super-duper close, but I

wasn't ready to fully move away yet. Yeah. So, I started the process online. (personal

communication, March 12, 2020)

Jerry felt that the online environment allowed him to choose the times that work best for him and

stated,

You know, if you wanted me to do something tedious and specific, I needed to be in a

room by myself at 5:30-6:00 o'clock in the morning. If you wanted me to do something

artistic. Let me do it in the afternoon. So, let me build my schedule for me. (personal

communication, February 12, 2020)

Roger echoed this sentiment in his choice for online learning and cited the flexibility that

allowed him to optimize his time and work around his busy schedule as critical to his academic

success.

Tabitha, a student in the doctoral program for psychology diagnosed with schizoaffective disorder, initially chose online learning because of her hectic work schedule, but also shared that her diagnosis played a role in her need for remote learning.

[Because I need] to get up and leave [the room]. That can be a little disruptive. And so that that that's a thing of getting really overwhelmed and needing to get up and relocate. And, that's one of my primary strategies, and it doesn't really come up as much" (personal communication, February 8, 2020).

Mark, a veteran with PTSD, shared that he chose online learning as he could "get overstimulated" in large crowds and that he needed time to himself (personal communication, February 13, 2020). Mark was able to work independently and autonomously as needed, which was a key factor in his choice for online learning. Alison, who initially chose WCU because of her homebound situation, also shared that the format allowed her to accommodate her psychiatric impairment as well. She shared, "me being alone now, me being able to just sit there alone and gather my thoughts and work through things. That's definitely been a plus that way, too" (Alison, personal communication, February 3, 2020). Kelly, a master's student with PTSD, chose online both for the flexibility it provided and also because of her need to accommodate at home. She stated, "if I'm feeling anxious, I put hymns on, and I listen to them while I read or a you know, I can get up and move around and get a cup of tea. I can pause a lecture" (Kelly, personal communication, February 11, 2020). Ria chose the online learning platform due to her physical disability and limitations.

I had a stroke on the left side…[and]…because of the stroke, I have a condition called central pain syndrome that affects the entire left side of my body. It has affected heat and cold and hot registers pain to me. And it was really hard for me to commute because of

the weather changes and stuff that we have. (Ria, personal communication, February 25,

2020)

Some students focused solely on the flexibility and affordability that online learning

provided and did not feel that their diagnoses were related to the desire for online learning.

Launa chose online learning because many of the brick and mortar schools offering her desired

program were too far away. Thomas, who lived in a remote area of the United States, also felt

that he chose online solely for convenience and not because of his disability. Thomas felt that

disclosing online provided a sense of comfort during his disclosures to faculty. He stated, "I

never see them [faculty] face to face. So, like, it's not that I am shy about it or anything, just

sending an email. I don't have a problem with that" (Thomas, personal communication,

February 8, 2020). Harley, a veteran, shared

> like a diagnosis did not have anything to do with [my choice for online learning] my
>
> choice was just because it with life and kids around. I thought you know. I need
>
> something to where I can maintain the same school transferring around. (personal
>
> communication, February 12, 2020)

Limitations in the online learning environment were coded 63 times and were discussed

predominantly by students. Ten students mentioned specific limitations in the online learning

environment as it related to their disability. Several students addressed the amount of time that it

took them to move through the material in relation to their peers. Roger, an adult student with

bipolar disorder, ADHD, and dyslexia, shared that he struggled with focus and comprehension

when reading. He stated, "the professor will say your estimated reading time should be four

hours for this week. And it will take me 8-12 to finish it" (Roger, personal communication,

February 6, 2020). Mark shared, "Sometimes my brain does not work the same as all other

people. Sometimes I don't comprehend something…[and]…I will probably do double or triple

the work of what somebody else does because I just don't know" (personal communication,

February 13, 2020).

Three students mentioned having to withdraw at one point within their programs due to

their limitations. Ria, an adult learner with bipolar disorder and depression, had withdrawn or

had asked to change to a different professor when she felt that her accommodations were not

honored. She shared

> And it's very difficult to work with instructors with control issues. Because they still
>
> want their work done when they want it done. What they do is they add extra pressure. I
>
> don't know if it's control or they think they are helping. They put extra pressure on and
>
> that causes a lot of anxiety. I've actually withdrawn from some classes. Or asked to be
>
> transferred to other classes because of just college instructors. (Ria, personal
>
> communication, February 25, 2020)

Ria also shared that bouts of depression could last for three weeks at a time, which could set her

farther behind due to the rigorous and fast-paced nature of online learning. Roger had to

withdraw halfway through a semester because of complications due to his physical disability.

Harley, a veteran with PTSD, withdrew from WCU once because he was overwhelmed with the

amount of work and needed to step away. He stated, "in the middle of a semester [I] just

withdrew cause I couldn't finish it. And I took a year or two off" (Harley, personal

communication, February 12, 2020). Kelly recalled a semester where she had to drop a course.

She struggled to comprehend the massive amounts of text that she needed to memorize for a

religion course. "I had two classes that semester, and I dropped one" (Kelly, personal

communication, February 11, 2020). Five faculty members also shared that students had

withdrawn or considered withdrawing as a result of their diagnosis and self-disclosure. The need

to either withdraw or lighten an academic load was also echoed by focus group participant Lisa,

who shared

> I also frequently hear requests [from student's with psychiatric impairments] for
>
> consideration in attendance, presentations, or deadlines due to disability symptoms, even
>
> in the online environment…I think that online classes can sometimes be MORE difficult
>
> for students with psychiatric disabilities because of the executive functioning required to
>
> manage their own time and workload. (personal communication, March 12, 2020)

Dianna also shared that "students have different expectations with online courses and not

realizing the skill set that is required to move in this environment" (personal communication,

March 11, 2020).

Three students also discussed how their diagnosis impacted their need to be driven,

focused, and disciplined in online learning. Angela shared, "my anxiety often creates bigger

procrastination issues that aren't entirely necessary. So being an 8-week class, it can be very

easy that if you feel like I need to take a day off, it can very easily feel like things are piling up"

(personal communication, March 12, 2020). Angela also believed that online learning "has so

much to do with your own drive, and it's not something for the faint of heart or someone who

isn't self-motivated" (Angela, personal communication, March 12, 2020). Kelly also mentioned

the need to be motivated and that "it takes a certain personality to be able to make that work"

(personal communication, February 11, 2020).

The word "motivation" was mentioned by two out of three focus group participants as it

related to being successful in the online learning environment. Lisa stated that she most often

heard "lack of motivation quite a bit, paired with anxiety over starting tasks [from SWPI]" (personal communication, March 12, 2020). Kayleigh shared

> Surprisingly, we have discovered that the online platform doesn't work well for students lacking in motivation They feel there is not any "real" accountability in an online platform. In an in-seat course, other classmates might notice they were missing and inquire but online; they can feel disconnected. (personal communication, March 12, 2020)

Sally also discussed her anxiety and how it impacted her academics. "It definitely takes me longer to do papers and things because I find myself worrying about every angle of it and quizzes, but I'm just taking it slowly to give myself that time" (Sally, personal communication, February 6, 2020). Launa discussed the impact of her PTSD on her academic progress and how interactions with professors caused her to shut down. When those interactions occurred, Launa shared, "it will take me like two to three days to go back to myself and say to myself. You are not bad" (personal communication, March 2, 2020).

> Three faculty members discussed academic limitations and students with psychiatric impairments.

> We [faculty] see their [SWPI] different issues surface, the academics in terms of how the student deals with the academics. I've never had a student who is making straight A's doing so well on quizzes, and papers show evidence of mental health issues. It's usually the other way around. (Dr. Costa, personal communication, November 25, 2019)

Dr. Lavin recalled a student with a psychiatric impairment who eventually failed a course rather than withdrawing. "The person [student] who was out of the country. He wasn't motivated to get it done. His mental health issues had taken over" (Dr. Lavin, personal communication,

December 17, 2019). Dr. Cook recalled a student who had to be hospitalized for a week during her internship for her counseling degree. He stated, "she [the student] was feeling very depressed and knew that she needed to get her meds changed. So that was the primary reason for hospitalization" (Dr. Cook, personal communication, December 5, 2019).

   Theme two: Communication. Theme two was comprised of the following codes: (a) lack of communication, (b) open communication, and (c) rigid communication. Faculty and students discussed the theme of communication in their interviews. Focus group participants did elude to communication but focused more on self-efficacy and their roles as DSS professionals. In general, faculty discussed communication more than students and focused on how students communicate their disclosure. Additionally, faculty members addressed the lack of communication that can affect disclosure. Four faculty members mentioned the need for students to be professional, consistent, and knowledgeable in their communication of self-disclosure. Dr. Riker recalled a student who had refrained from communication during the semester, despite repeated attempts to reach the student. Toward the end of the semester, the student reached out via email, and Dr. Riker shared

> she sent me this extremely long e-mail of all this stuff going on. And it's those type of situations where I think our relationship where I'm not necessarily honored, I almost feel like it was just . . . it was almost just an excuse for that unprofessionalism. And so, our relationship changes in that way where I do feel like I need to be a little bit more rigid in my expectations. Because I think that they will continue that throughout the program and actually will not be successful if I'm not. (personal communication, November 25, 2019)

Dr. Lavin recalled two students who self-disclosed and how their communication either helped or hindered their academic success.

One of them was very much advocating for herself and appropriately. She advocated for herself…[and]… I appreciate that she didn't wait till the end of the class…This other student did not make a request ahead of time. Her and I talked physically on the phone like you and I are and, I said so here are the rules. Let's read this [accommodation letter] together and I read it out loud. So [I said to her] you do not tell me today that you want this at all. It has to be a week before the assignment is due that you have to let me know, and I will grant it and, she never did call, and she turned everything in several weeks late and she appealed the grade. (Dr. Lavin, personal communication, December 17, 2019)

Dr. Suarez described a similar self-disclosure situation and how the lack of communication altered the support experience for the student. Dr. Suarez stated, "the weeks go by and I don't hear anything [from the student]. And so, then they're late again and again and again…It's almost like because they say, 'I'm depressed', the whole entire course is a free rein of late submissions" (personal communication, March 3, 2020). Dr. Suarez also recalled a student who was vague in their disclosure at the beginning of the semester and then failed to communicate during the semester, which left her unsure of "what to do to help that student" (personal communication, March 3, 2020). The student was supposed to participate in group work, and the student's assigned group was unable to reach the student. The group contacted Dr. Suarez, who repeatedly tried to reach the student but was unable to connect. "Finally, I just thought, okay, she's [the student] probably dropped, and she's not going to respond. But she had disclosed at the beginning. And then three days before the end of the course, she contacts me and asked for an accommodation" (Dr. Suarez, personal communication, March 3, 2020).

Students and faculty discussed how open communication is vital to the self-disclosure process. Angela recalled an instance where a professor had forgotten about her accommodations

and graded her incorrectly. She was able to reach out to the professor and clear up the miscommunication. Angela also felt that students should not "disappear" when it comes to working with faculty each semester (Angela, personal communication, March 12, 2020). Three professors discussed how open communication with students during the self-disclosure process assisted them in supporting students. Dr. Riker shared that when a student is able to

> disclose it in a way or they're saying…you know, I'm really struggling with my current depressive symptoms… I have this going on. I have a counselor right now. I had a trigger of something happened in my life that precipitated it. And they're able to verbalize what's happening in an emotionally regulated way. I'm real honored. And I feel I feel honored that they felt safe to tell me that. (personal communication, November 25, 2019)

Dr. Whistler chose to utilize open communication when students disclose and will ask students, "how do you want me to support you? So, I kind of put it back in the realm of I'm here to help. How can I support you?" (personal communication, February 27, 2020) Dr. Lavin believed that an open line of communication is the shared responsibility between faculty and students.

Students felt that rigid communication and lack of communication from faculty left them feeling unsupported and unwilling to self-disclose or ask for help. Sally was in a course where the professor had not responded to her attempts at communication regarding her accommodations. The lack of response from her professor increased her diagnosed anxiety regarding extended time for an upcoming quiz.

> I was anxious about going over on that first quiz and said [via email], have you received my information? I want to make sure before I take this quiz that I'm good to go in case I go over. And I never got a response. So, I just to take the chance. And I didn't end up

going over [the original allotted time]. And I have never heard from him. (Sally,

personal communication, February 6, 2020)

Alison recalled her only instance of negative disclosure at WCU. Alison had requested the

standard two-day extension on a discussion board post, and the response from the professor left

her feeling unsupported.

He [the professor] only allowed me one [day]. He said I'll give you one day. And I

asked my husband. I said I'm supposed to get two [days]. I'm supposed to get two. But I

didn't want to argue with him [the professor]. So, he only let me have one day. (Alison,

personal communication, February 3, 2020)

Mark also recalled an instance where the lack of communication and support from a professor

left him feeling unsupported. He reached out to the professor for guidance on what he needed to

write for an upcoming discussion board. Rather than provide direction, the professor opened the

discussion board early for the student, allowing him to view other student's work before

submission. He stated, "once I read, what he had opened up [on the discussion board]. I felt like

I was cheating in a way, cause I was like well, am I supposed to be reading these. And so, I was

like, I don't know what to do with this" (Mark, personal communication, February 13, 2020).

Mark also felt that he received more timely and supportive responses when he wrote professors

for support about something "normal." Mark stated, "they [professors] answer normal stuff, and

they don't answer that [disability related] stuff" (personal communication, February 13, 2020).

Kelly also shared an instance where a professor's rigid structure and communication caused her

to feel overwhelmed and drop another course.

She stated

so, he [the professor] sent out this huge email telling us the number of words on the

discussion board, and it will be this many words for this question, this many words with

this question. And if you go over this many words, I will stop reading. And so, you're

trying to hit it right on the head … I know I had two classes that term, and I dropped one.

Once I read that, I knew that I could only focus on this class. (Kelly, personal

communication, February 11, 2020)

Theme three: Disclosure experience. The theme of disclosure experiences

encompassed the following codes: (a) fear, (b) first instance of disclosure, (c) prior disclosures,

and (d) what prompted disclosure. All of the codes identified in the third theme provided details

on the unique features of the experience of self-disclosure. The fear experienced during self-

disclosure was coded 32 times, with seven students specifically addressing fear when self-

disclosing. Mark shared that he was fearful that professors would retaliate if he complained

about his accommodations not being met.

When the instructor finds out you did that [complained about accommodations],

sometimes they retaliate. So, I'll be honest with you. When you get that little thing at the

end that says, what do you think of your instructor? Well, I don't do that until I am done

with the final. (Mark, personal communication, February 13, 2020)

Harley mentioned similar fears when he discussed being evaluated on the same level as his peers.

He shared, "I guess my thing is I don't want that [my accommodations] to become an issue or a

decision or impact my grade or anything like that" (Harley, personal communication, February

12, 2020). Harley also discussed his self-disclosure and requested accommodations with his

employer. "I was fearful of it [self-disclosing] because I was a federal law enforcement officer

at the time. I was afraid to discuss it within my employment because I didn't know how that

would impact my employment" (Harley, personal communication, February 12, 2020). Angela, who was diagnosed with both a physical (visual) and psychiatric disability, chose only to self-disclose her physical disability with the university.

Alison was concerned that her self-disclosure would keep her from being accepted into WCU. "I was worried I wouldn't be accepted. I was worried when I told them about it [my diagnosis] that I wouldn't be accepted. I wouldn't be taken seriously" (Alison, personal communication, February 3, 2020). She was also fearful of approaching a professor who had not enacted her accommodations appropriately. Rather than discussing the incorrect applications of her accommodations, Alison chose to keep the extension provided to her. Alison refrained from bringing up the inconsistency and shared, "I was afraid I would get expelled or something" (personal communication, February 3, 2020). Ria, who had known about requesting accommodations at her prior university, shared that she chose not to request accommodations because "I didn't want any [accommodations]. I didn't want to be treated differently" (personal communication, February 25, 2020).

Sally, a student in the counseling program, shared that she was incredibly guarded about her diagnosis and considered not registering for accommodations. She stated, "[I was worried for] them [professors] to say, oh no, you've got that going on. No, you can't be a counselor. That's kind of where my anxiety is about that" (personal communication, February 6, 2020). She felt that her interactions with OAS, and their assurance that her diagnosis would be kept confidential, gave her the confidence to register for accommodations. Although OAS helped Sally feel confident, she still chose to keep one diagnosis guarded against OAS, stating, "I have not disclosed the PTSD to them [OAS], and I don't really intend to" (Sally, personal communication, February 6, 2020). Dr. Costa, a faculty member in the counseling department,

echoed this sentiment when she stated, "in the counseling field, whether it's school counseling or mental health counseling if you're in pain or you cannot be licensed. So, I think students, therefore, are even more reluctant to say I have this issue" (personal communication, November 25, 2019). The fear of stigma was also present in many student's stories regarding their first instance of self-disclosure.

Though most were positive, several students refrained from disclosing due to the fear of the stigma associated with self-disclosure. Although Tabitha was diagnosed in her late teens with schizoaffective disorder, she did not request formal accommodations in an academic setting until she was halfway through her master's program. Her first formal academic disclosure was with WCU, and she felt that it was positive and supportive. Launa also shared that she tried to forgo seeking accommodations stating, "at the first class, I thought I will make it. And after that class, I just couldn't handle it. So, I [had to] do the accommodations" (personal communication, March 2, 2020). Nine students discussed prior disclosure experiences and how those shaped their disclosures at WCU. Jerry, a veteran with a prior military career that spanned almost 30 years, believed that working with the staff psychologist in his unit helped him feel more comfortable in his difficult disclosures. He shared

> when we got a fatality, and we had to go knock on the door. We were able to literally
>
> lean on her [staff psychiatrist] to give us what we needed to be prepared to tell a parent or
>
> tell a wife that their life, as they knew it, was about to change drastically. But being
>
> comfortable with the psychologist and … [having] the lack of threat that it's going to ruin
>
> your career, destroy your ability to continue your job. (Jerry, personal communication,
>
> February 12, 2020)

Jerry also discussed the need to be an example to others serving in the military with psychiatric impairments. He shared, "when you're a senior leader, and you can step up and say, yeah, I had to take a knee, I had a bad day, I had a horrible day, and I didn't know what to do" (Jerry, personal communication, February 12, 2020). Roger's physical disabilities and psychiatric impairments stemmed from a drunk driving accident several years ago. He was a public speaker to youth groups and would discuss the dangers and impacts of drinking and driving. He believed his public speaking experiences made him more comfortable with disclosure. He shared,

> with me sharing things about my disabilities is something that I do on a very, very regular basis. The stuff that most people wouldn't reveal about themselves … I go around, and I do anti-DUI speeches. So, sharing intimate details about myself all the time is maybe not as stressful to me as it is to everybody else. (Roger, personal communication, February 6, 2020)

Tabitha was also an advocate for others with her diagnosis and shared, "I feel pretty comfortable with talking about it [my diagnosis]. I do that as a part of what I do for a living and definitely have some exposure as an advocate" (personal communication, February 8, 2020). At the time of her initial diagnosis, a formal process for requesting academic accommodations did not exist at her university. However, she worked individually with each professor to request accommodations that she needed to be successful. She felt that these conversations with faculty at her prior university made subsequent disclosures a more comfortable experience.

Ria discussed her work as an advocate in her community as it related to her comfort with self-disclosure. She shared, "[I] also facilitate a meeting for people with mental illnesses and substance abuse issues here in my home and … I really advocate for people with mental illness" (Ria, personal communication, February 25, 2020). Although Mark had been recently

diagnosed, prior disclosures and advocacy experiences with his daughter had made him more

comfortable in his self-disclosures. He stated, "we became advocates for her [daughter] ... And

so, I think that's where it started. I've always been a fighter" (Mark, February 13, 2020). Angela

had recently disclosed to WCU. Her hesitancy to disclose stemmed from a prior disclosure

during a custody dispute in court. The disclosure "wasn't at school but in other circumstances,

like the court situation…it was a very difficult battle. So, it did influence my hesitance to

disclose anything [to the school]" (Angela, personal communication, March 12, 2020). Harley's

prior disclosure and request for accommodations with his employer prepared him for subsequent

disclosures in the academic setting. He explained, "So I've dealt with it [disclosure] with my

private life, having dealt with it with my employer, got reasonable accommodations from 2008

from my employer" (Harley, personal communication, February 12, 2020). Kelly, who was

diagnosed with PTSD after a traumatic event in her adult years, shared

> I have done that [prior disclosure] because it's part of my story. I've written about it.
> You know, in journals. And I'm in a class now…you have to talk about these things. So,
> I mean, I don't dump it on the professor right away, I give bits and pieces. (personal
> communication, February 11, 2020)

Angela had accommodations through middle and high school. Those prior disclosures and

requests for accommodations gave her the knowledge to navigate the disclosure process in

higher education. Launa also had accommodations in a prior educational setting, which helped

her feel more comfortable and knowledgeable in asking for accommodations at WCU.

Students and staff addressed the specifics that prompted self-disclosure to the university.

Only three students, Angela, Thomas, and Ria, disclosed immediately upon entering the

university. The remaining nine students disclosed after encountering a particular barrier to

academic success. Although he knew about the Office of Disability and Accommodation

Support (OAS) upon matriculation, Roger did not register for over three years. He recalled,

> I took two classes at once. And they were higher-level classes. And I ended up by the
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> fourth week. I ended up having to drop out of them because I was failing ... just so far
>
> behind. I couldn't keep up it with the reading and I was abandoning handling the family
>
> needs in order to catch up on everything, and I still wasn't even caught up. (Roger,
>
> personal communication, February 6, 2020)

Jerry recalled disclosing within the first three courses of his program when he realized he needed

extra time on quizzes and exams. Tabitha did not formally request accommodations until she

was halfway through her master's program stating,

> The first time I've ever asked for a reasonable accommodation and that my condition was
>
> diagnosed at 19 … About halfway through my masters, I was present for a very, very,
>
> very horrific, traumatic family tragedy, and I didn't want to quit school [so I
>
> disclosed]. (personal communication, February 8, 2020)

For Harley, there was not a specific academic barrier that prompted self-disclosure. He shared,

"not necessarily with school just work and life in general. Like I've been working really hard to

confront the issues with PTSD" (Harley, personal communication, February 12, 2020). Alison

disclosed after the first or second semester at WCU, when she suffered a mental breakdown

regarding math. She explained, "what prompted me was I ended up in tears at my desk. I ended

up in tears because there was so much information for me [to learn], and I was trying to

remember everything" (Alison, personal communication, February 3, 2020). Like Alison, Kelly

self-disclosed when she realized she was academically struggling with a linguistic religion

course. Although she previously had accommodations during community college, Launa shared,

"at the first class. I thought I will make it [without accommodations]. And after that class I just couldn't handle it" (personal communication, March 2, 2020). Sally did not encounter a particular academic barrier but recalled, "it never occurred to me [to request accommodations] until I was actually already in my semester. And it was kind of a duh moment of, oh, I could get some help" (personal communication, February 6, 2020).

All eight faculty members recalled academic barriers to success (i.e., late assignments, missing deadlines, lack of communication, or hospitalization) as the impetus for self-disclosure for students with psychiatric impairments. Dr. Russo recalled a student who refrained from disclosure until he was having difficulty with his dissertation progress. Dr. Russo recommended that he contact OAS, and together, they were able to create a plan to support the student. Dr. Campbell recalled a student diagnosed with bipolar disorder who had "overburdened herself" with the academic course load (personal communication, November 24, 2019). Like Dr. Russo, Dr. Campbell referred the student to OAS and was able to provide flexible deadlines on assignments. Though the student passed the class, Dr. Campbell recalled, "ultimately, she decided to remain in my course. But she dropped a couple of others, and she ended up passing [my course], but just barely. And it was a real struggle for her the entire term" (personal communication, November 24, 2019).   Dr. Costa also echoed that students disclosed after encountering an academic barrier. She shared

> I could think of one instance where I actually had a student who had complained about my being too picky in the grading, and after scoring it with the student and discovering all kinds of mental health issues, I was able to be more show more empathy with her at the same time. (personal communication, November 25, 2019)

Dr. Cook recalled an instance where a student was hospitalized for one week during their counseling internship. Although Dr. Cook did not recall referring the student to OAS, he was able to work individually with the student and the internship supervisor to support her, and she ultimately passed the course. Dr. Riker also had a student who disclosed late in their program and during their counseling internship. The student was struggling to meet the expectations of the internship supervisor and disclosed the diagnosis during that time. Dr. Whistler recalled two students with bipolar disorder and how their disclosure was received. He explained

> They didn't disclose it in week one [of the course]. They came out in about week four or five that they were letting me know of their illness and to kind of work with them through it. And I had no problem with it. I was able to really help them work through the assignments. And then they were able to finish because I understood the situation. (Dr. Whistler, personal communication, February 27, 2020)

The disclosure experience varied by students, and although almost all students disclosed after encountering an academic barrier, a variety of aspects encouraged the self-disclosure process.

Theme four: Encouraging disclosure. The fourth theme emerged with the following codes: (a) disability support service (DSS) job roles, (b) faculty roles, (c) multiple modalities, and (d) supporting disclosure. In terms of encouraging disclosure, focus group participants focused on the various job roles and functions that they performed. All focus group participants felt that their job encompassed flexibility, advocacy, and understanding. Kayleigh wrote

> we [DDS] try and be understanding and present our accommodation process as easily as we can so that even if they doubt themselves, we are here to give them the support they need. Being willing to work with students to determine appropriate accommodations, even if there are disagreements, is critical. One has to be willing to be creative, think

outside the box, and rely on the student's expertise [when appropriate]. (personal

communication, March 15, 2020)

Dianna wrote, "listening is key across the board. I have also found some students really need to

vent, vent, and then talk things through, or need a safe place to understand what the instructor is

asking" (personal communication, March 14, 2020). She also felt that supporting the student,

providing a safe environment, and being prepared to deal with issues that arose with

accommodations were crucial roles of disability support services (DSS). Kayleigh echoed this

sentiment as well when she described a time where she had to assist both a student and faculty

member in supporting reasonable accommodations.

I had a student that was extremely upset about the grading on an assignment and their

professor's lack of support when they disclosed their disability. The faculty had told

them maybe they should consider dropping because they told the faculty they were in a

manic episode … After having a conversation with the student and explaining our

process, (including my role versus the faculty role in accommodations), the student was

understanding. (Kayleigh, personal communication, March 14, 2020)

All three focus group participants addressed their role in working with and supporting faculty

and students through the reasonable accommodation process. Lisa felt that faculty were more

receptive to working with DSS once they understood the faculty's roles, rights, and

responsibilities. She wrote that some faculty appeared unwilling to speak with "students about

their disabilities, so they [faculty] just avoid the conversation altogether. When they know what

we do in our office and what they can do to help, they're much more willing partners" (Lisa,

personal communication, March 14, 2020). Kayleigh also shared that part of her role was to help

faculty understand the purpose of DSS and how students request and receive accommodations.

When students spoke of DDS, which is termed OAS at WCU, they often used terms of "supportive," "positive," "encouraging," and "professional." Roger recalled that the process was quick, simple, and conducted solely via email. Jerry recalled his interactions with OAS were supportive and responsive. He shared, "when I contacted [OAS], they were like, hey. Got it. This is this isn't uncommon. Lots of military folks have some of these issues test anxiety, perfectionism, these types of things, and we can help you. You're good" (Jerry, personal communication, February 12, 2020). Tabitha recalled the supportive nature and accommodation advice that she received when she contacted OAS.

> The department [OAS] that handles that [accommodations] is very approachable and accessible… [and the DSP] actually stayed on the phone with me for a little bit. To tell me, okay, this is, you know, the sorts of things we offer for these types of things in a certain circumstance. (Tabitha, personal communication, February 8, 2020).

Mark also called OAS to self-disclose and shared that the interaction was positive and efficient. He stated, "I mean, it was really easy [to request accommodations], to be honest with you" (Mark, personal communication, February 13, 2020). Harley initially completed the application process for OAS a few years before actually following through with their services. He felt that, if OAS had contacted him during his initial application to see why he did not follow through, he might have registered with OAS sooner. Kelly recalled the process of registering with OAS as "painful ... you kind of have to put on your big girl pants and fill out the form and tell them what happened. And it was that was painful. But it was like you put on your big girl pants, because, you know, you need the outcome [of accommodations]" (Kelly, personal communication, February 11, 2020). Sally communicated with OAS solely via email but felt that the professional and caring nature of the responses from OAS made her comfortable enough to complete the

process. She shared, "she [DSS provider] was very supportive. And for that reason, I asked her a couple questions. 'Would the professors know?' She assured me that the professors would not know what the issues were" (Sally, personal communication, February 6, 2020).

Faculty members discussed their role in supporting and encouraging self-disclosure. Faculty members repeatedly mentioned the need for empathy when working with students who are self-disclosing. Dr. Costa shared that her experiences with empathy as a counselor have assisted her in working with student's self-disclosure. Dr. Lavin, also a counseling faculty member, shared, "We [counselors] care about people. It's in our blood" (personal communication, December 17, 2019). Dr. Cook, also counseling faculty at WCU, shared that by being "genuine and honest and, you know, in fact really vulnerable myself," he was able to show empathy and encourage disclosure (personal communication, December 5, 2019).

Several faculty members also provided personal touch within their virtual learning environment and felt that this encouraged self-disclosure. Dr. Russo discussed the personal connections that he formed with students at the onset of the semester so that students did not feel like they are just "names on the screen" (personal communication, February 25, 2020). He believed that making those meaningful and personal connections with students supported self-disclosure. Dr. Suarez provided personalized welcome videos to each student during the first week of class. She stated, "when they introduce themselves, I actually provide a video welcome back and discuss what they shared with me. I think that may have helped with that [disclosure]" (Dr. Suarez, personal communication, March 3, 2020).

All focus group participants believed that providing multiple avenues and modalities for self-disclosure in the virtual environment encouraged self-disclosure. Kayleigh wrote, "we can help build their [student] confidence by offering various avenues to disclose and making the

language on those avenues seem welcoming… they can choose the avenue they feel most comfortable with" (personal communication, March 16, 2020). Kayleigh continued to clarify the multiple modes that are offered at her university by writing

> Our students are able to access disability information in a variety of methods. They can call, text, email, have an in-person discussion, Zoom, Collaborate, or research resources on their own in our student portal. I think having a variety of access points for students with psychiatric impairments can increase self-disclosure because some may want a face-to-face discussion, and some may prefer to use electronic modes such as email or text to communicate. (personal communication, March 16, 2020)

Dianna also agreed that multiple modes of communication and avenues to disclosure (phone, email, text) could encourage self-disclosure for students with psychiatric impairments.

      Theme five: Hindering disclosure. Theme five encompassed the following codes: (a) faculty, (b) justifying accommodations, and (c) stigma. Tabitha, Mark, Ria, Kelly, and Launa all mentioned negative interactions with faculty when either disclosing, requesting reasonable accommodations, or requesting help in a course. When speaking about disclosure, Tabitha shared,

> Do I think that it [self-disclosure] irritates him [faculty]? Absolutely.
>
> Yeah, I think it irritates some. I think they don't know what to do with it, but I'm not sure that's what it might be, that personality type. You know, like it's not it's not it's not rigidly correct. Or the way we do things, and it's messing up the routine, and you can feel a tension in it. (personal communication, February 8, 2020)

Kelly also discussed how the need for accommodations interfered with a professor's set schedule, sharing, "I've only had one [professor] that really was difficult. Some are more ... they

all have their buttons, you know … they all have certain things they like done in certain ways" (personal communication, February 11, 2020). Ria also felt like her request for accommodations was cumbersome for faculty, stating, "for somebody like me, it tough [to accommodate me]. And understand, then it throws their whole schedule off when they've got to grade my paper a lot later than anybody else's" (personal communication, February 25, 2020). Ria also indicated that some faculty did not evenly apply her accommodations to assignments and exams. She explained

> I know I am struggling with one [professor] this semester. That one, I did a complaint
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> form on them. They became kind of vindictive. I've got some zeros now [on
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> assignments] where I shouldn't have zeros. They are expecting me to do work and take
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> zeros. And then they try to cover up what they are doing. (Ria, personal communication,
>
> February 25, 2020)

Mark felt that some professors did not understand the process of accommodating him. "I don't necessarily think they [professors] are bad just don't either don't care or don't get it" (Mark, personal communication, February 13, 2020). Mark shared an example in which he had contacted the professor at the start of the semester to disclose and request accommodations. Although the professor responded in kind almost immediately, Mark found that when he reached out for assistance throughout the course, the professor did not respond. Launa also felt that faculty were not honoring accommodations consistently. "They [professors] don't believe me because they are the expert ... [my current professor] ... kind of understands, but sometimes she is kind of confused like is she really needing accommodation and every time" (Launa, personal communication, March 2, 2020)" (personal communication, March 2, 2020).

Three faculty members discussed negative experiences with self-disclosure with students with psychiatric impairments. Faculty centered on how the disclosure was communicated and the types of support students expected versus what was reasonable to provide. Dr. Costa discussed the need for students with psychiatric impairments to be aware of their diagnosis and what they needed to be successful. She had students who communicated their diagnosis to everyone at the university and were "bleeding all over the place," which in turn caused students and other faculty and staff to feel responsible for the student's success (Dr. Costa, personal communication, November 25, 2019). Dr. Lavin discussed instances where students had self-disclosed and then expected he would, "let it [academics] slide" (personal communication, December 17, 2019. Dr. Lavin emphasized the need for students to understand their responsibilities when requesting accommodations (personal communication, December 17, 2019). He stated, "I have a problem with people [students] who take advantage of it [accommodations] and don't do what they're supposed to do. It's supposed to level the playing field. Not give you the advantage" (Dr. Lavin, personal communication, December 17, 2019). Dr. Suarez echoed the notion that some students disclosed and then felt like "they [students] are entitled" and reiterated the importance of setting accommodations expectations with students as they disclose (personal communication, March 3, 2020).

Five students discussed their justifications for accommodations during the interview. These students explained that they typically did not need their accommodations, or barely had to use them. Harley explained, "I usually can finish the test on time or within 5 minutes of the actual allotted time" (personal communication, February 12, 2020). He went on to share that he had not "used the accommodation for extension of time on writing assignments" (Harley, personal communication, February 12, 2020). Alison also felt compelled to share that she did

not use the extra time on assignments unless it is necessary. "As long as we don't use it [accommodations] as a crutch. I mean, it is what it is" (Alison, personal communication, February 3, 2020). Kelly also reiterated that she had accommodations in place, but "I have not used them…[and]… I tried not to abuse that [accommodations]. So, I would pull out that accommodation of extended times unless it was a problem" (personal communication, February 11, 2020). Thomas also shared that he had accommodations for extended time on quizzes but had not "used that [accommodation] in three years" (personal communication, February 8, 2020). When discussing the disclosure experience, Sally shared,

> I explain, and I feel the need to explain [to professors] that I've never been late with my assignments. I will to do my best not to use them … I still feel like there's like I don't really qualify for these [accommodations]… and so I feel like I'm having to justify, and I feel the need to explain that I will do my very best not to use them. (personal communication, February 6, 2020)

Focus group participants also felt that students with psychiatric impairments feel the need to justify their accommodations. Kayleigh wrote, "it is disheartening to hear students try to justify their need for equal access" (personal communication, March 16, 2020). When discussing disclosure, focus group participant, Lisa, shared that her office helped students prepare for disclosure communications with faculty. Their office coached students to refrain from sharing the actual diagnosis and instead encouraged students to share "the symptoms of my disability" (Lisa, personal communication, March 14, 2020). She believes that doing so "helps them [students with psychiatric impairments] feel like it's [their diagnosis] legitimate and keeps the professor from passing judgment on whether or not someone is 'disabled enough' to qualify for

accommodations" (Lisa, personal communication, March 14, 2020). Dr. Riker discussed the actions that he took during the self-disclosure process.

> I will say to them [students], please contact the Office of Disability. I think that having some accommodations would be helpful for you and the proud [students]. Most like more than not, people will write me back, and they say, no, I am determined to do this on my own. I don't want any crutches. And there's a misunderstanding of OAS is, they think if I go to OAS, that's going to make this degree easier for me. (personal communication, November 25, 2019)

The real or perceived stigma as it related to self-disclosure by SWPI was coded 48 times and discussed by ten student participants. Tabitha felt that the repercussions of the stigma associated with self-disclosure should be considered.

> Once somebody knows [you have a disability]. The potential for that influencing how seriously somebody takes you, how serious your ideas are accepted … and you run into that in the world when you disclose this, you know, your emotions are treated differently sometimes. (Tabitha, personal communication, February 8, 2020)

Mark, Jerry, Harley, and Ria refrained from disclosing at certain points in their academics due to stigma. When discussing the process for requesting accommodations at WCU, Mark shared, "I'm one of those guys I don't want to have a leg up to anything. Just let me do it normal because ... well, you know, normal has not been working well for me" (personal communication, February 13, 2020). Harley delayed disclosure for years and felt that individuals with psychiatric impairments are often not believed when disclosing.

> It's very difficult in the process of moving through or seeking any assistance. Because, if I were a paraplegic or quadriplegia, people [then] see your injury. And the biggest

stigma behind it is that you could look at me and you wouldn't even know that I do have some injuries…you would think that I'm fine. You know, like there is absolutely nothing wrong. I would pass off like I have nothing going on in my life. (Harley, personal communication, February 12, 2020)

Jerry, who was diagnosed while actively serving in the military, also refrained from disclosure until he retired. When asked if he disclosed while pursuing his undergraduate degree (while still on active duty), he shared, "No! I was in uniform. I couldn't disclose. I was almost superman. Are you kidding?" (Jerry, personal communication, February 12, 2020). Roger also felt that some students refrain from disclosure due to feelings of stigma or shame. Roger explained, "people just, they don't realize how many people out there actually do suffer from disabilities and how common it is, you know. I think they are ashamed to say anything" (personal communication, February 6, 2020). Ria knew that she qualified for accommodations at her community college but never registered because she "didn't want to be treated any differently" (personal communication, February 25, 2020). Three students interviewed refrained from disclosing all of their mental health diagnoses. Angela only disclosed her visual disability and felt that the accommodations provided also supported her mental health diagnoses. Alison only self-disclosed her bipolar disorder and refrained from disclosing her schizophrenia. Sally refrained from disclosing her eating disorder when registering for accommodations, fearful that it would preclude her from completing her program.

Theme six: Self-efficacy. Self-efficacy, or the perceived threshold of willingness to engage in risky behavior, was the sixth theme in this study and encompassed the following codes: (a) negotiation, (b) threshold, and (c) understanding of disability and limitations. Negotiating or communicating with instructors regarding reasonable accommodations was

discussed by seven students. Jerry, a veteran with a service dog, recalled an instance where he

was able to bring awareness and understanding during his conversation with a professor. Jerry

had emailed his instructor before coming to an on-campus course to alert him that his service dog

would be present. Jerry also provided his approved accommodations letter. The professor

responded, letting Jerry know that he was going to email the entire class to ensure that all

students were comfortable with the accommodation. Jerry recalled, "there was how do I go to

someone of a higher authority than I am and say you [the professor] might want to talk with

Disability Office before you send out an email" (personal communication, February 12, 2020).

Jerry knew that emailing the class and identifying him as a student with a disability was illegal.

Tabitha, a student with schizoaffective disorder, recalled having open communications with both

her professors and classmates when attending a brick and mortar university.

> Initially, the professors would not have been able to miss that I was not necessarily like
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> the other students. And that the people, the fellow students would not be able to miss that
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> [I had a disability]. So, I did have discussions with them … [and] … during that time,
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> they [professors] gave me the opportunity to talk to other students, to tell them what they
>
> were seeing. Okay. So that they felt safer. Or why is she doing that, or why does she get
>
> to do that? (Tabitha, personal communication, February 8, 2020)

It was important for Tabitha to be able to articulate to those around her why she needed special

accommodations and why they may see disruptive behavior. Her discussions with faculty and

students made her feel more comfortable in the classroom. Mark felt that his drive and inability

to "take no for an answer" was essential when communicating with faculty (personal

communication, February 13, 2020). Harley recalled fighting for his accommodations at his

workplace.

> I had to go to three different appointments with her [psychiatrist], and she refused to give me a diagnosis and told me that [my employer] will do it, and ... I said you are going to have to give a diagnosis so that when they look at it, they can ascertain as to, per law, what is the correct compensation for the illness and or injuries…She told me. They don't do that ... So, I had to go get the reg [regulation]. I didn't know … I had to go get the regulation, had to show them the law had to show her the policy. So, she is like, okay, I'll do my best as I can. (Harley, personal communication, February 12, 2020)

Ria also discussed advocating for herself when working with professors. She found that reminding professors of the policies for students with disabilities under OAS was effective in ensuring that she was treated fairly and with respect.

Several students discussed the threshold or "breaking point" that precipitated the request reasonable accommodations. Most students refrained from disclosing when initially entering WCU and waited until the risk to delay disclosure became too high. Roger waited until his senior year and shared, "but, then, once I got to my senior year, the classes are obviously a lot harder, and a lot more reading, and it gets to where it is too much" (personal communication, February 6, 2020). Jerry recalled the threshold that he met upon his exit from the military. He told his wife that he had applied for a service dog and recalled, "that was my honest first self-disclosure. Yeah, it was when I said I am not keeping it together. And this service dog things got something. I had friends that had one that it really helped" (personal communication, February 12, 2020). Kelly, who was diagnosed with PTSD after a traumatic family event, felt that self-disclosure should occur before hitting the threshold when asking for accommodations. She explained, "but I knew that in this instance, you really need to [self-disclose]. You need to share it [disability] because you're going to pay the price if you don't" (Kelly, personal

communication, February 11, 2020). Sally recalled meeting her threshold when she knew that some upcoming court meetings would be interfering with her academics.

> I just wanted to kind of give her [the professor] a heads up [and say] hey I've got a situation in my life that may pop up and I'm going to try my best to stay ahead. But if something comes up, I might have to ask for an extension. I didn't know if that was possible or not. (Sally, personal communication, February 11, 2020)

Faculty participants also discussed the threshold of self-disclosure. Dr. Campbell described the threshold as a time when

> they [students] just haven't made it around the circle to, 'I'm able to accept it and move forward'. But they are trying because they are enrolling in classes and they are doing the things that they're doing to progress their lives. It's just not being as successful as they want. (personal communication, November 24, 2019)

Dr. Cook described the threshold as a moment in which a student would say, "I have a weakness, and I need help" and recalled that this typically happens during the semester, after encountering an academic barrier (personal communication, December 5, 2019). Dr. Whistler also shared that most disclosures occurred during the semester after encountering a barrier. She described the threshold as

> I'm [the student] having a moment of weakness, and I need help versus pretending like everything's okay, and then they fail, that's just not going to help them. But being vulnerable and telling me and knowing that they're not going to get judged (Dr. Whistler, personal communication, February 27, 2020).

In Dr. Suarez's recollections of disclosure, she believed that "they [students] didn't want to disclose, but they felt that was their only resort" (personal communication, March 3, 2020).

When asked about the threshold, Dr. Suarez mused

>What would cause a student to disclose and to the point where they want the degree, they
>
>want to reach their goals, but they realize that this particular issue that they're dealing
>
>with personally is keeping them from that goal? (personal communication, March 3,
>
>2020)

Students and faculty discussed the threshold that led to self-disclosure; many of them also

addressed the importance of understanding the diagnosis and limitations.

Jerry recalled his prior instances of discussing his diagnosis with his psychiatrist on base

and how "being able to just articulate it [my diagnosis] and share it with one person and tell the

story makes it so much easier when I call ... Call up and say hey, uh disability office, so I have an

issue. And I need some help" (personal communication, February 12, 2020).

Harley also discussed his work with a psychiatrist and how that helped him in being better

prepared to self-disclose at WCU.

>You can't turn a problem unless you know what it is. So yeah, I was going to counseling
>
>for a long time with a psychologist in Georgia. I was living there. I just really grew as a
>
>person and an individual. And that's really what inspired me to really want to learn more
>
>… And then once I finally was able to discover what it [diagnosis] was, I was able to start
>
>remedy the situation. (Harley, personal communication, February 12, 2020)

Tabitha recalled the situation that prompted her disclosure to WCU and how her knowledge of

her diagnosis and limitations helped her in requesting accommodations.

>I was present for a very, very, very horrific, traumatic family tragedy, and I didn't want to
>
>quit school. And, you know, it's one of those body blow things where I knew that
>
>nobody is going to get up from that. That way. I knew something was going to happen

then. And I'm educated enough in my condition to have immediately started plugging in

the things that would help me recover and whatnot and went at that pretty, pretty

intensely. (Tabitha, personal communication, February 8, 2020)

Ria discussed her diagnosis openly with professors to help them understand her need for

reasonable accommodations. "There is a stigma with bipolar disorder, and they [professors]

think that we have temper tantrums ... [and] ... they don't know about the diagnosis [so] it's

difficult for them to know what to do" (Ria, personal communication, February 25, 2020). Thus,

she felt that communicating with professors about her diagnosis and limitations aided the

disclosure process. Kelly also reiterated the need for understanding and self-awareness. When

recalling the disclosure process, she shared that she considered "why do I need this

[accommodation]? What happened in my life that changed, how my brain functions now? And,

that was painful" (Kelly, personal communication, February 11, 2020). Although painful to do,

she also discussed the importance of self-disclosure, sharing that

> Things that we hide have power. If you don't want it [your diagnosis] to have power over
>
> you. Not that you advertise it, but you can't hide it either. So…it's a matter of when you
>
> share it, and when you don't. (Kelly, personal communication, February 11, 2020)

All eight faculty members also discussed the need for students to have a solid understanding of

their diagnosis, how it impacts them, and when it is appropriate to share. Dr. Russo felt that if

students were articulate in their request, then she was better prepared to support them. When

considering students who do not articulate a diagnosis and limitations, she shared

> If they [students] had called me with, I just don't know what to do, I'm just sitting here,
>
> and I just can't seem to type, I would have responded probably terribly different. I don't
>
> know that OAS would have ever come to my mind. I'm not qualified to diagnose OCD

and probably not depression either. That's a scary thought that I'm going to run it to a student somewhere along the way that doesn't have a diagnosis, and they're begging me for help, and I may not even know it. (Dr. Russo, personal communication, February 25, 2020)

Dr. Costa also felt that she better-supported students who were "proactive ... [and could say] ... here's what I'm doing, and this is what I really do need from you" (personal communication, November 25, 2020). Dr. Costa echoed some student sentiments and felt that disclosure also needed to take place in specific scenarios and that students should be cautious with oversharing information about their diagnosis. Dr. Cook also felt that there is a substantial risk for students when disclosing and that students need to be aware of safe places for disclosure.

All faculty members shared that they struggled to support students who were not articulate and communicative regarding their diagnosis and limitations. Dr. Suarez stated, "it does make it harder for me to be able to assist [students] when I don't know exactly what they need" (personal communication, March 3, 2020). Dr. Lavin recalled two vastly different types of disclosures. In the first, the student was articulate, confident, and knew what she needed to be successful in his course. In the second disclosure, the student's "mental health issues had taken over ... [and] ... his telling me [his diagnosis] didn't really help him get it. I don't think it really created a change" (Dr. Lavin, personal communication, December 17, 2019).

All three focus group members discussed how a student's ability to articulate their diagnosis and limitations is crucial for adequate accommodations support. Lisa discussed a scenario where her office was supporting a student with anxiety in an online course. She felt that the experience was positive for the student and that "it was helpful that the student provided some details but did not overwhelm the professor with the situation. Having a sense of what she

needed helped the instructor respond quickly" (Lisa, personal communication, March 14, 2020).

Lisa also believed that students with psychiatric impairments tend to understand their disability

and adequately label their diagnosis when compared to peers with learning disabilities. She

shared, "I'm not sure if that is because they [SWPI] are signaling legitimacy (as in - this is

definitely real) or if it's because they were more aware of their diagnostic process" (Lisa,

personal communication, March 12, 2020). Kayleigh wrote "students with psychiatric diagnosis

seem to know more about how they function best in an educational setting" (personal

communication, March 12, 2020).

Research Question Responses

One central question and three supporting questions provided the foundational guiding

lines of inquiry for this qualitative case study. Each research question was aimed at illuminating

the experience of self-disclosure for students with psychiatric impairments (SWPI). In the

following section, research questions are described in detail with an emphasis on how each

question correlated to themes that emerged during data analysis.

Central question. The central question guiding this exploratory case study was: What

can be learned from the self-disclosure experiences of students with psychiatric impairments in a

fully online university setting? Data collected through interviews, a focus group, and

documentation from the Online Accommodations Support (OAS) office was analyzed to provide

a rich and detailed response to this question. Information gathered from students, faculty, and

staff reiterated that self-disclosure could occur at any point during a student's academic career.

The self-disclosure experience was influenced by a student's ability to articulate the disclosure,

fear, and trepidation surrounding disclosure and prior history with disclosure. Self-disclosure

was also typically experienced after a significant barrier had occurred.

Prior disclosures, both positive and negative, influenced student's disclosure experiences at WCU. Students who had prior experience with advocacy, either for themselves or for others, felt more comfortable disclosing and discussing their diagnosis with OAS. Students who had negative experiences with prior disclosures were more guarded about their diagnosis and limitations. Sally, who endured a lengthy court battle over her child, was cautious in requesting accommodations at WCU because she was stigmatized in court.

> They [the court] tried to paint me as...you know, all the stuff you hear with the stigma. Trying to use it to take my kids...trying to. But I've always been the stable parent. So, it was not correct. But it was rough. (Sally, personal communication, February 6, 2020)

Ten students disclosed their diagnosis to OAS after encountering an academic barrier. Eleven students were already aware of the availability of OAS and their services, with nine of those students still choosing to decline services until they encountered a significant barrier. Students recalled choosing to wait because of the stigma that is associated with their diagnosis and disclosures. The fear of the stigma stemmed from concerns about retaliation or being treated differently by professors. Additionally, students were fearful of being removed from a program or the university or being given an unfair advantage over other students. Tabitha noted, "I think it [disclosure] is a brave thing to do, and I couldn't ask other people to do it" (personal communication, February 8, 2020). Alison was fearful that she would be thrown out of school once she disclosed, and Mark was concerned that professors would retaliate, citing that he had heard or retaliation through WCU support groups and social media posts.

 The disclosure experience was also fearful for some students because they were concerned that they would be given an advantage over other students. Two participants echoed

this in their desire to maintain a form of normalcy. Mark delayed his disclosure with World Christian University (WCU) for several years, and when his psychiatrist recommended it, he shared, "I don't want…I'm one of those guys I don't want to have a leg up to anything. Just let me do it normal" (personal communication, February 13, 2020). However, he still chose to disclose when he realized "normal has been not working well [for me]" (Mark, personal communication, February 13, 2020). Faculty participants also felt that some students refrained from disclosure because they were fearful of being treated differently or given an unfair advantage. Focus group participants also echoed this concern and felt that students with psychiatric impairments often felt the need to justify their accommodations and disability during the self-disclosure process.

The experience of disclosure varied depending on the circumstances surrounding the disclosure and the student's articulation of the disclosure. Faculty felt that they were able to support a student's self-disclosure if a student was able to articulate and communicate their needs professionally and succinctly. Likewise, students who were unable to explain their need for accommodations professionally or eloquently or who were unsure of what they needed in terms of support found less support from faculty. Students with prior advocacy experience or with prior self-disclosure experiences were more confident in their articulation of needs.

Sub-question one. The first sub-question was: what factors attributed to or hindered students with psychiatric disabilities decisions to self-disclose? The roles of disability support professionals were crucial in supporting students' self-disclosures. Students found that DSP who were empathetic, responsive, and professional in their communications encouraged their self-disclosure process. Sally recalled, "They [OAS] were so supportive and made me feel very at ease, very pleasantly surprised" (personal communication, February 6, 2020). Disability service

professionals also noted during their focus group that offering multiple modalities to self-disclosure encouraged students with psychiatric impairments. Students echoed this notion, sharing that their self-disclosures to OAS were typically completed either via phone or email. Faculty also played a crucial role in supporting and encouraging students' disclosures. Several faculty members discussed the personal touches that they added to their virtual courses and how this encouraged self-disclosure. Faculty and students also noted the need for empathy and understanding during the disclosure process. Both faculty and focus group participants discussed the need for faculty to be well educated on the disclosure process and the available resources for students with disabilities. Focus group participant Lisa wrote

> I've found that faculty are much more receptive once they understand the basics of our process and know what they can and can't ask [a student with a disability]. It seems that some of them have been scared away from talking to students about their disabilities, so they just avoid the conversation altogether. When they know what we do in our office and what they can do to help, they're much more willing partners. (personal communication, March 14, 2020)

Lastly, students highlighted the need for faculty to be responsive in their communications and to provide clear direction regarding student responsibilities.

Faculty attitudes towards students with disabilities and reasonable accommodations and the stigma associated with disability were all factors that hindered self-disclosure. Additionally, a student's innate desire to explain or justify accommodations also appeared to influence and hinder self-disclosure. Five students felt that faculty members were frustrated with having to provide flexible due dates for assignments. When discussing disclosure and reasonable accommodations, Tabitha shared, "it's [accommodations] not rigidly correct . . . and it's messing

up the routine and you can feel a tension in it [providing accommodations]" (personal communication, February 8, 2020). Three students also mentioned the inconsistency with applying accommodations by faculty. When discussing faculty pushback with regards to receiving her accommodations, Ria shared, "I've had classes this semester, and I'm actually considering not asking for accommodations" (personal communication, February 25, 2020). Faculty participants felt that some students used self-disclosure as an excuse for poor performance, rather than a request for support in the course. These self-disclosures led to negative interactions with some students during the self-disclosure process.

Five students justified their accommodations, either to the professor or to the researcher during the interview. The need to justify accommodations was influenced by the real or perceived stigma associated with self-disclosure and receiving accommodations. When discussing her disclosure experience, Alison shared, "I feel like, you don't want people to think that you're taking that [accommodations] lightly, but you're doing the best that you can. And I definitely don't want to waste professor's time" (personal communication, February 3, 2020). Ten students emphasized the stigma associated with disability and how this hindered their self-disclosures. Several students delayed disclosure because of the stigma associated with their diagnosis and the need to be treated equally. When discussing his delayed disclosure, Roger shared, "I was trying to graduate without my degree having my disabilities attached to it" (personal communication, February 6, 2020). Tabitha reflected on the harsh stigma associated with her diagnosis (schizoaffective disorder) during disclosure. She considered how differently each diagnosis could be interpreted during disclosure and that her diagnosis can be "very different than how you're seeing somebody with PTSD, post-partum depression" (Tabitha, personal communication, February 8, 2020). Harley echoed this notion when reflecting on his

self-disclosures. He felt that if he were "paraplegic or quadriplegia [then] people see your injury" (Harley, personal communication, February 12, 2020). The hidden nature of psychiatric disabilities and the stigma associated with them hindered disclosure for several students in this study.

   Sub-question two. The second sub-question was: How does self-efficacy impact the self-disclosure experiences of students with psychiatric impairments? All eight faculty members addressed self-efficacy as it relates to the self-disclosure of students with psychiatric impairments. Faculty felt that students with a higher self-efficacy and a greater ability to articulate their disability and limitations had successful self-disclosures. This success was evidenced throughout their recollections of individual student disclosures. The disclosures that faculty perceived to be positive and productive arose from confident, articulate students who knew what they needed to be successful. Likewise, those students who disclosed in a manner that was perceived as "making excuses" were less likely to have positive self-disclosures or receive adequate supports. Faculty discussed the need for students to be authors of their diagnoses and have a solid understanding of how it impacts them academically in order to be successful in self-disclosure.

   The need for understanding of disability and limitations was a primary code in the theme of self-efficacy. Tabitha, Jerry, Harley, Ria, and Kelly were reflective about their diagnosis and had experience working with a psychiatrist or psychologist in identifying their limitations. Self-reflection increased student's self-efficacy and willingness to negotiate for reasonable accommodations as needed with their professors. Jerry, when reflecting on his first instance of disclosure, shared, "then realized that I was a mess. I needed help" (personal communication, February 12, 2020). Self-reflection was echoed by Harley, who recalled the moment of self-

awareness when he was struggling to complete his bachelor's. "I was trying to get my bachelors, and everything just kept happening and happening. And then once I finally was able to discover what it [diagnosis] was, I was able to start [to] remedy the situation" (Harley, personal communication, February 12, 2020). A solid understanding of diagnosis and limitations increased student's self-efficacy and helped them feel knowledgeable and empowered about their diagnoses. Focus group participants also felt that self-efficacy was linked to a student's understanding of their diagnoses and limitations.

Roger, Jerry, Kelly, and Sally all discussed the "threshold" that pushed them to disclosure. In terms of self-efficacy, the threshold was the event that triggered a student to believe that self-disclosure was less risky than keeping their diagnosis hidden. Roger's threshold occurred during his senior year when the coursework and amount of reading became too difficult for him to manage without accommodations support. Although Kelly had approved accommodations, she had refrained from utilizing them until reaching her threshold halfway through her master's program. She shared

> I now am also an only child that my parents live in Florida, and they're older, and they're elderly. So right now, I have to go to Florida one week a month, to check everything down there until we can decide if we will move or what we're going to do. So, I know. So, with that, I had to email my professor, and I said to him, you know, this is what's happening. I've been sick since December, and I have to go to Florida to take care of my parents. And I do have an accommodation on file for PTSD, but I don't really feel like I need to use it. What they really need is just four more days, and it was fine. (Kelly, personal communication, February 11, 2020)

Faculty also discussed the threshold in terms of self-efficacy. Most faculty shared that the majority of self-disclosures received from students with psychiatric impairments occurred once a barrier arose. Dr. Russo, when reflecting on a student who disclosed during their dissertation, shared, "I don't know that he felt like he had an option and he didn't want to fail either" (personal communication, February 25, 2020).

Students and focus group participants also discussed self-efficacy as it related to fruitful conversations with faculty members when accommodations were needed. Students with psychiatric impairments in this study demonstrated self-efficacy when required to negotiate or fight for even application of accommodations. Seven students discussed instances of negotiation for accommodations with professors, relying on their understanding of the university's policy and their diagnosis. Students also demonstrated self-efficacy when they discussed the required outreach to faculty via email to introduce themselves and discuss their accommodations request. Sally recalled, "each term I have reached out to the professor personally by email to make sure that we're on the same page about the accommodations" (personal communication, February 6, 2020).

Sub-question three. The final sub-question in this study was: How does academic success or failure impact the self-disclosure experiences of students with psychiatric impairments? Students interviewed for this study reflected on the nature of online learning and how it impacted their self-disclosure. The flexibility offered with online learning, coupled with the ability to work at a student's own pace, was discussed by ten students. In particular, students noted that the online learning platform allowed them to self-accommodate by working during their preferred times of the day or utilizing coping strategies to manage anxiety. Kelly shared, "I can I you know, if I'm feeling anxious, I put hymns on, and I listen to them while I read or a you

know, I can get up and move around and get a cup of tea. I can pause a lecture" (personal communication, February 11, 2020). This ability to self-accommodate at home was also echoed by Alison, who shared, "me being alone now, me being able to just sit there alone and gather my thoughts and work through things. That's definitely been a plus [in online learning] that way, too" (personal communication, February 3, 2020). Although the online learning platform proved supportive for students, ten students also discussed barriers.

World Christian University (WCU) utilized 8-week sub-terms within a semester. For some students, this fast-paced structure proved to be difficult as it relates to their diagnosis. Angela noted

> my anxiety often creates bigger procrastination issues that aren't entirely necessary. So
>
> being an 8-week class, it can be very easy that if you feel like I need to take a day off, it
>
> can very easily feel like things are piling up. (personal communication, March 12, 2020)

For Ria and Launa, their diagnosis caused them to lose precious time during a term and made it difficult to stay on track. Ria shared that her depressive episodes could last up to three weeks and cause her to fall behind in her coursework. Some students shared that their diagnosis affected their concentration and focus, which in turn caused them to move slowly through course materials. Six students interviewed discussed reading comprehension as a barrier to academic success in online learning. These students discussed the need to re-read material numerous times, and for some, this was impetuous for self-disclosure. As noted, several times in this study, academic failure was a driving factor behind self-disclosure for eleven out of twelve students. The fear of failure, either in general or on a particular assignment or missing assignment deadlines, were the most common reasons for self-disclosure for these students.

Summary

This qualitative, single case study sought to explore the self-disclosure experiences of students with psychiatric impairments in a fully online university setting. The study was guided by the central research question: What can be learned from the self-disclosure experiences of students with psychiatric impairments in a fully online university setting? Data were collected via interviews with students and faculty, a focus group with disability service professionals, and documentation gathered from the OAS website.

Students with psychiatric impairments in this study disclosed after a real or perceived barrier presented and appeared hesitant about self-disclosure in general. When discussing their diagnosis, some students felt compelled to justify their accommodations by sharing that they rarely needed them or that they did not use them as a crutch. The self-disclosure experience was often influenced by prior disclosures and the fear that surrounds the disclosure process. Students who had prior experience either with advocacy work or self-disclosure appeared to be more confident and articulate in subsequent disclosures. However, some students were still fearful of discrimination or retaliation, either choosing non-confrontation with professors when accommodations were not met or withholding a particular diagnosis during disclosure.

Disability Support Service (DSS) job roles were crucial in supporting a student's disclosure of disability. Empathy, knowledge of disability, and providing multiple modalities for communication of disclosure were expressed as needed by both students and focus group participants. Faculty addressed the need for students to be articulate and communicative in their self-disclosures, which led to more positive interactions and supports for students. Students felt that faculty members who were more empathetic and responsive in turn, supported them through

disclosure. Likewise, students felt that faculty who were abrupt, unsympathetic, or non-communicative hindered their disclosures.

Blended with self-disclosure and academic success was the need for self-efficacy for students with psychiatric impairments. Students, faculty, and focus group participants discussed self-efficacy as it related to the perceived threshold of willingness to engage activities related to their disability. For students, the threshold was often discussed in terms of a particular academic barrier or falling behind on assignments and due dates. Faculty felt that almost all students disclose once a barrier is present and that some students felt that they have no choice but to self-disclose. Students, faculty, and focus group participants felt that students should have a keen understanding of their diagnosis and limitations. This self-awareness would, in turn, allow for a stronger sense of self and a more positive and fruitful disclosure.

Students who participated in this study reported several advantages to the online learning environment, including flexibility, cost, and ease of access. Some students were also able to self-accommodate in the online environment by utilizing coping strategies to manage stress and anxiety. However, several students still reported barriers to their success in the online learning environment. Loss of time due to depressive or anxious symptoms, inability to manage heavy reading assignments or workloads, and the fast-paced nature of the online courses were all reported as academic barriers by students.

CHAPTER FIVE: CONCLUSION

Overview

Students with psychiatric impairments (SWPI) continue to enroll in higher education at an increasing rate (Koch et al., 2014). Nevertheless, SWPI are one of the lowest sub-populations of students who register for accommodations support (Jorgensen et al., 2018; Koch et al., 2016; McManus et al., 2017; Venville et al., 2014). Research has been conducted on factors behind self-disclosure (Thompson-Ebanks & Jarman, 2018) or non-disclosure (Cesarei, 2014) for students with disabilities, but little data exists on the self-disclosure experience, particularly for SWPI. The purpose of this qualitative case study was to explore the self-disclosure experiences of students with psychiatric impairments through the voices of faculty, students, and disability support professionals (DSP). The theory guiding this study was the social model of disability (Oliver, 1983) as it focuses on the barriers imposed by society that force self-disclosure. Data were coded and organized into six themes.

This chapter consists of six sections: (a) a chapter overview, (b) a summary of the findings, (c) a discussion of the results as it relates to the theoretical and empirical literature, (d) a review of the methodological and practical implications, (e) a summary of the delimitations and limitations of the study, and (f) recommendations for future research. Theoretical, empirical, and practical applications are discussed, including suggestions to DSP and faculty in the field. Delimitations and limitations are discussed, and recommendations for future research are presented.

Summary of Findings

Through cyclical analysis of interviews with faculty and students, focus group data, and documentation regarding the policies and procedures of the Office of Disability Online

Accommodations Support (OAS), six major themes emerged. Each theme identified different aspects of the self-disclosure experience and are as follows: (a) academics, (b) communication, (c) disclosure experience, (d) encouraging disclosure, (e) hindering disclosure, and (f) self-efficacy. The first theme addressed how the online learning environment supported or hindered the academic success and self-disclosure experiences of students with psychiatric impairments. The second theme explored the various aspects of communication as it related to the self-disclosure experience for students, faculty, and disability service professionals. The experience of disclosure through aspects of fear, prior disclosures, and prompts for disclosure comprised the third theme. The fourth theme explored the elements presented in this study that encouraged disclosure, and the fifth theme considered the aspects that discouraged or hindered disclosure for students with psychiatric impairments. The final theme focused on how self-efficacy impacts the self-disclosure experience.

The main research question and three sub-questions were answered through the analysis of codes and themes. The central research question guiding this study was: "What can be learned from the self-disclosure experiences of students with psychiatric impairments in a fully online university setting?" The following three sub-questions further defined the scope of this study:

1. What factors attributed to or hindered students with psychiatric disabilities' decisions to self-disclose?

2. How does self-efficacy impact the self-disclosure experiences of students with psychiatric impairments?

3. How does academic successes or failure impact the self-disclosure experiences of students with psychiatric impairments?

The current research study included 23 participants. Twelve student participants, eight faculty members, and three focus group participants provided their knowledge regarding the self-disclosure experiences of students with psychiatric impairments. The following section provides a brief overview of the findings as it relates to each research question.

Central Question

The central question of this research study was, "What can be learned from the self-disclosure experiences of students with psychiatric impairments in a fully online university setting?" The self-disclosure experience is often prompted due to an academic or personal barrier, is typically a fearful process, and can be affected by prior disclosures, both positive and negative. Findings revealed that both faculty and disability support services (DSS) play a crucial role in either supporting or hindering a student's self-disclosure. DSS providers and faculty members who are knowledgeable, empathetic, and professional supported the disclosure experience. Likewise, lack of empathy, negative communication, or lack of understanding created negative self-disclosure experiences for SWPI. All three participant groups addressed the need for consistent, professional, and timely communications between all parties involved, and the stigma associated with psychiatric impairments impacted how disclosure was received and experienced by students and faculty.

Sub-question One

The first sub-question asked, "What factors attributed to or hindered students with psychiatric disabilities' decisions to self-disclose?" Disability support professionals that provided multiple modalities to self-disclose, who were professional and communicative, and demonstrated empathy supported the self-disclosure experience. Additionally, faculty members who were empathetic and timely in responses encouraged a student's self-disclosure. Faculty

members felt that they were better equipped to support a self-disclosure when students were knowledgeable and articulate about their diagnosis and need for support. Focus group participants also echoed the need for students to be aware of how their disability will impact them so they can independently advocate for assistance. Students also addressed the importance of being able to advocate for themselves by leaning into prior advocacy work.

Students, faculty, and focus group participants discussed the stigma that can hinder a student's self-disclosure. Some students had prior advocacy experience and were more comfortable with discussing their diagnosis and limitations. Nevertheless, SWPI were still reluctant to divulge all the details of their diagnosis and felt the pressure of stigma. Although students knew that accommodations were necessary, many felt the need to justify the accommodations, either to DSS staff, faculty, or to the researcher during the interview. Focus group participants also addressed student's innate need to justify their disability to others and how it can hinder the self-disclosure process. Faculty who were unresponsive regarding a student's disclosure or request for accommodations, who were unsympathetic, or were inconsistent in applying accommodations hindered a student's self-disclosure.

Sub-question Two

The second sub-question was, "How does self-efficacy impact the self-disclosure experiences of students with psychiatric impairments?" Knowledge of disability and limitations was crucial for self-efficacy and discussed by students, faculty, and staff. Students who participated in the study utilized self-reflection regarding their diagnostic process and exhibited a higher self-efficacy. Students emphasized the need to understand their diagnosis and how it impacts them in the academic environment, which in turn enabled students to feel more confident and comfortable with advocacy. The threshold of risk that was the impetuous for self-

disclosure was also discussed as it relates to self-efficacy. Many students met the threshold long after enrolling at World Christian University (WCU), with several students sharing that they withheld disclosing due to the stigma associated with psychiatric impairments. Even with prior disclosures or advocacy work, students still lacked confidence in successfully disclosing, thus exhibiting lower self-efficacy. Faculty also felt that many students refrain from disclosure until they meet the threshold.

All faculty members shared that most students with psychiatric impairments do not already have accommodations in place but disclose once a barrier is present. Faculty members also felt that students with higher self-efficacy were more articulate in communicating their diagnosis and more successful academically. Focus group participants also felt that students who were more confident in their diagnosis and limitations and aware of their rights and responsibilities as a student with a disability exhibited higher self-efficacy. Seven students addressed this negotiation with faculty members as it relates to self-efficacy, relying on their knowledge of disability policies and procedures to fight for proper application of their accommodations and support.

Sub-question Three

The third sub-question asked, "How does academic success or failure impact the self-disclosure experiences of students with psychiatric impairments?" Students and focus group participants addressed the flexibility of online learning as it relates to academic success and failure of students with psychiatric impairments. Students and focus group members focused on the flexibility of the online learning environment. Online learning allowed for several students in this study to accommodate their disabilities at home. Focus group participants also discussed the advantages of online learning but emphasized the common misconception that this platform

may be less complicated academically. Focus group participants and students discussed negative aspects of the online learning environment that included rigorous pacing and the inability to keep up with large reading assignments or challenging courses. Five students discussed either withdrawing from the university or dropping courses. Six of the student interviewees described the negative impact their diagnosis had on reading comprehension and retention.

Academic failure appeared to be a driving factor behind the bulk of self-disclosures discussed by students, faculty, and staff. Eleven students chose to disclose to World Christian University (WCU) because of fear of academic failure. Likewise, the disclosures that were discussed by faculty all arose out of real or perceived threats of academic failure. The threshold that was the impetuous for self-disclosure also revealed that for many students, fear of failure was a driving factor behind self-disclosure. Though fearful, students all discussed the reward of disclosure as outweighing the risk of stigma or academic failure.

Discussion

The purpose of this qualitative case study was to explore the self-disclosure experiences of students with psychiatric impairments in a virtual setting. After interviews were transcribed, analysis of the data began utilizing ATLAS.ti software. Six distinct themes emerged that addressed the central and sub-questions of this study. The purpose of this section is to examine the findings of this study as it relates to the empirical and theoretical literature from Chapter Two. In this section, I will discuss how my study confirmed, corroborated, or deviated from previous research. I will also address how the findings extend the previous research on this topic. The contributions that this study adds to the field of disability studies in higher education will be discussed. Lastly, I will address how this study expounds upon the theory that is driving this study.

Empirical Literature

Students with hidden disabilities are less likely to understand how their diagnosis impacts them academically, exhibit lower self-advocacy and awareness skills needed for negotiation of accommodations, and are less likely to believe that they are qualified for accommodations support (Couzens Poed, Kataoka, Brandon, Hartley, & Keen, 2015; Cesarei, 2014; Cole & Cawthorn, 2015; Matthews, 2009; Thompson-Ebanks & Jarman, 2018). Five of the students interviewed felt that a thorough understanding of their diagnosis and limitations supported them through the disclosure process. Two students discussed instances where a mental health professional had helped them understand their diagnosis, which supported future advocation. Three students shared that a reflective understanding of their diagnosis also assisted them in navigating self-disclosure. This study did not corroborate previous findings that students with hidden disabilities are less likely to understand their diagnosis and limitations. On the contrary, disability service professionals who participated in the focus group felt that students with psychiatric impairments were often better equipped than those who were passively diagnosed in the K-12 environment.

Ten students interviewed in this study were diagnosed after high-school and thus excluded from the Individualized Education Plan (IEP) support or transition planning provided to students who are diagnosed in the K-12 environment. Research conducted by Corrigan et al. (2016) found that students with psychiatric impairments are at a higher risk of being diagnosed later in life, thus making self-disclosure and navigation for reasonable accommodations more difficult. Students with disabilities also tend to exhibit lower self-efficacy and advocacy skills and often struggle to have detailed conversations with faculty and staff regarding their need for accommodations (Cole & Cawthorn, 2015). Self-disclosure, as it relates to negotiation for

reasonable accommodations, was a common discussion point among students who participated in this study. Students who had prior advocacy or experience with self-disclosure were more confident in negotiating for their requested accommodations. Likewise, students who were fearful of the stigma of their diagnosis appeared less likely to negotiate for reasonable accommodations.

Prior research conducted on the factors behind self-disclosure discussed how a positive view of disability and positive prior disclosures could lead to increased subsequent self-disclosures (Cole & Cawthorn, 2015; Kendall, 2016, Thompson-Ebanks & Jarman, 2018). The findings of this study corroborate previous research as students who had either prior disclosures or prior advocacy work felt more confident in disclosing their diagnosis and negotiating for accommodations. Students who participated in the study did not describe their prior experiences as necessarily "positive" but did feel that they helped to shape the more positive interactions that they had with self-disclosure at WCU. Students who were assertive and confident were more comfortable in disclosing their diagnosis and limitations to WCU and more apt to discuss issues with their instructors, which coincides with the literature (Blockmans, 2015). The systemic review of over 3,000 peer-reviewed articles found that positive interactions with the disability support service (DSS) office led to more confident and positive interactions with peers, faculty, and staff (Lindsay et al., 2018). Both students and focus group participants discussed the influence that positive interactions with DSS staff can have on subsequent disclosures, thus supporting the current literature. The findings of this study extended the current literature by exploring the attributes that students most often described when working with OAS. Focus group participants (disability support services professionals) and students shared that empathy,

professionalism, and communication were all positive attributes of DSS staff and supported and encouraged self-disclosure.

Prior research on self-disclosure has addressed the impact of self-efficacy on the disclosure process for students with disabilities. For students with disabilities, self-efficacy can be described as the confidence in a student's ability to describe their disability and limitations and request accommodations. Self-efficacy has also been defined as the perceived threshold of willingness to engage in self-disclosure (Bandura, 1977; Venville, Street, & Fossey, 2014). Students with disabilities tend to exhibit lower levels of self-efficacy when compared to their non-disabled peers (Reed & Kennett 2017; Venville et al., 2014). Eleven of the twelve students interviewed for this study delayed their disclosure and only disclosed once they encountered the perceived threshold. The findings of this study support the current literature regarding lower levels of self-efficacy in students with disabilities.

Students who were articulate regarding their disability and limitations during the interview also recalled more positive and successful self-disclosures. Faculty members shared that a student's self-efficacy as it relates to the understanding of disability and limitations is crucial to supporting students during the self-disclosure process. Students who were vague in their disclosure or unprofessional in their requests were less likely to be positively supported by faculty. These findings are not supported by the current literature as there are currently no studies assessing the relationship between knowledge of disability and positive self-disclosure. The current literature discusses the need to self-disclose in order to avoid or combat academic failure (Grimes et al., 2019; Thompson-Ebanks & Jarman, 2018; Venville et al., 2014; Zeng et al., 2018). Students, faculty, and focus group members discussed self-disclosing because of the fear of academic failure. For several students, the disclosure came after meeting the threshold of

academic failure. For the majority of participants interviewed, self-disclosure only occurred in order to avoid or combat academic failure, thus supporting the current literature.

Prior research conducted on individuals with disabilities and support with self-disclosure indicates that individuals who understand their rights and responsibilities as a person with a disability also tend to have more positive self-disclosure experiences (Stergiou-Kita et al., 2017). Students who had prior advocacy experiences, either for themselves or a family member, exhibited a greater understanding of their rights and responsibilities as an individual with a disability in this study. Focus group participants also echoed the need for students to have a keen understanding of their rights and responsibilities. Research conducted by Thompson-Ebanks and Jarman (2018) found that students are more likely to subsequently disclose because of the knowledge gained during the first disclosure. The results of the current research support these findings. Seven students discussed their need to negotiate with faculty, relying on prior disclosures and their knowledge of their rights and responsibilities during these discussions.

According to the literature, approximately 40% of students with disabilities register for formal accommodations in higher education (Sanford, et al., 2011). Students choose to withhold disclosure because of the stigma surrounding disability, fear of retaliation, and unreceptive or uncooperative faculty (Mutanga, 2018; Thompson-Ebanks, 2014; Soorenian, 2018; Venville et al., 2014). A study conducted by Venville, Street, and Fossey (2014) found that students with mental health diagnoses refrained from disclosure because of stigma, even when faced with the consequence of academic failure. The results of this research supported these findings, as ten students discussed the stigma as a significant factor behind non-disclosure. Four students specifically addressed how stigma forced them to delay their disclosure.

Students with disabilities have also non-disclosed due to real or perceived stigma when disclosing their diagnosis to professors (Hong, 2015; Jorgensen et al., 2018; Kim & Lee, 2016). Students and focus group members also discussed negative experiences with faculty and how this delayed disclosure or influenced subsequent non-disclosures. Faculty participants also discussed negative disclosures they received from students and stressed that students need to be aware of their diagnosis and how it impacts them in the academic environment.

The findings from this study coincide with prior research conducted on faculty perspectives, which found that, although faculty tend to have an overall positive outlook on students with disabilities, faculty can be frustrated with the timeliness of disclosure (i.e., disclosing after meeting the threshold) (Kendall, 2018). Students felt that rigid or scarce communication and lack of flexibility made them feel stigmatized by faculty members. Prior research has also found that students may withhold disclosure because they do not want to be labeled with a disability (Krieder et al., 2015; Wood, 2017). Several students discussed instances of the stigma that coincides with the labeling of disability and how this delayed disclosure or created non-disclosure situations. Prior research has also found that students with disabilities are often unsure if they qualify for accommodations and are unsure of what they may need (Jorgensen et al., 2018; McGregor et al., 2016). Though most of the students who participated were previously aware that they would qualify for supports, some students did discuss a lack of understanding regarding what they needed in terms of academic support.

Previous research conducted on online learning and students with disabilities has shown that this unique environment can enhance student accessibility (Lindsay et al., 2018). Students who participated in this study mainly discussed the advantages of online learning as it relates to flexibility and convenience. However, some students did address the ability to self-

accommodate in the online academic environment. Focus group participants (disability service professionals) felt that the online environment can be enticing for students with disabilities but can still present challenges. The findings of this study support the previous research. Kent (2016) found that although online education can be inviting, barriers to success still exist for students with disabilities. Barriers to success reported by students, faculty, and focus group participants included inflexible deadlines, overwhelming amounts of reading, and procrastination.

Research conducted specifically on students with psychiatric impairments in higher education has found that these students tend to disclose less than their peers with hidden disabilities (Jorgensen et al., 2018; Koch et al., 2016; McManus et al., 2017; Venville et al., 2014). SWPI also are more likely to withdraw, can take longer to graduate, and are less knowledgeable about their diagnosis and impacts (Jorgensen et al., 2018; Koch et al., 2016; Martin & Oswin, 2010, McManus et al., 2017). Three students discussed prior instances of withdrawing from the university because of their disability. Some students also indicated that they were part-time students at WCU (thus taking longer to graduate) because they can be easily overwhelmed due to their diagnosis. Several faculty members also recalled instances of self-disclosure where students either withdrew or considered withdrawing. Focus group participants also discussed how the online environment could lead to withdrawal for students with psychiatric impairments. Only one student who participated in the study did not know if their diagnosis would qualify them for accommodations, and all students who participated were knowledgeable about their disability and how it impacted them academically. The findings of this study do not support prior findings that students with psychiatric impairments tend to be less knowledgeable about their diagnosis (Jorgensen et al., 2018).

Though prior research addressed the need for students to understand their diagnosis and impacts (Jorgensen et al., 2018), there is no current research discussing effective communication as it relates to the process of self-disclosure. The theme of communication was an unexpected yet vital aspect of this research study. Focus group participants, faculty, and students all addressed the need for professional, articulate, and empathetic communication during the disclosure process. When students and faculty communicated promptly regarding self-disclosure, it was received positively by both parties. However, when communication was sparse, self-disclosure was viewed negatively and unhelpful by both faculty and students.

Theoretical Literature

The current study utilized the social model of disability as the theoretical underpinnings. The social model of disability was theorized by Oliver (1983) and is intended to complement the medical model of disability. The social model of disability focuses on the limitations imposed by society that create barriers for individuals with disabilities (Oliver, 1983). The social model of disability creates social and political change and respect for the differences of individuals with disabilities (Anderson, 2018). For students with psychiatric impairments in a fully virtual setting, self-disclosure most often occurs because of an academic barrier (threshold) that exists (Kent, 2016; Peck et al., 2018; Thompson-Ebanks & Jarman, 2018). In this study, eleven students self-disclosed after encountering an academic barrier. When viewed through the lens of the social model of disability, self-disclosure may not have been experienced if the barriers were removed.

The results of this study indicate that students with psychiatric impairments in virtual environments still encounter academic barriers that are the catalyst for self-disclosure. The barriers identified by students in this study were attitudinal (i.e., stigma, retaliation) and

academic (i.e., deadlines, exam times, course load). Barriers were also addressed within the themes of communication and self-efficacy. The perceived or real attitudinal barriers that were encountered by students in this study often arose due to assignment deadlines, timed testing environments, or heavy course loads. However, the self-disclosure experience proved to be an additional barrier to academic success for some due to stigmatizing language or ineffective communication during the self-disclosure. Students who participated in the study were often reluctant to self-disclose, but also demonstrated the self-efficacy required for self-disclosure.

The hindering factors for self-disclosure for students, faculty, and staff were focused more on how the disclosure was communicated and the responsiveness of faculty rather than the academic barriers. Under the auspices of the social model of disability, it would be beneficial for faculty to participate in training that focuses on effective communication strategies for students with psychiatric impairments. Likewise, disability service professionals should consider discussing effective communication with students during the accommodations process. By emphasizing positive and effective communication strategies, attitudinal barriers for this population of students would be removed.

Implications

The purpose of the following section is to discuss the theoretical, empirical, and practical implications of the study. The findings of this qualitative case study can enhance the self-disclosure experience for both students and faculty. Additionally, strategies for encouraging self-disclosure for disability service providers are addressed. Specific implications for disability service professionals and faculty with an emphasis on recommendations for various applicable stakeholders are provided.

Theoretical

Students with disabilities experienced self-disclosure in this study most often due to a barrier and they had reached the threshold of disclosure. Students frequently chose to delay disclosure due to attitudinal barriers, either real or perceived. The experience of disclosure was dependent on how the disclosure was communicated and received by students and faculty. The social model of disability emphasizes the barriers imposed by society that force an individual to disclose in order to receive equal access (Oliver, 1983). When viewing this study through the lens of the social model of disability, it is apparent that the barriers faced by students with psychiatric impairments were not solely based on academics.

The findings of this study further bolster the sentiment of the social model of disability. Students encountered attitudinal, communication, and academic barriers during the self-disclosure process that precluded them from equal access and opportunity. The results of this study indicate that students faced barriers of rigid and inflexible assignment deadlines, restrictions on timed assessments, or heavy course loads. During self-disclosure, students faced barriers with stigmatizing language used by faculty and felt that some faculty were rigid and inconsistent in applying accommodations. Additionally, the self-disclosure experience was barred by ineffective communication between students and faculty, which caused additional stress and was the motivation for subsequent non-disclosures for some students.

Disability service professionals. The results of this study imply that the social model of disability should be utilized when viewing the self-disclosure experiences of students with psychiatric impairments. Disability service professionals should apply this lens when viewing the process for self-disclosure and request for accommodations. Students who participated in this study generally discussed positive interactions when working with DSP. Students focused on the multiple modalities for self-disclosure that were provided by the Office of Online

Accommodations Support (OAS). Offering multiple avenues to disclosure could remove potential barriers that can be identified utilizing the social model of disability. DSP should also utilize this model when viewing other aspects of the accommodation approval process, including documentation guidelines and accommodations offered at their institutions. Doing so could assist DSP in identifying potential barriers or pain points for students with psychiatric impairments as they navigate the self-disclosure process.

Faculty. Students with psychiatric impairments focused on the need for positive and effective communication when navigating accommodations requests with faculty members. Likewise, faculty members emphasized the need for students to be able to articulate and communicate throughout their self-disclosure and request for reasonable accommodations. The social model of disability identified the communication aspect as a particular barrier for both faculty and students during the self-disclosure process.

Thus, disability service professionals should consider offering specialized training for faculty on effectively communicating and supporting students throughout the disclosure. Additionally, DSP should consider working with students during the accommodations approval process to discuss communication strategies when disclosing to faculty. Though both recommendations are addressed to disability service professionals, the strategies offered would directly support faculty during the self-disclosure experience.

Empirical

The current literature on self-disclosure and accommodations in higher education has historically focused on varying groups of students with disabilities. However, little emphasis has been placed on students with psychiatric impairments in higher education. Additionally, the current literature on students with disabilities and higher education focuses on accommodations

and academic support but fails to address the experience of self-disclosure for these students in higher education. The results of this current study seek to address this gap in the literature and illuminate the self-disclosure experience of students with psychiatric impairments.

Prior studies conducted on factors behind disclosure or non-disclosure for students with disabilities have addressed stigma, fear of retaliation, prior negative disclosures, and a desire to be autonomous (Mutanga, 2018; Thompson-Ebanks, 2014; Soorenian, 2018; Venville et al., 2014). Additionally, unreceptive or uncooperative faculty and discrimination have discouraged self-disclosure (Mutanga, 2018; Thompson-Ebanks, 2014; Soorenian, 2018; Venville et al., 2014). The findings of this study corroborate the factors behind non-disclosure but went further to help understand why students chose to experience disclosure even after encountering these barriers. Although students who participated in the study had experienced one or more of the factors outlined above, all students still chose to disclose. The threshold often prompted the choice to disclose, leading these students to believe disclosure was necessary in order to be successful. The experience of self-disclosure was positive or negative and was significantly influenced by how the disclosure was communicated and received. Thus, while the current literature has identified factors that lead to non-disclosure, this study implies that self-disclosure is still experienced frequently and should be adequately supported.

Self-efficacy, a positive view of disability, and understanding rights and responsibilities have positively influenced self-disclosure for students with disabilities (Cole & Cawthorn, 2015; Kendall, 2016, Stergiou-Kita et al., 2017, Thompson-Ebanks & Jarman, 2018). The findings of this study align with prior research on factors that encourage disclosure. However, the findings of this study also indicate that the role of disability support professionals and faculty members can greatly influence a student's decision to self-disclose. Focus group participants and students

discussed the need for DSP to be knowledgeable, empathetic, and professional when working with students, which in turn led to more positive self-disclosure experiences. Students and faculty members addressed the need for faculty to be empathetic, understanding, and communicative when receiving a self-disclosure from a student.

Practical

Practical applications from this study extend to disability service professionals and faculty members in higher education. Strategies to encourage and promote self-disclosure are addressed. Communication recommendations and strategies are also identified for both disability service professionals and faculty members. Practical implications are outlined in further detail and delineated by each group below.

Disability service professionals. This study found that self-disclosure experiences can be frightening and uncomfortable. Disability service professionals (DSP) can encourage positive disclosures through empathy, knowledge, and professionalism. As such, disability service professionals should consider aspects of professional development that focus on empathy and professionalism when working with students with disabilities. Although several students in this study experienced negative aspects of disclosures, each of them still chose to disclose because they had reached the threshold of the disclosure. Disability service professionals should consider the negative aspects affecting a student's self-disclosure and be prepared to help students navigate these fears and concerns.

Prior self-disclosures and advocacy experiences shaped the current self-disclosure experiences for nine students in this study. Students were able to utilize their prior advocacy work or experiences with disclosure as a catalyst for a successful subsequent disclosure. Disability service professionals should consider the influence that prior disclosures and advocacy

work can have on students with psychiatric impairments in a university setting. Likewise, DSP should also consider those students with no prior advocacy or self-disclosure and assist them with understanding how, why, and when to disclose to others.

Students and focus group members who participated in this study felt that offering multiple modalities to disclosure also encouraged more positive disclosure experiences. Offering multiple opportunities for disclosure allowed students could choose the most comfortable avenue. As such, DSP should consider offering additional modes of disclosure that align with a student's limitations. For example, students with anxiety disorders who are uncomfortable speaking over the phone could work with DSP via a live chatroom environment. Although all faculty members who participated in the study were aware of the Office for Online Disability Accommodation Support (OAS), they varied in confidence levels when understanding how to implement accommodations and support students with psychiatric impairments effectively in the virtual environment. Thus, DSP should consider creating training presentations for faculty that focus on supporting students with disabilities in the virtual environment.

Faculty addressed the need for students to understand their diagnosis, limitations, and the tools they need in order to be successful in the virtual environment. Faculty noted that some disclosures from students were challenging to navigate virtually (i.e., lengthy emails with reasons for the disclosure with no real request for assistance). As such, disability service professionals should consider working with students on how they should communicate the self-disclosure in an academic environment. By allowing students to discuss the types of disclosures that they may encounter with faculty, students can be more confident in the self-disclosure process. Additionally, DSP should consider discussing with students the various scenarios in which their accommodations may not be met or evenly applied and what steps students should

take if this occurs. Understanding the rights and responsibilities of SWPI can help alleviate the anxiety that students have surrounding unmet or unevenly applied accommodations and provide them with confidence in negotiating their accommodation requests.

Faculty. Students, faculty, and focus group participants discussed the need for faculty to be empathetic, knowledgeable about their role in implementing accommodations, and communicative and responsive with students. As such, faculty should also consider professional training geared towards empathy and understanding when working with students with psychiatric impairments. Students felt less supported during self-disclosure when faculty were non-responsive or failed to address their request for accommodations. Additionally, students often felt that faculty were rigid in their responses and were inconsistent in the application of accommodations. Faculty members should consider utilizing their university's disability office as a valuable resource for guidance and training on effectively implementing accommodations.

A faculty-wide training session on supporting students with disabilities in virtual environments is recommended, as this study found that supporting self-disclosure virtually proved to be complicated. Faculty should also consider the damaging aspects of non-disclosure (fear, stigma, discrimination) and how it may influence a student's subsequent disclosure. Doing so can elicit empathy and understanding for students who are reluctant to self-disclose. Faculty members who participated felt that the welcoming environment that they created had influenced student's comfort level with choosing to disclose. The strategies that faculty members utilized included personal welcome videos directed to each student, weekly inspirational discussion posts, and personalized progress emails. In the virtual environment, faculty should consider adding aspects of personalization to their courses that can lead to a more comfortable and welcoming academic environment for students with psychiatric impairments.

Students, faculty, and focus group members discussed the mystery surrounding mental health diagnoses, which can influence the self-disclosure process. All faculty members discussed the difficulty in supporting self-disclosures that were not articulate regarding diagnosis and limitations. Students felt that some faculty members are simply unaware of the nuances of particular psychiatric impairments, which can lead to bitter self-disclosure experiences. Faculty also felt that they often struggled to understand how a particular diagnosis might affect a student. Thus, faculty may benefit from attending workshops or presentations regarding the academic impacts and symptomology of psychiatric impairments as doing so may provide valuable insight into the barriers that students with psychiatric impairments (SWPI) face in an academic setting.

Delimitations and Limitations

Delimitations are the intentional decisions made by the researcher to define the boundaries of the study. Limitations are possible weaknesses of the study that cannot be controlled. The following section describes the rationale behind the purposeful decisions made that define the scope and focus of the study. Additionally, limitations related to the design, analysis, and sample are discussed. Several considerations were made to define the scope of this study. I chose a qualitative single case study design as I was seeking to understand the experience of self-disclosure for students with psychiatric impairments. Utilizing a case study design allowed for a rich and descriptive illumination of the topic. I used purposive criterion sampling to select participants from each participant group. Students with psychiatric impairments enrolled at WCU, faculty members who experienced the self-disclosure of a student with a psychiatric impairment at WCU, and disability service professionals who work in a virtual university setting provided a wide and varied representation of the self-disclosure experience, leading to saturation and illumination in this study. The timeframe in which the interviews and

focus group was conducted also bound the study. I chose to study the self-disclosure of students with psychiatric impairments in a fully virtual setting as little research has been conducted on this specific sub-population of students with disabilities (Venville et al., 2014).

Additionally, no research has been conducted on the experience of self-disclosure virtually. The reasons for self-disclosure and the negatives impacts of self-disclosure have been studied in higher education. However, there has been little research on the experience of self-disclosure through the eyes of SWPI, faculty, and DSP. This research study is intended to fill the gap in understanding of self-disclosure and provide concrete recommendations for DSP and faculty in supporting these experiences for SWPI.

Limitations of this study include the design, analysis, and sample. I encountered difficulty with securing faculty participants during the initial recruitment phase and had to broaden my initial scope to reach saturation. A few students did share some concerns about confidentiality as sensitive information was discussed in the interviews. I reiterated the protocol that I would follow to maintain confidentiality, including pseudonyms and member checking, which made these participants comfortable enough to continue in the study. Only students who were registered with OAS and had disclosed a psychiatric impairment were recruited to participate in this study.

Research has indicated that only 40% of students with disabilities register with their respective accommodations departments (Sanford, et al., 2011). Thus, students who had not experienced self-disclosure through OAS were not captured in this study. Likewise, only faculty from the counseling department and the School of Education were recruited to participate in this study, which excluded faculty from other disciplines. During the analysis phase, I bracketed my experiences as a disability service professional in order to provide an unbiased examination of

the data. Nevertheless, research bias can be considered a limitation of this study. Additionally, interview participants represented only one university. Thus, the data gleaned from this study may not extend to other types of universities in different geographical locations. This study also relied on self-reports of the self-disclosure experience. These self-reports may not be an accurate representation, or participants may have skewed their interpretation to please the researcher.

Recommendations for Future Research

Future research should be conducted regarding the self-disclosure of students with psychiatric impairments utilizing an extended sample and with consideration of additional geographic regions and university types. Approximately 40% of all students with disabilities in higher education formally disclose to receive accommodations (Sanford, et al., 2011). This study only utilized students who had previously self-disclosed to the Office of Online Accommodations Support (OAS). Additionally, the majority of student disclosures discussed by faculty were from students who were not registered with OAS. As such, this may not be a full representation of the self-disclosure experiences of all students with psychiatric impairments in a university setting. Expanding the sample size to all students could allow for a greater and more diverse participant pool, thus adding illumination to the topic of self-disclosure.

Additionally, utilizing data from multiple universities with varying cultural and attitudinal backgrounds could provide additional insights into the self-disclosure experience. Lastly, future research regarding the communication and language aspect of self-disclosure should be considered as it was a significant and unexpected finding of the current study. Future research conducted on how self-disclosure is communicated between students, faculty, and staff could provide additional data regarding the experience of self-disclosure for students with psychiatric impairments.

Summary

Understanding the self-disclosure experiences of students with psychiatric impairments in a fully virtual setting lends vital knowledge to the academic and attitudinal barriers these students face, and the challenges experienced by students, faculty, and staff. Although self-disclosure experiences with the Office of Online Accommodations Support (OAS) were relatively positive, students often lacked the self-efficacy and communication skills needed for subsequent positive disclosures with faculty. Likewise, faculty struggled to support unclear or unprofessional self-disclosures by students. Allowing students to rehearse self-disclosures scenarios with disability service professionals can be vital in supporting students and faculty. Additionally, understanding the critical aspect that communication and language contribute to the self-disclosure experience can assist DSP and faculty in supporting this unique population of students.

REFERENCES

Alderson, P. (2018). How the rights of all school students and teachers are affected by special

    educational needs or disability (SEND) services: Teaching, psychology, policy. *London*

    Review of Education, *16*(2), 175–190. https://doi.org/10.18546/LRE.16.2.01

Ardell, S., Beug, P., & Hrudka, K. (2016). Perceived stress levels and support of student

    disability services. *University of Saskatchewan Undergraduate Research Journal, 2*(2), 1-

    10.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change.

    Psychological Review, 84(2), 191-215.

Banerjee, M., Madaus, J., & Gelbar, N. (2015). Applying LD documentation guidelines at the

    postsecondary level: Decision making with sparse or missing data. *Learning Disability*

    Quarterly, 38(1), 27-39.

Barnard-Brak, L., Davis, T., Tate, A., & Sulak, T. (2009). Attitudes as a predictor of college

    students requesting accommodations. *Journal of Vocational Rehabilitation, 31*, 189-198.

Barnard-Brak, L., Sulak, T., Tate, A., & Lechtenberger, D. (2010). Measuring college students'

    attitudes toward requesting accommodations: A national multi-institutional study.

    Assessment for Effective Intervention, 35(3), 41-147.

Bazeley, P., & Jackson, K. (2013). *Qualitative data analysis with Nvivo.* Thousand Oaks, CA:

    Sage Publications.

Belch, A. (2011). Understanding the experiences of students with psychiatric disabilities: A

    foundation for creating conditions of support and success. *New Directions for Student*

    Services, 134, 73-94.

Bell, A., & Zamani-Gallaher, E. (2017). Access, accommodation, and reasoned action among

collegians with disabilities. *Journal of Applied Research in the Community College, 24*(1), 95-104.

Biebel, K., Mizrahi, R., & Ringeisen, H. (2018). Postsecondary students with psychiatric disabilities identify core services and key ingredients to supporting education goals. *Psychiatric Rehabilitation Journal, 41*(4), 299-301.

Blockmans, I. (2015). "Not wishing to be the white rhino in the crowd": Disability-disclosure at university. *Journal of Laguage and Social Psychology, 34*(2), 158-180.

Brohan, E., Evans-Lacko, S., Henderson, C., Murray, J., Slade, M., & Thornicroft, G. (2014). Disclosure of a mental health problem in the employment context: Qualitative study of beliefs and experiences. *Epidemiology and Psychiatric Sciences, 23*, 289-300.

Bunch, S. (2016). *Experiences of students with specific learning disorder (including adhd) in online college degree programs: A phenomenological study.* (Doctoral dissertation). Retrieved from Doctoral Dissertations and Projects. (1190)

Burgstahler, S. (2015). Opening doors or slamming them shut? Online learning practices and students with disabilities. *Social Inclusion, 3*(6), 69-79.

Camacho, B., Lopez-Gavira, R., & Díez, A. (2017). The ideal university classroom: Stories by students with disabilities. *International Journal of Educational Research, 85*, 148-156.

Cesarei, A. (2014). Disclosure of disability by university students: Development of a study protocol. *Open Journal of Social Sciences, 2*, 71-76.

Chan, V. (2016). Special needs: Scholastic disability accommodations from K-12 and transitions to higher education. *Current Psychiatry Reports, 18*(2), 1-7.

Cole, E., & Cawthorn, S. (2015). Self-disclosure decisions of university students with learning disabilities. *Journal of Postsecondary Education and Disability, 28*(2), 163-179.

Corrigan, P., Kosyluk, K., Markowitz, F., Brown, R., Conlon, B., Rees, J., Rosenberg, J., Ellefson S., & Al-Khouja, M. (2016) Mental illness stigma and disclosure in college students, *Journal of Mental Health, 25*(3), 224-230.

Couzens, D., Poed, S., Kataoka, M., Brandon, A., Hartley, J., & Keen, D. (2015) Support for students with hidden disabilities in universities: A case study. *International Journal of Disability, Development and Education, 62*(1), 24-41.

Cox, N. (2017). Enacting disability policy through unseen support: The everyday use of disability classifications by university administrators. *Journal of Education Policy, 32*(5), 542-563.

Creswell, J. & Poth, C. (2018). *Qualitative inquiry and research design: Choosing among five approaches.* Thousand Oaks, CA: Sage Publications.

Culp, A., Rojas-Guyler, L., Vidourek, R., & King, K. (2017). College students' self-efficacy, knowledge, and attitudes about disability. *American Journal of Health Studies, 32*(3), 48-59.

Devlin, R. & Pothier, D. (2006). *Critical disability theory: Essays in philosophy, politics, policy, and law.* Vancouver, BC: UBC Press.

Diez, A., Lopez, R., & Molina, V. (2015). Students with disabilities in higher education: A biographical-narrative approach to the role of lecturers. *Higher Education Research & Development, 34*(1), 147-159.

Dong, S., & Lucas, M. (2016). An analysis of disability, academic performance, and seeking support in one university setting. *Career Development and Transition for Exceptional Individuals, 39*(1), 47-56.

Griffin, M. M., Taylor, J. L., Urbano, R. C., & Hodapp, R. M. (2014). Involvement in transition

planning meetings among high school students with autism spectrum disorders. *The Journal of Special Education*, *47*(4), 256–264.

Grimes, S., Southgate, E., Scevak, J., & Buchanan, R. (2019) University student perspectives on institutional non-disclosure of disability and learning challenges: Reasons for staying invisible. *International Journal of Inclusive Education, 23*(6), 639-655.

Herbert, J., Hong, B., Byun, S., Welsh, W., Kurz, C., & Atkinson, H. (2014). Persistence and graduation of college students seeking disability support services. *Journal of Rehabilitation, 80*(1), 22-32.

Hoehn, S. C. (1998). *Relationships between self-perception of disability and help-seeking behaviors of postsecondary students with learning disabilities* (Doctoral dissertation). Retrieved from ProQuest Dissertations Publishing. (9906083)

Holmes, A., & Silvestri, R. (2016). Rates of mental illness and associated academic impacts in Ontario's college students. *Canadian Journal of School Psychology, 31*(1), 27-46.

Hong, B. (2015). Qualitative analysis of the barrier's college students with disabilities experience in higher education. *Journal of College Student Development, 56*(3), 209-226.

Hosking, D. (2008, September 2-4). *Critical disability theory.* [Paper presentation]. 4th Biennial Disability Studies Conference at Lancaster University, Lancaster, UK. Retrieved from https://www.lancaster.ac.uk/fass/events/disabilityconference_archive/2008/papers/hosking2 008.pdf

Hudson, R. (2013). *The effect of disability disclosure on the graduation rates of college students with disabilities* (Unpublished doctoral dissertation). Virginia Polytechnic Institute and State University, Virginia.

Hughes, R. (2010). The social model of disability. *British Journal of Healthcare Assistants*,

04(10), 508–511.

Jorgensen, M., Budd, J., Fichten, C., Nguyen, M. & Havel, A. (2018). Graduation prospects of
college students with specific learning disorder and students with mental health related
disabilities. *International Journal of Higher Education, 7*(1), 19-31.

Joyner, R., Rouse, W., & Glatthorn, A. (2013). *Writing the winning thesis or dissertation.*
Thousand Oaks, CA: SAGE.

Kattari, S., Lavery, A., & Hasche, L. (2017). Applying a social model of disability across the
lifespan. *Journal of Human Behavior in the Social Environment, 27*(8), 865-880.

Keenan, W., Madaus, J., Lombardi, A., & Dukes, L. (2019). Impact of the Americans with
Disabilities Act Amendments Act on documentation for students with disabilities in
transition to college: Implications for practitioners. *Career Development and Transition
for Exceptional Individuals, 42*(1), 56-63.

Kendall, L. (2016). Higher education and disability: Exploring student experience. *Cogent
Education, 3*(1), 1-16.

Kendall, L. (2018) Supporting students with disabilities within a UK university: Lecturer
Perspectives. *Innovations in Education and Teaching International, 55*(6), 694-703.

Kent, M. (2016). *Access and barriers to online education for people with disabilities.*
Retrieved from the National Centre for Student Equity in Higher Education website:
https://www.ncsehe.edu.au/wp-content/uploads/2016/05/Access-and-Barriers-to-Online-
Education-for-People-with-Disabilities.pdf

Kent, M., Ellis, K., & Giles, M. (2018). Students with disabilities and eLearning in Australia:

Experiences of accessibility and disclosure at Curtin University, *TechTrends, 62*, 654-663.

Kim, E., & Aquino, K. (2017). *Disability as diversity in higher education: Policies and practices to enhance student success*. New York, NY: Routledge.

Kim, W., & Lee, J. (2016). The effect of accommodation on academic performance of college students with disabilities. *Rehabilitation Counseling Bulletin, 60*(1), 40-50.

Kimball, E. W., Moore, A., Vaccaro, A., Trioano, P., & Newman, B. (2016). College students with disabilities redefine activism: Self-advocacy, storytelling, and collective action. *Journal of Diversity in Higher Education, 9*(3), 245-260.

Kimball, E. W., Wells, R. S., Ostiguy, B. J., Manly, C. A., & Lauterbach, A. A. (2007). Students with disabilities in higher education: A review of the literature and an agenda for future research. In M. Paulsen (Ed.), *Higher education: Handbook of theory and research* (pp. 91–156). Springer.

Knight, W., Wessel, R. & Markle, L. (2018). Persistence to graduation for students with disabilities: Implications for performance-based outcomes. *Journal of College Student Retention, Theory, and Practice, 19*(4), 362-380.

Koch, L., Mamiseishvili, K., & Higgins, K. (2014). Persistence to degree completion: A profile of students with psychiatric disabilities in higher education. *Journal of Vocational Rehabilitation, 40*(1), 73-82.

Koch, L., Mamiseishvili, K., & Wilkins, M. (2016). Postsecondary integration and persistence: A comparison of students with psychiatric disabilities to students with learning disabilities/attention deficit disorders. *Rehabilitation Research, Policy, and Education, 30*(3), 259-276.

Kranke, D., Taylor, D., & Floersch, J. (2013). College student disclosure of non-apparent

    disabilities to receive classroom accommodations. *Journal of Postsecondary Education*

    and Disability, 26(1), 35-51.

Krieder, C., Bendixen, R., & Lutz, B. (2015). Holistic needs of university students with

    invisible disabilities: A qualitative study. *Physical and Occupational Therapy in*

    Pediatrics, 35(4), 426-441.

Kruse, A., & Oswal, S. (2018). Barriers to higher education for students with bipolar disorder:

    A critical social model perspective. *Social Inclusion, 6*(4), 194-206.

Lapan, S. D., Quartaroli, M. T., & Riemer, F. J. (2012). *Qualitative research: An introduction*

    to methods and designs. San Francisco, CA: Jossey-Bass.

Lee, I., Rojewski, J., Gregg, N., & Jeong, S. (2015). Postsecondary education persistence of

    adolescents with specific learning disabilities or emotional/behavioral disorders. *Journal*

    of Special Education, 49(2), 77-88.

Liasidou, A. (2014). Critical disability studies and socially just change in higher education.

    British Journal of Special Education, 41(2), 120–135.

Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.

Lindsay, S., Cagliostro, E., & Carafa, G. (2018). A systematic review of barriers and facilitators

    of disability disclosure and accommodations for youth in post-secondary education.

    International Journal of Disability, Development, and Education, 65(5), 526-556.

Lombardi, A., Murray, C., & Gerdes, H. (2012). Academic performance of first-generation

    college students with disabilities. *Journal of College Student Development, 53*(6), 811-

    826.

Lovett, B., Nelson, J., & Lindstrom, W. (2015). Documenting hidden disabilities in higher

education: Analysis of recent guidance from the Association on Higher Education and Disability (AHEAD). *Journal of Disability Policy Studies, 26*(1), 44-53.

MacLeod, K., Causton, J., Radel, M., & Radel, P. (2017). Rethinking the Individualized Education Plan process: voices from the other side of the table. *Disability & Society, 32*(3), 381-400.

Madaus, J. (2011). The history of disability services in higher education. *New Directions for Higher Education, 154*, 5-15.

Manago, B., Davis, L., & Goar, C. (2017). Discourse in action: Parents' use of medical and social models to resist disability stigma. *Social Science and Medicine, 184*, 169-177.

Martin, J., & Oswin, F. (2010). Mental health, access, and equity in higher education. *Advances in Social Work, 11*(1), 48-66.

Matthews, N. (2009). Teaching the 'invisible' disabled students in the classroom: Disclosure, inclusion and the social model of disability. *Teaching in Higher Education, 14*(3), 229-239.

McGregor, K., Langenfeld, N., Van Horne, S., Oleson, J., Anson, M., & Jacobson, W. (2016). The university experiences of students with learning disabilities. *Learning Disabilities Research and Practice, 31*(2), 90-102.

McManus, D., Dryer, R., & Henning, M. (2017). Barriers to learning online experienced by students with a mental health disability. *Distance Education, 39*(3), 336-352.

Merriam, S. B. (2009). *Qualitative Research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.

Mutanga, O. (2018). Inclusion of students with disabilities in South African higher education. *International Journal of Disability, Development and Education, 65*(2), 229-242.

Mutanga, O., & Walker, M. (2017). Exploration of the academic lives of students with disabilities at South African universities: Lecturers' perspectives. *African Journal of Disability, 6*(0), 1-10.

Nalvany, B., Carawan, L., & Sauber, S. (2015). Adults with dyslexia, an invisible disability: The mediational role of concealment on perceived family support and self-esteem. *British Journal of Social Work, 45*(2), 568-586.

Newman, L., & Madaus, J. (2015). An analysis of factors related to receipt of accommodations and services by postsecondary students with disabilities. *Remedial and Special Education, 36*(4), 208-219.

Oliver, M. (1983). *Social work with disabled people.* London, England: Macmillan Education LTD.

Oliver, M. (2013). The social model of disability: Thirty years on. *Disability and Society, 28*(7), 1024-1026.

Online Accommodation Support Processes. (2020). *Requesting academic accommodations*. https://www.wcu.edu/online/online-disability-accommodation-support/overview-of-online-disability-support-processes/

Ostiguy, B. (2018). The inherent value of disability in higher education. *Social Inclusion, 6*(4), 241-243.

Ostrowski, C. (2016). Improving access to accommodations: Reducing political and institutional barriers for Canadian postsecondary students with visual impairments. *Journal of Visual Impairment and Blindness, 110*(1), 15-25.

Patton, M. (2015). *Qualitative research and evaluation methods.* Thousand Oaks, CA: Sage Publications.

Peck, C., Bouilheres, F., Brown, M., & Witney, C. (2018). Because access matters: An institutional case study. *Journal of Applied Research in Higher Education, 10*(2), 194-203.

Phillips, A., Terras, K., Swinney, L., & Schneweis, C. (2012). Online disability accommodations: Faculty experiences at one public university. *Journal of Postsecondary Education and Disability, 25*(4), 331-344.

Powell, J. (2011). *Barriers to inclusion: Special education in the United States and Germany.* New York, NY: Routledge.

Procknow, G. (2017). Silence or sanism: A review of the dearth of discussions on mental illness in adult education. *New Horizons in Adult Education and Human Resource Development, 29*(2), 4-24.

Protecting Students with Disabilities. (2020, January 10). Retrieved February 9, 2020, from https://www2.ed.gov/about/offices/list/ocr/504faq.html

Psychiatric Disability Document Requirements. (n.d.). Retrieved March 7, 2020 from https://www.wcu.edu/online/online-disability-accommodation-support/psychiatric-disability-documentation-requirements/

Raue, K., & Lewis, L. (2011). *Students with disabilities at degree-granting postsecondary institutions*. (Report No. 2011018). National Center for Education Statistics. https://nces.ed.gov/pubs2011/2011018.pdf

Reed, M., & Kennett, D. (2017). The importance of university students' perceived ability to balance multiple roles: A comparison of students with and without disabilities. *Canadian Journal of Higher Education, 47*(2), 71-86.

Reed, M., Kennett, D., & Emond, M. (2015). The influence of reasons for attending university

on university experience: A comparison between students with and without disabilities. *Active Learning in Higher Education, 16*(3), 225-236.

Riddell, S. & Weedon, E. (2013). Disabled students in higher education: Discourses of disability and the negotiation of identity. *International Journal of Educational Research, 63*, 38-46.

Ringeisen, H., Ellison, M., Ryder-Burge, A., Biebel, K., Alikhan, S., & Jones, E. (2017). Supported education for individuals with psychiatric disabilities: State of the practice and policy implications. *Psychiatric Rehabilitation Journal, 40*(2), 197-206.

Roberts, J., Crittenden, L., & Crittenden, J. (2011). Students with disabilities and online learning: A cross-institutional study of perceived satisfaction with accessibility compliance and services. *The Internet and Higher Education, 14*, 242-250.

Roller, M. R., & Lavrakas, P. J. (2015). *Applied qualitative research design: A total quality framework approach.* New York, NY: The Guilford Press.

Rothstein, L. (2014). Forty years of disability policy in legal education and the legal profession: What has changed and what are the new issues? *The American University Journal of Gender, Social Policy and the Law, 22*(3), 519-651.

Rothstein, L. (2015). The Americans with Disabilities Act and higher education 25 years later: An update on the history and current disability discrimination issues for higher education. *The Journal of College and University Law, 41*(3), 532-587.

Ryan, C., & Bauman, K. (2016). *Educational attainment in the United States: 2015.* (Publication No. P20-578). United States Census Bureau. https://www.census.gov/content/dam/Census/library/publications/2016/demo/p20-578.pdf

Saldana, J. (2016). *The coding manual for qualitative researchers*. Los Angeles, CA: Sage

    Publishing.

Sanford, C., Newman, L., Wagner, M., Cameto, R., Knokey, A. M., and Shaver, D. (2011). *The*

    post high school outcomes of young adults with disabilities up to 6 years after high school.

    Key findings from the national longitudinal transition study-2. (Report No. NCSER 2011-

    3004). National Center for Special Education Research.

    https://ies.ed.gov/ncser/pubs/20113004/pdf/20113004.pdf

Sarrett, J. (2018). Autism and accommodations in higher education: Insight from the autism

    community. *Journal of Autism and Developmental Disorders, 48*, 679-693.

Sniatecki, J., Perry, H., & Snell, L. (2015). Faculty attitudes and knowledge regarding college

    students with disabilities. *Journal of Postsecondary Education and Disability, 28*(3), 259-

    275.

Soorenian, A. (2018). Disability disclosure: Categorical and cultural difficulties HETL Scotland

    2017. *Journal of Applied Research in Higher Education, 10*(2), 82-193.

Sparks, R., & Lovett, B. (2009). Objective criteria for classification of postsecondary students as

    learning disabled: Effects on prevalence rates and group characteristics. *Journal of Learning*

    Disabilities, 42(3), 230-239.

Srivastava, S., & Singh, P. (2016). The mediating role of self-efficacy between stigma and self-

    esteem. *Journal of the Indian Academy of Applied Psychology, 42*(1), 124-132.

Stein, K. (2013). DSS and accommodations in higher education: Perceptions of students with

    psychological disabilities. *Journal of Postsecondary Education and Disability, 26*(2), 145-

    161.

Stergiou-Kita, M., Qie, X., Yau, H., & Lindsay, S. (2017). Stigma and work discrimination

among cancer survivors: A scoping review and recommendations. *Canadian Journal of Occupational Therapy, 84*(3), 178-188.

Stevens, C., Schneider, E., & Bederman-Miller, P. (2018). Identifying faculty perceptions of awareness and preparedness relating to ADA compliance at a small, private college in NE PA. *American Journal of Business Education, 11*(2), 7-40.

Stewart, D., & Shamdasani, P. (2015). *Focus groups: Theory and practice*. Thousand Oaks, CA: Sage Publications.

Stewart, J., & Schwartz, S. (2018). Equal education, unequal jobs: College and university students with disabilities. *Relations Industrielles, 73*(2), 369-394.

Terras, K., Leggio, J., & Phillips, A. (2015). Disability accommodations in online courses: The graduate student experience. *Journal of Postsecondary Education and Disability, 28*(3), 329-340.

Thompson-Ebanks, V. (2014). Disability disclosure among college students with psychiatric disabilities in professional majors: Risks and implications for rural communities. *Professional Development: The International Journal of Continuing Social Work Education, 17*(2), 18-28.

Thompson-Ebanks, V., & Jarman, M. (2018). Undergraduate students with nonapparent disabilities identify factors that contribute to disclosure decisions. *International Journal of Disability, Development and Education*, *65*(3), 286–303.

Thorpe, D. [INCISE]. (2018, April 3). *Introduction on critical disability studies.* [Video file]. Retrieved from https://www.youtube.com/watch?v=dOMfDPDmy8o

Timmerman, L., & Mulvihill, T. (2015). Accommodations in the college setting: The perspectives of students living with disabilities. *The Qualitative Report, 20*(10), 1609-

1626.

Venville, A., Street, A., & Fossey, E. (2014). Student perspectives on disclosure of mental illness in post-compulsory education: Displacing doxa. *Disability and Society, 29*(5), 792-806.

Verdinelli, S., & Kutner, D. (2016). Persistence factors among online graduate students with disabilities. *Journal of Diversity in Higher Education, 9*(4), 353-368.

Weis, R., Dean, E., Osborn, K. (2016). Accommodation decision making for postsecondary students with learning disabilities: Individually tailored or one size fits all? *Journal of Learning Disabilities, 49*(5), 484-498.

Westrick, P. (2017). Reliability estimates for undergraduate grade point average. *Educational Assessment, 22*(4), 231-252.

Wood, T. (2017). Rhetorical disclosures: The stakes of disability identity in higher education. In S. Kerschbaum, L. & Eisenman, J. Jones, *Negotiating disability: Disclsoure and higher education* (pp. 75-91). Ann Arbor: University of Michigan Press.

Wright, A., & Meyer, K. (2017). Exploring the relationship between students with accommodations and instructor self-efficacy in complying with accommodations. *Higher Learning Research Communications, 7*(1), 65-83.

Xu, M. A., & Storr, G. B. (2012). Learning the concept of researcher as instrument in qualitative research. *The Qualitative Report, 17*(21), 1-18.

Yin, R. (2018). *Case study research and applications: Design and methods.* Thousand Oaks, CA: Sage Publications.

Yuill, C. C., Crinson, I., & Duncan, E. (2010). *Key concepts in health studies.* London: SAGE Publications.

Zeng, W., Ju, S., & Hord, C. (2018). A literature review of academic interventions for college

students with learning disabilities. *Learning Disability Quarterly, 4*(3), 159-169.

APPENDIX A: Institutional Review Board Approval

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

October 25, 2019

Marcie Dimac
IRB Approval 3967.102519: A Case Study Exploring Self-Disclosure of Students with
Psychiatric Impairments in an Online University Setting

Dear Marcie Dimac,

We are pleased to inform you that your study has been approved by the Liberty University IRB.
This approval is extended to you for one year from the date provided above with your protocol
number. If data collection proceeds past one year or if you make changes in the methodology as
it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms
for these cases were attached to your approval email.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to
specific, minimal risk studies and minor changes to approved studies for the following reason(s):

> 7. Research on individual or group characteristics or behavior (including, but not limited to, research on
> perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social
> behavior) or research employing survey, interview, oral history, focus group, program evaluation, human
> factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt
> from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing
> refers only to research that is not exempt.)

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

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APPENDIX B: Faculty Consent Form

CONSENT FORM
A Case Study Exploring Self-Disclosure of Students with Psychiatric Impairments in an Online
University Setting
Marcie Dimac
Liberty University
School of Education

You are invited to be in a research study on the self-disclosure experiences of student's with psychiatric impairments in a fully online university setting. You were selected as a possible participant because you are a ▮▮▮▮▮▮▮▮▮Online faculty member and you have experienced the self-disclosure of a psychiatric impairment by a student in one of your online courses. Please read this form and ask any questions you may have before agreeing to be in the study.

Marcie Dimac, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Background Information: The purpose of this study is to explore the self-disclosure experiences of students with psychiatric impairments in a fully online university setting.

Procedures: If you agree to be in this study, I would ask you to do the following things:
1. Participate in a phone interview that will take approximately one hour. The interview will be recorded and transcribed.
2. Participate in a follow up phone interview, if needed, that would last approximately 30 minutes to one hour. The follow up interview will also be recorded and transcribed.
3. Within one to two weeks of your interview, you will be asked to review a transcript of your interview for accuracy.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

Benefits: Participants should not expect to receive a direct benefit from taking part in this study.

Compensation: Participants may be compensated for participating in this study. Faculty who complete the interview and follow up interview, if needed, will be entered to win a drawing for a $50 Amazon Gift Card. If a subject does not fully complete the study, they will be removed from the drawing. Faculty will be assigned a number and then input into a randomizer which will select the recipient. The recipient will then be contacted via email.

Confidentiality: The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher and the researcher's faculty chair will have access to the records.
- Participants will be assigned a pseudonym. The interviews will be conducted via phone and it is recommended that you choose a private location for the interview calls. I will

    conduct the interviews in a location where others will not easily overhear the conversation.

- Data will be stored on a password locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded utilizing a handheld voice recorder and recordings will be transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with ████████████ If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study

Contacts and Questions: The researcher conducting this study is Marcie Dimac. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at mestepp@liberty.edu or 276-202-7880. You may also contact the researcher's faculty chair, Dr. Meredith Park, at mjpark@liberty.edu

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me during this study.

_____   _____
Signature of Participant   Date

_____   _____
Signature of Investigator   Date

APPENDIX C: Student Consent Form

CONSENT FORM
A Case Study Exploring Self-Disclosure of Students with Psychiatric Impairments in an Online
University Setting
Marcie Dimac
Liberty University
School of Education

You are invited to be in a research study on the self-disclosure experiences of students with psychiatric impairments in a fully online university setting. You were selected as a possible participant because you are 18 years of age or older, have a diagnosed psychiatric impairment, are an online ███████████ student, have completed at least one semester at ██████████ ███████, and have disclosed your diagnosis to the ████████████████████ ████████ office. Please read this form and ask any questions you may have before agreeing to be in the study.

Marcie Dimac, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Background Information: The purpose of this study is to explore the self-disclosure experiences of students with psychiatric impairments in a fully online university setting.

Procedures: If you agree to be in this study, I would ask you to do the following things:
1. Participate in a phone interview that will take approximately one hour. The interview will be recorded and transcribed.
2. Participate in a follow up phone interview, if needed, that would last approximately 30 minutes to one hour. The follow up interview will also be recorded and transcribed.
3. Within one to two weeks of your interview, you will be asked to review the transcript of your interview for accuracy.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

Benefits: Participants should not expect to receive a direct benefit from taking part in this study.

Compensation: Participants may be compensated for participating in this study. Students who complete the interview and follow up interview, if needed, will be entered to win a drawing for a $50 Amazon Gift Card. If a subject does not fully complete the study, they will be removed from the drawing. Students will be assigned a number and then input into a randomizer which will select the recipient. The recipient will then be contacted via email.

Confidentiality: The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher and the researcher's faculty chair will have access to the records.

- Participants will be assigned a pseudonym. The interviews will be conducted via phone and it is recommended that you choose a private location for the interview calls. I will conduct the interviews in a location where others will not easily overhear the conversation.
- Data will be stored on a password locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded utilizing a handheld voice recorder and recordings will be transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with ███████████ If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study

Contacts and Questions: The researcher conducting this study is Marcie Dimac. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at mestepp@liberty.edu or 276-202-7880. You may also contact the researcher's faculty chair, Dr. Meredith Park, at mjpark@liberty.edu

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me during this study.

_____   _____
Signature of Participant   Date

_____   _____
Signature of Investigator   Date

APPENDIX D: Focus Group Consent Form

CONSENT FORM
A Case Study Exploring Self-Disclosure of Students with Psychiatric Impairments in an Online
University Setting
Marcie Dimac
Liberty University
School of Education

You are invited to be in a research study on the self-disclosure experiences of students with psychiatric impairments in a fully online university setting. You were selected as a possible participant because you are a staff member at a university office of disability services and you have experienced the self-disclosure of a psychiatric impairment by an online student (either via email or phone). Please read this form and ask any questions you may have before agreeing to be in the study.

Marcie Dimac, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Background Information: The purpose of this study is to explore the self-disclosure experiences of students with psychiatric impairments in a fully online university setting.

Procedures: If you agree to be in this study, I would ask you to do the following things:
1. Participate in an online, asynchronous focus group with other staff members who have experienced the self-disclosure of students with psychiatric impairments. The focus group discussions will occur over the course of six days. The researcher will post prompts for discussion each day and you will be asked to respond to the prompt and respond to two peers' post. The researcher also may post additional prompts or questions each day to stimulate discussion. It is expected that it will take you approximately two to three hours total to complete this procedure.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

Benefits: Participants should not expect to receive a direct benefit from taking part in this study.

Compensation: Participants may be compensated for participating in this study. Staff who complete the focus group sessions will be entered to win a drawing for a $50 Amazon Gift Card. If a subject does not fully complete the study, they will be removed from the drawing. Staff will be assigned a number and then input into a randomizer which will select the recipient. The recipient will then be contacted via email.

Confidentiality: The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher and the researcher's faculty chair will have access to the records.

- Participants will be assigned a pseudonym. I cannot assure participants that other members of the focus group will not share what was discussed with persons outside of the group.
- Data from the focus groups will be stored on a password locked computer and may be used in future presentations. After three years, all electronic records will be deleted.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with ▮▮▮▮▮▮▮▮ If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study

Contacts and Questions: The researcher conducting this study is Marcie Dimac. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at mestepp@liberty.edu or 276-202-7880. You may also contact the researcher's faculty chair, Dr. Meredith Park, at mjpark@liberty.edu

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

_____

Signature of Participant   Date

_____

Signature of Investigator   Date

APPENDIX E: Case Study Protocol

Section A: Overview of the Case Study
  1. Purpose and Intended Audience
     a. The purpose of this single case study is to investigate the experiences of self-disclosure for students with hidden psychiatric disabilities in a fully online university setting. The intended audience for this case study includes disability service practitioners, higher education administration and professionals, faculty, and staff and students with psychiatric impairments.
  2. Research Questions
     a. Central Question:
        i. What can be learned from the self-disclosure experiences of students with psychiatric impairments in a fully online university setting?
     b. Sub-Questions
        a. What factors attributed to or hindered a student's decision to self-disclose?
        b. How does self-efficacy impact self-disclosure experiences?
        c. How does academic success or failure impact self-disclosure experiences?
  3. Theoretical Framework
     a. The social model of disability (Oliver, 1983) provides the framework for this study. The social model of disability focuses on the structural, academic, social, and emotional barriers imposed by society on persons with disability (Manago et al., 2017; Oliver, 1983). In order to receive adequate accommodations support, students with psychiatric impairments are forced to repeatedly disclose sensitive and personal diagnostic information to faculty and staff at the university level. Understanding the self-disclosure experiences through the lens of the social model of disability allows for illumination of the barriers faced and supports provided through this process.
Section B: Data Collection Procedures
  1. Design
     a. A single-case study design is being used to provide illumination to the phenomenon of self-disclosure for students with psychiatric impairments.
  2. Data Collection
     a. Data will be collected through interviews, a focus group, and documentation. More specifically, students with psychiatric impairments will be interviewed, faculty members that have experienced a student with a psychiatric impairment disclosing to them will be interviewed, and members of the disability support office will participate in the focus groups. Documentation will be collected regarding the policies and procedures of the disability service office as it relates to disclosure and via any records, surveys, or questionnaires that the office has record of.
     b. Data will be stored via password protected computer files.
     c. Interviews will be transcribed verbatim.
     d. Memoing will be conducted throughout the data collection process.
Section C. Protocol Questions for Interviews and Focus Group

1. See Appendix C, D, & E

Section D. Tentative Outline for the Case Study Report
  1. Data Analysis
     a. Data will be analyzed following Yin's (2018) suggestions of relying on theoretical propositions (social model of disability) and by generating descriptive reports.
     b. Interviews will be transcribed, and the data analyzed using ATLAS.ti software for emergent themes and codes. The same will be done with data gathered during the focus group.
     c. Documentation will be analyzed to provide corroboration of student accounts of the disclosure process and for clarity of names, spellings, and titles.
     d. Triangulation will be employed while analyzing data.
  2. Data Report
     a. Data will be reported eloquently, succinctly, and with flare.
     b. A linear-analytic form will be used when reporting data, moving through participant interviews and the focus group.

APPENDIX F: Student Interview Questions

Standardized Open-Ended Interview Questions

1. Please tell me a little about yourself.

2. Please tell me the program you are pursuing and your current status.

3. Why did you choose this specific program?

4. Can you share with me about your specific diagnosis?

5. Have you attended colleges or universities prior to coming to this university?

6. Can you share with me why you left your previous universities (if applicable)?

7. Have you received accommodations at prior universities, if attended? If so, can you share that experience with me?

8. What concerns, if any, did you have prior to coming to the university about your disability impacting your ability to be successful?

9. How have past instances of self-disclosure influenced your self-disclosure at WCU?

10. When did you decide to self-disclose your diagnosis to the university? Did something specific prompt your self-disclosure? If so, please share.

11. How did you feel while disclosing your disability to DSS staff?

12. How did you feel after disclosing your disability to DSS staff?

13. Can you share an experience where you have disclosed to someone other than DSS staff at the WCU?

14. Are there ways that you self-advocate while in your courses or program, without DSS intervention?

15. How has your disability and accommodations negatively or positively impacted your ability to complete assigned coursework including assignments, quizzes, and exams?

16. How has your disability impacted your ability to work with your instructors or others at the university?

17. How has the nature of online learning affected your need for accommodations support?

APPENDIX G: Faculty Interview Questions

Standardized Interview Questions:

1. Describe a time that a student with a psychiatric impairment disclosed to you. What prompted the disclosure? What resulted from the disclosure?

2. Once a student with a psychiatric impairment does disclose to you, does it affect your relationship with that student? Have you found that you work to support them in a different way?

3. If applicable, describe a time where a student with a psychiatric impairment has shared with you about a negative disclosure experience that they had.

4. If applicable, describe a time where a student with a psychiatric impairment has shared a positive disclosure experience.

5. How do you feel that self-efficacy influences a student's decision to disclose?

6. How do you feel that a student's disclosure affected their academics?

APPENDIX H: Focus Group Questions

Standardized Open-Ended Focus Group Interview Questions

1. Describe a time that a student with a psychiatric impairment disclosed to you.

2. If applicable, describe a time where a student with a psychiatric impairment has shared with you about a negative disclosure experience that they had. What do you feel could have improved that disclosure experience, based on what you know?

3. If applicable, describe a time where a student with a psychiatric impairment has shared with you about a positive disclosure experience that they had.

4. How does self-efficacy and academic impact the self-disclosure experiences of students with psychiatric impairments? Please provide any examples to support your thoughts.

APPENDIX I: Initial Codes

Academic Success and Disclosure

Advocacy outside of school

Advocating

And because of all of her responses. That's what prompted me.

And it wasn't disclosed up front.

And they want things done. Exactly like they want things done.

Articulate Disability

assurance that it was confidential

Awareness

Barriers to Success

Being Successful Online

Choice for Online Learning

come up with excuses

Comfort with Disclosure

confident their diagnosis

consequence of disclosure

control issues

Coping Strategies

Definition of Self Efficacy

Delaying Disclosure

Disclosure is Power

Empathy

empathy thing

Experience of Disclosure

Fear of Disclosure

Fearful to Negotiate

Feeling Entitled

Feeling Heard

Feeling Invisible

Feeling Unworthy of Accommodations

First Instance of Disclosure

Going it alone

grace

History of Trauma

How we communicate

I didn't even know that I could get accommodations or that I qualified for them

I relate it all to the course

I tried not to abuse that

I was familiar with OAS services

I'm approachable

it's not a death sentence

just don't disappear

Justifying Accommodations

Knowing when to disclose

Knowledge of OAS

lack of communication

lack of self-awareness

Limitations

make some sort of connection with my folks

Making Disclosure Comfortable

miscommunication thing

motivated to succeed

Negative Disclosure

negative of online learning

Negative Sense of Self

Oh, my problem with accommodation is whatever the teacher decides.

On your side

Open Communication

painful to do

part of the process of going to college

Perception of Student

Personality Influence on Disclosure

Poor Performance

Positive Disclosure

Prior Disclosure

Prior Knowledge of Academic Success

put on your big girl pants

recognizing consequence

Relationship with Student

Resilience

Result of Disclosure

retaliate

seeking help

Self-Awareness

Self-Efficacy

show more empathy with her

So they e-mail me so much that it causes anxiety.

some people have their agendas set up

some teachers just don't understand things

Stigma

Still guarded

Success Story

Support with Disclosure

take advantage of it

teachers who were flexible

they all have certain things they like done in certain ways

They're needy.

they're still really uncomfortable

things that we hide have power

throws them off and it causes some issues for them

tolerability towards people and circumstances in life

treated with respect and dignity.

Trust

unbelievably painful and difficult

Understanding of Disability and Limitations

using a crutch

Vague in Disclosure

Weight Lifted

What Prompted Disclosure

When Disclosed

you're going to let it slide

Weight Lifted

What Prompted Disclosure

When Disclosed

you're going to let it slide