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Learning Community Coordinator Efforts to Address Students with Potential Psychiatric/ Psychological Disabilities

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Abstract

In structuring and providing leadership for learning community programs, learning community coordinators must address myriad issues and situations in order to create an experience that aids student learning and success. All types of students participate in learning communities, including students with psychiatric/psychological disabilities; however, learning community coordinators may not proactively consider ways of addressing the needs of this particular student population. This qualitative study explored the experiences of learning community coordinators working with students with psychiatric/psychological disabilities within the specific context of the learning community and sought to identify successes, challenges, and recommendations for working with these students. Participants highlighted the value of student self-disclosure, the benefits of utilizing peer mentors, colleague challenges, successes they experienced working with students with psychiatric/psychological disabilities, and recommendations for other learning community coordinators.

Introduction

Learning communities have become common on many campuses, and students from all demographic groups and subpopulations participate in these educational initiatives. One subpopulation inevitably represented within learning communities is students who may have psychiatric/psychological disabilities. These disabilities are complex and involve a wide array of disorders that include major depression and mood disorders; anxiety disorders such as panic, obsessive compulsive, post traumatic stress; autism spectrum disorders, including Asperger's; borderline personality disorders; and psychotic and thought disorders such as schizophrenia and bipolar (Belch, 2011). While some learning community professionals may give consideration to working with students with psychiatric/psychological disabilities, others may not proactively think about ways to address issues and support these students. This study explored the experiences that learning community coordinators identified in working with students who may have these disabilities.

Literature Review

The phrase "learning community" can have a number of definitions, ranging from programs in which students share a common academic interest to those in which students have a shared set of structured experiences within a specific major. Cross (1998) broadly defined these programs as "groups of people engaged in intellectual interactions for the purpose of learning" (p. 4). Others have identified linked or clustered courses, student-faculty interaction, a shared residential experience and a common cohort of students as elements of learning communities (Lenning, Hill, Saunders, Solan & Stokes, 2013; Smith, MacGregor, Matthews & Gabelnick, 2004). Learning communities are considered a "high impact practice" (Kuh, 2008) and are associated with a number of positive outcomes including academic effort, academic and social engagement, positive transition to college, heightened engagement and connection to the campus, and overall satisfaction (Goodsell Love, 2012; Mayhew, Rockenbach, Bowman, Seifert, & Wolniak, 2016; Zhao & Kuh, 2004).

Since learning communities are comprised of students from various populations, consideration of specific subpopulations within the context of learning communities is appropriate. Given our diverse student population, it seems fair to assume that students with psychiatric/psychological disabilities are represented within learning communities. As the number of students with psychiatric/psychological disabilities rises on our campuses (Collins & Mowbray, 2005; Collins & Mowbray, 2008; Rickerson, Souma & Burgstahler, 2004), faculty, staff and other students need awareness of potential modifications for working with

groups of students (e.g., in the classroom, on a residence hall floor, or in a student organization). Within the structure of a learning community (e.g., grouping students by coursework, in residence halls, and/or for program-related activities), the needs of students with psychiatric/psychological disabilities may be particularly salient.

Fink and Hummel (2015), writing about "inclusive learning communities," identify five core practices for programs designed for underserved student populations. Some of the core practices are particularly relevant to this subpopulation. These practices include "using population-specific theory and research to inform practice," "fostering students' bond to each other and sense of belonging to the institution," and "advocating on behalf of the student constituency toward systemic improvement throughout the institution" (p. 32). The concept of inclusive learning communities provides an important framework for working with students with psychiatric/psychological disabilities. They often experience a sense of isolation, exclusion, and stigma (Belch, 2011; Herbert, Welsh, Hong, Soo-yong, Atkinson, & Kurz, 2014). Additionally, academic performance, transitioning to college, social integration, retention, and learning are often negatively impacted by a psychiatric disability (Kadison & DiGeronimo, 2004; Schwartz, 2006 as cited in Belch, 2011). In fact, Collins and Mowbray (2005) report that 86% of this student subpopulation withdrew from college.

An emphasis on intentionality in creating a sense of belonging, connectedness to others and the institution, and academic and social integration has long been positively associated with retention for all students (Tinto, 1993). Importantly, while social and academic integration as well as a successful transition are essential elements of retention and persistence for all students (Tinto, 1993), they are especially crucial to the retention and success of students with psychiatric disabilities (Belch, 2011). Conversely, while these elements may be critical for the success of students with psychiatric/psychological disabilities, intentional efforts to address them can also have a positive effect on students without psychiatric/psychological disabilities. For instance, Universal Instructional Design, which acknowledges the diversity of learning styles, provides significant benefits for students with psychiatric disabilities (Souma & Casey, 2004) and thus complements the basic intent of a learning community. Ultimately, environmental initiatives (such as inclusion in learning communities, addressing stigma, peer mentors, and student involvement) are vital to success for many students with psychiatric/psychological disabilities (Belch, 2011). Therefore, it is important for those coordinating learning community programs to understand and address the needs of this subpopulation in proactive ways, although they may have to do so reactively as well. These concerns and issues were the genesis of the inquiry.

The purpose of this study was to explore the experiences of learning community coordinators working with students with psychiatric/psychological disabilities within the specific context of the learning community and to identify

successes, challenges, and recommendations for working with these students. As such, the study addresses the following research questions:

1. How did learning community coordinators address issues of psychiatric/psychological disability within the learning community context?
2. What successes and challenges did learning community coordinators identify having experienced with students with psychiatric/psychological disabilities within the learning community?
3. What recommendations did learning community coordinators offer for working with students with psychiatric/psychological disabilities in learning communities?

Students with disabilities generally have not garnered as much attention in the research and literature base as other student subpopulations (Harper & Quaye, 2014), yet a growing body of literature is emerging. To date though, a paucity of literature exists that specifically addresses working with students with psychiatric/psychological disabilities and to date, no literature specifically addresses working with this subpopulation within the learning community context. This study attempts to begin to fill that void.

Methods

The intention of the study was to explore the experiences that learning community coordinators (LCCs) have with students with psychological/psychiatric disabilities in learning communities. In addition, this study attempted to identify elements of success, challenges, and considerations among LCCs for working with this subpopulation of students. The inquiry utilized qualitative research methods because of the desire to describe and understand the LCCs' experience (Merriam, 2009). The purpose of this type of inquiry is to develop an understanding of the experience and how individuals make meaning of it and to explain the process involved in their interpretation from an insider's perspective rather than the researchers' (Denzin & Lincoln, 2011; Merriam, 2009). Specifically, the researchers selected a case study method that included several cases to discover any commonalties and/or differences across cases (Yin, 2009). This method is appropriate because of the focus on a phenomenon or program (*particularistic*), the *descriptive* nature of the method, and the discovery of new meaning and/or authenticating what may be known (*heuristic*) (Merriam, 2009). Moreover, this is a multisite case study because of the interest in identifying commonalities and/or differences as well as any significance in a particular site (Stake, 2006). The commonality among the participants was their leadership roles with the learning communities and their attention to the subpopulation within an academically affiliated learning community.

Sampling

After receiving approval from the campus Institutional Review Board to conduct the study, the researchers examined the National Resource Center for Learning Communities website (http://www.evergreen.edu/washingtoncenter) to identify learning community programs, both generally and specifically, and the characteristics that differentiated programs. Eighty-eight programs appeared in the directory.

Case sites were selected based on a purposive sampling technique (Creswell, 2013) involving pre-determined criteria. These criteria for selection included institutional type, undergraduate enrollment, program longevity, and type of learning community. Additionally, we selected only learning communities that had an academic component and were situated at a four-year institution. Any learning communities noted as only residentially based were not considered because we sought LCCs who had experience with students in the classroom or through specific academic connections, not solely students living together under a common theme. With the goal of representation from institutions from varying regions of the country, with different undergraduate enrollments and with varying program longevity, we used information from the website to email invitations to participate to nine learning community coordinators from different campuses. Moreover, we asked others familiar with learning communities to recommend individuals whom we could contact. These efforts yielded voluntary participation by three LCCs. Subsequently, in addition to our previous participant recruitment efforts, we posted an invitation for participation on the LEARNCOM listserv, hosted by the National Resource Center for Learning Communities, which produced three additional participants, some of whom were from the same institution but worked with different learning community programs. All total, six learning community coordinators participated in our study. Pseudonyms assigned to participants and the institutions are to respect privacy.

Participants

Participants worked at three different institutional sites, representing diversity in context and program (Table 1). Further, participant roles in the learning communities varied as well (Table 1). All participants' affiliations were academic; none were student affairs administrators. Within the group, four of the six participants had direct, regular contact with the students through classes, learning community activities outside of class, or academic advising. Two of the LCCs had greater contact with faculty members teaching in the learning communities campus wide as they served as the campus contact when student concerns surfaced. These two also had greater administrative responsibilities for learning community programs overall on their campuses, making them privy to second-hand information about students' behaviors.

Table 1: Participant Profile

Participant and Institution	Institutional Type	FTE	Program Longevity	ProgramType	Participant Affiliation and Role
Thomas College A	Public	>10,000	> 15 years	Majors	Affiliation: Academic Role: LCC
Maria College A	Public	>10,000	> 15 years	Majors	Affiliation: Academic Role: LC Graduate Assistant
Jackie College A	Public	>10,000	> 15 years	Majors Living Learning	Affiliation: Academic Role: LCC
Veronica College A	Public	>10,000	> 15 years	Majors Living Learning	Affiliation: Academic Role: LCC
Miguel College B	Independent (Hispanic Serving)	1501-2500	1-2 years	Majors	Affiliation: Academic Administration/Assigned Students to Learning Communities Role: Contact for faculty with concerns
Olivia College C	Public	>10,000	>15 years	Majors Living Learning	Affiliation: Academic Administrator Role: Coordinator of all campus learning communities; contact for faculty with concerns

Because learning communities and the elements included are defined broadly and individually from campus to campus, the programs represented in this study vary in terms of structure. However, the study was focused on the LLCs' experience with the subpopulation and not the specifics of their learning community program.

Data Collection

The primary method of data collection was in depth interviews utilizing a semi-structured open-ended interview protocol (Merriam, 2009). The interview protocol, guided by the research questions, maximized the opportunity for participants to explain their experience framed by the institutional context. This

permitted participants to engage and describe the experience in their own words and allowed the participant's perspective to be the unit of analysis (Yin, 2016).

Five interviews were conducted, with one interview involving a learning community coordinator and a graduate assistant who worked together with the same learning community; all other participants were interviewed individually, for a total of five interviews. All interviews were conducted by phone. Prior to the phone interview, participants granted permission, in writing, to record the interviews, which were 35-60 minutes in duration and transcribed verbatim for analysis.

Data Analysis

Data analysis transpired during and following data collection (Merriam, 2009; Patton, 2002). As a highly inductive process, this analysis included a line-by-line thematic analysis of interview transcripts and employed a constant comparative method to determine similarities and differences within these data (Glazer & Strauss, 1967). This technique offered opportunity for multiple categories and themes to emerge, with further analysis examining overlapping categories or themes. Descriptive coding (Saldaña, 2013) occurred as each researcher reviewed and coded the transcripts. Together, the researchers reviewed the codes to identify categories/themes, described below.

A characteristic of the case study method is for the researchers to be reflective in the analysis and interpretation of data (Stake, 2005). To ensure trustworthiness in the research design, the researchers utilized several measures, i.e., credibility, transferability, reliability, and confirmability (Lincoln & Guba, 1985), as noted below.

Credibility or internal validity can be achieved through triangulation (Merriam, 2009). To increase the credibility of our findings, we used multiple investigators, a form of triangulation noted by Denzin (1978 as cited in Merriam, 2009). The use of thick description (Geertz, 1973) of the setting and participants and in describing both the findings and the variation in the sampling techniques addressed transferability (Merriam, 2009). The researchers addressed reliability (i.e., the consistency of results) through maintaining an audit trail that reflected the accuracy of records and documentation and the triangulation of data (Merriam, 2009; Yin, 2009). Finally, in achieving confirmability, objectiveness in the analysis is a key concept to assure that the participants determine findings rather than any biases or specific interests of the researchers (Lincoln & Guba, 1985). The various perspectives garnered through multiple participants and data accounted for the elimination of bias of interpretation (Lincoln & Guba, 1985).

Limitations

As with any study, there are limitations to note. First, while extensive efforts were made to recruit participants, few individuals volunteered for the study. As such, our participant group is small, thus limiting the variability of site selection. For qualitative research, the number of participants is not as critical as the quality of the information provided (Creswell, 2013), but the number of participants did allow us to reach saturation, the point at which stories are the same and further new information does not surface (Merriam & Tisdale, 2016).

In addition, it is worth noting that, in addition to the participants, other learning community coordinators did contact us, but they did so to indicate that they would have been willing to participate if they had any students with psychological/psychiatric disabilities in their learning communities. However, they did not believe they had worked with anyone in the learning community context who was part of that subpopulation. Given the enrollment statistics of students in this subpopulation in higher education, it is unlikely they were not represented among the students participating in these programs, yet the lack of knowledge and/or awareness by some LCCs of the likelihood of this subpopulation in their learning communities is notable. Additionally, it seems that individuals may see addressing these behaviors as a reactive as opposed to proactive responsibility.

Finally, because learning communities and the elements included are defined broadly and individually from campus to campus, the programs represented in this study vary in terms of structure. While four of the coordinators had direct interactions with students, and thus were positioned to view behaviors that might fall into the category of psychiatric/psychological disability, two others were only privy to that information second-hand. As a result, not all of our participants could speak to direct observation and experience with this student population in a specific learning community.

Findings

Five general categories of findings answered the research questions about LCCs' experiences, successes and challenges working with students with potential psychiatric/psychological disabilities in learning communities. Additionally, LCCs identified a number of recommendations for serving this population within learning communities. In order to address issues, learning community coordinators needed to identify concerning behaviors, which they spoke about in their interviews. Using peer mentors was a way to both identify and address concerning behaviors. Focused training was provided in some cases to enable successful work with this subpopulation. Challenges and successes were noted, and learning community coordinators made recommendations for others in similar roles when working with students with psychiatric/psychological disabilities.

Identifying Concerning Behaviors

The learning community coordinators uniformly noted that they are not qualified to diagnose psychiatric/psychological disorders, and thus they primarily addressed concerning behaviors that *might* indicate these disabilities. Behaviors and/or behavioral changes were mentioned, such as students missing classes, fidgeting/appearing physically uncomfortable in the environment (classroom or learning community activity), as well as symptoms associated with taking or discontinuing medications. Jackie shared:

> So sometimes when students change their medicine, they sometimes have issues associated with them that could then impact going to class or going to learning community events. . . . So when those issues come up, especially when it's around [pause] the physical systems, then they just kind of decide to not do events or things like that.

She gave an example of what she might do when a student communicated feeling anxiety through fidgeting at an event:

> I might go up to them and just start chit-chatting and just be a little social and make sure that the cues around them are not being too abrupt or be like, "Hey, are you, what can I do for you?" So I just try to watch for visual cues if people come to the event and I know that they are struggling.

Veronica shared how she also watches for behavioral clues as well:

> I keep an eye out for students who seem very stressed to me. . . . My primary alarm signals when they stop coming to class. . . . I take it very seriously when they stop coming and so I will always reach out to them through emails; I guess that's the first step. . . . And if I don't hear anything, and sometimes I don't, then I'll have the wellness check (physical room check by residence hall staff) done.

Some concerns may surface through coursework as opposed to overt behaviors demonstrated in class or at learning community events, as Veronica indicated:

> And so it's just important to be aware that the students, at least some of the students, first year students might be under quite a bit of stress. But you may not see it, but in written work I became more aware, I guess. . . . We've had various assignments having to do with various aspects of well-being and barriers to well-being where I have them write things and I guess that's where I've seen it.

LCC Thomas and Maria, the graduate assistant working with the learning community, utilized observation of incoming students at orientation to identify behaviors that might need to be addressed. Thomas shared:

> Students with obvious disabilities, that's, you know, it's pretty rare for us. We have more like the kids that have more issues beneath the surface, I guess. . . . So that, that's probably where we spend a lot of time, actually, is we would, we try and . . . pay attention more to kids that we would consider at risk. . . .

> Plus their interactions with their parents, their peers, with us and look for kind of red flags there.

Learning community coordinators' observations of messages communicated, whether through behaviors or course assignments, provided cues to potential psychiatric/psychological disabilities present within the learning community. However, as Miguel noted, "[We] can't assume because a student is behaving in a certain way it automatically [is] tied to mental illness."

Student self-disclosure about any type of psychiatric/psychological disability was the only way that LCCs felt certain that a student with a disability was in their program. Sometimes that self-disclosure occurred within the context of the learning community, but in some cases it was through a different interaction, such as academic advising, as noted by Jackie: "So sometimes students will disclose that they're on particular medications and again they don't disclose this in a learning community environment. It's always through advising." Miguel cited the challenges of not knowing:

> My hands are tied if the student doesn't self-disclose that they have mental challenges or psychiatric issues. I can ask if they have it but if they refuse to answer or they say no—unless they self-disclose, how am I to know whether or not a referral makes sense? . . . But for me to know specifically what the student is going through, unless they tell me it is hard for me to guess what the student is going through. . . . It has to start with the student willingness to let us in, in a sense.

Both Miguel and Thomas mentioned the advantages of students self-disclosing as a way to avoid crisis. Thomas shared the message that he gives to new students, "that it's helpful if they tell us their problems while they're small problems instead of waiting until it becomes a crisis." One way that Thomas and Maria encouraged self-disclosure was through email messages sent before school began:

> So we send out emails to a lot of them and ask them if there's things that would help us help them and say, you know, the more that you're open with us, the more we can help you. And surprising (chuckles), some kids are not very open there. . . And other kids pour out five-page emails detailing their entire life history and things that, that they're on medication . . . . So some kids are very sharing.

Because of their awareness of the prevalence of such issues, some coordinators were proactive with regard to addressing such issues, whether they knew for certain that someone in the program had a disability or not. Being proactive included thinking about how to address issues, being intentional about structuring the program to allow these students to be successful, and offering intentional training for those working with the learning community. Jackie cited her academic and professional background as helpful in considering students with psychiatric/psychological disabilities:

> So I don't have any learning community training based on working with students with these disabilities. I come from an education background so way back in my undergraduate years I took . . . an inclusive classroom class [course] . . . Just to teach about being aware that all students are different and how students may vary in learning styles and abilities, the different abilities students have. Then I also worked at a . . . nonprofit where I helped people who had significant barriers to the workforce find work, and most of the people I worked with had psychiatric disabilities of some sort.

She also noted attending to concerns such as post-traumatic stress disorder (PTSD) and claustrophobia by ensuring that the locations of events allowed students to easily enter and exit the space so that no one felt trapped.

Use of Peer Mentors

Five of the six participants worked with peer mentors. Four of them directly supervised peer mentors, one indirectly supervised the peer mentors for all learning communities, and one neither worked with nor mentioned peer mentors. Peer mentors supervised by four of the LCCs in the study participated in campus-wide peer mentor training that included general topics such as effective communication, conflict resolution, campus resources, and working with groups. Specific training on the topic of working with students with psychiatric/psychological disabilities was coordinated by four of our participants (two of whom worked with the same program).

Specific training about these issues for peer mentors served as a proactive measure for addressing concerns for some of the learning community coordinators. While those supervising peer mentors had the mentors participate in university-wide training, other specific training for mentors and others (i.e., academic advisors, course instructors) was offered by Jackie, Thomas, Maria, and Olivia. Thomas and Maria shared their experiences with Mental Health First-Aid Training and the peer mentor training that they coordinated as a result, noting that they highlight prominent mental health concerns along with an action plan for addressing them. Thomas also mentioned that they are often invited to provide academic advisors a similar training that focuses on recognizing concerns and talking to students about those concerns in order to provide referral information. Jackie also made intentional efforts to train her staff:

> . . . I've taken it personally on to try to get my peer advisors and peer advising coordinators to start thinking about it. . . . [W]hen I ask them questions originally about what if your mentee has a disability, what do you do? And they all went with disabilities like wheelchair, like making sure there's wheelchair access. . . . So they went with a lot of responses where they could physically see the disability. They didn't initially start thinking about how disabilities aren't visible and how this [is] one group of people that anybody

> can become part of unlike other groups, so we try to get some of that in the training.

Additionally, she focused on the use of appropriate language during training, noting, "They can't use words like . . . retarded or I'm so OCD over that or I'm so, you know, words that take kind of a flippant view towards disabilities."

Being proactive for Thomas and Maria included intentionally assigning students who appeared to be at risk to specific academic advisors and/or peer mentors. Maria shared:

> So we tell a couple of our peer mentors that we designate up front that they're gonna have, you know, a little bit more challenging group. It might require more one-on-one interaction and more time. And so they kind of know up front a little bit, but they don't know the specifics of who it is or [what the issues are].

The participants who noted the use of peer mentors in their programs were intentional about providing specific training about psychiatric/psychological disabilities so that their peer mentors were prepared for any students who were part of their community. This training appeared to result from the coordinators' awareness of the need for this training and was provided within the structure of the specific learning community as opposed to being part of a larger campus-wide peer mentor training program.

Challenges

The primary challenge referenced in regard to providing assistance to students with psychiatric/psychological disabilities was a lack of awareness. Participants indicated that it is easier for them to assist students and be proactive when they are aware of the issues, as noted earlier. However, this depended on the students self-disclosing. For those working directly with the faculty or professional staff coordinating specific learning communities, the challenge was being informed by those individuals about student issues. Olivia, who did not teach the students in the learning community, noted that she became aware of concerns only when instructors share that information. Another participant who did not directly interact with students in the classroom, Miguel, shared:

> Well a major [challenge] is because I don't teach these students . . . . My high dependence on the instructors to be my eyes and ears in the classroom, because I can't help a student unless I know they are in trouble and I cannot help a student unless the instructors are willing to notify me either on their own or prompted by me to let me know that a student is exhibiting some kind of behavior that they may perceive as being troublesome or of concern.

Communication about such potential issues with those providing leadership for campus learning communities was important, particularly for faculty who were not trained to address these challenges and needed assistance. But as noted by both

Olivia and Miguel, not being in the classroom with students limited their knowledge of issues.

Another challenge participants highlighted was the general belief on the part of their colleagues that faculty are not responsible for addressing psychiatric/psychological disabilities or that they are uncomfortable doing so. Some noted that other faculty/advisors are afraid, primarily due to lack of knowledge. As Miguel stated:

> My biggest challenges are convincing instructors who might be [in a] mode of operations for years [that this] is "not my issue, not my problems, if the student doesn't show up to classes that is not my deal"—that kind of attitude. . . .That is my biggest challenge and fear is to actually get instructors to buy into what we are doing in terms of supporting their effort in the classroom and supporting the effort of helping students to be successful and to get them on board to notify us even proactively that students need help.

Thomas noted, "If our faculty know that we have a student that, that attempted suicide . . . they avoid them. . . . And I think a lot of it is just not knowing what to say and they just feel awkward." Discomfort with working with students with potential mental health issues appeared to be a strong contributor to not addressing issues and behaviors.

Finally, the lack of staff to help students address issues was raised by three learning community coordinators. In one case, two coordinators from the same program noted the lack of sufficient counseling center staff to whom they can refer students. Another coordinator, overseeing campus-wide learning communities, stated that she was hopeful that a new staff position in the area of disability support services would be added because of increased behavioral and psychological concerns.

Successes

Learning community coordinators cited positive feedback as indicating success in their work with students with psychiatric/psychological disabilities. That feedback sometimes came from students, as Thomas shared:

> One of the more rewarding things for me, one of the things that keeps us doing what we are doing is that we have so many kids that when they do open up with us, they are so grateful that we are supportive and give us that feedback, and we talk about feedback all the time, write us letters, write us cards.

Dispelling faculty and peer mentor fears through training was noted as a success by Thomas and Maria as well as by Olivia. In discussing training that they provided for learning community coordinators and academic advisors, Thomas mentioned:

> [O]ne of the things we've learned, most of them have the skills to do this. They don't have the confidence to do it and they are uncomfortable addressing

and talking about some of the issues, but they're good at it and they will be fine at it. They just need a little support.

Maria added, "Once we have the workshop and clear up some of those misconceptions, they gain more confidence because the biggest skill that we can't teach at the workshop or anywhere is to care." These coordinators also noted that their peer mentors take pride in their additional training and knowledge, stating:

Our peer mentors take a lot of pride in it [being trained on mental health issues] . . . . [W]ith the new peer mentors, our returning peer mentors will say, "We're the only program that does this and this is what we're known for and this is, you know, we make a big difference and we can make a big difference in these students' lives." Because they get those comments back from the students who say, "The only reason I stayed was because of my peer mentor." So the peer mentors take a lot of pride in it.

Given the importance of retention for institutions, and since learning communities are touted as contributing positively to those efforts, learning community coordinators were gratified when their support for students with psychiatric/psychological disabilities resulted in students staying. One coordinator noted institutional data indicating that their learning communities were a successful retention initiative. Others identified individual students remaining at the institution as success.

LCC Recommendations

These learning community coordinators noted three primary recommendations regarding working with students with psychiatric/psychological disabilities. They include knowing resources and establishing relationships across campus, providing specific training, and creating and communicating a culture of care.

In order to refer students and also get assistance themselves to support these students, LCCs enforced the importance of knowing and making use of the campus resources and having positive relationships with others on campus who can provide assistance. As Miguel stated, "I would recommend that [LCCs] make relationship(s) or enhance the relationships with the key individuals, . . . people who are in the 'front lines' in seeing students on a daily or near daily basis."

Coordinators recommended providing training for faculty, staff, and peer mentors working with the learning community as a proactive measure. They noted that these individuals are not expected to solve the issues but do need to know what to notice and how to respond. Jackie mentioned including information about the use of language as previously noted. She reinforced that people need to be aware that students do have these issues and LCCs might anticipate having to be supportive in different ways for this student group.

Finally, communicating (or establishing) a culture of care within the learning community was recommended. That culture might start in the learning community but extend to the campus at large. Attending to the environment contributes to that culture, and Jackie stated the importance of that:

> My biggest thing would be to be aware that you don't always know what's going on in students' lives and so to make the environment as comfortable as possible and to make sure that words aren't used that are inappropriate like, or phrases aren't being used like, I don't know, I have a colleague that says we're all a little ADD, or we're all a little schizophrenic, and that really bothers me . . . . Be aware of how environment can affect people. So if it's a huge, stressful environment, how that can trigger some responses to people with, some people with disabilities.

Veronica mentioned numerous times that she reaches out and invites students to come to see her. When students stop coming to class, she suggested:

> I say don't ignore it if they stop coming to class. Get proactive and don't rely just on email. When I learned that you could have a wellness check in the residence halls, and I think the person knocks on the door and says "Professor [X] was worried about you". . . I think that's a nice message to a student, that there is somebody who notices that they're having a rough time.

Sharing general knowledge of the learning and behavioral issues of students with psychiatric/psychological disabilities within the campus community helps to dispel myths and create a culture of inclusion and integration. The general sentiments communicated by our study participants echo those of Hall and Belch (2000), who urge that "we need to honor individual identity, confront dehumanizing behavior, and clearly affirm the value of their involvement and what they bring to campus communities" (p. 11). These general sentiments were communicated by our study participants as well.

Discussion

Because of the rise in numbers of students with psychiatric/psychological disabilities on college campuses, it is expected that some of these students will be involved in learning community programs, either through self-selection or assignment. As a result, it behooves learning community coordinators to consider the unique aspects of working with this student population. While the majority of coordinators are not credentialed to specifically diagnose students, they often are positioned to notice concerning behaviors and intervene to help students be successful. LLCs in our study indicated that, barring self-disclosure by the student, they utilized observation as an indicator of potential psychiatric/psychological disability. They noted certain behaviors or behavior changes as indicators that they might need to intervene, and it is important for LCCs to pay attention to signs of distress. Additionally, some concerns surfaced through students' written work that

suggested a student needed additional assistance; faculty may need to be encouraged to look for these indicators in students' work so that they can assist students or direct them to appropriate campus resources. Additionally, prior to or early in their involvement in the learning community, coordinators might choose to ask all students questions such as, "Is there anything we should know about you that would help us support you and your success?" or "What helped you be successful in high school?" Taking this step may result in the disclosure of some information that allows the LCC to provide necessary support for the student. Participants stated that students' self-disclosure could result in proactive assistance, allowing students to have the needed assistance earlier in their academic experience with the learning community. Given that learning communities frequently are offered early in a student's college career, this type of assistance may result in student success and persistence.

In addition to their own attention to students' needs, LCCs also made use of peer mentors to provide additional support for all students, support that may be particularly beneficial to students with psychiatric/psychological disabilities. The benefits of being in a learning community, where students typically cannot hide or fade into the woodwork, can be especially advantageous to this subpopulation, particularly if the culture of the community is a caring one, which may be demonstrated by the learning community coordinators and peer mentors. While LCCs attend to the entire learning community group, peer mentors can focus on smaller sub-groups of the entire learning community. This may position them well for identifying changes in behavior that might require intervention. Using training as a proactive measure to ensure that these leaders know the campus resources and recognize behaviors that may be of concern can result in the retention of students who are struggling.

Interacting with the students positioned the LCCs and peer mentors to notice when students needed assistance. But LCCs also described several challenges, including the lack of knowledgeable staff to assist students (either counseling center staff or others with specific knowledge about working with students with psychiatric/psychological disabilities) and colleagues' discomfort or unwillingness to address such student needs. As noted below, one recommendation for addressing these challenges is training for faculty and staff. Since most training is voluntary, those who feel that it is not their responsibility to address these needs are not likely to choose to attend training; they also may not be faculty who choose to participate in learning communities. However, those who choose to work with learning community programs may recognize the unique community experience offered to students and faculty and may be prepared to provide closer assistance to students, which may translate to a desire for further training.

Recommendations and Conclusions

Based on these data, two primary recommendations seem appropriate. First, providing specific training about psychiatric/psychological disabilities is in order. This training may be a session during a larger training program or may be an in-service or special topics training session for those working with learning communities—faculty, professional staff and student staff members. The benefits of this are numerous. First, training can provide these leaders with information about concerning behaviors for which to watch. While some concerning behaviors are quite obvious, others may be more subtle. Knowing what to notice will allow leaders to attend to the overt and subtle indicators that a student is struggling and then offer the support necessary. That support may be in the form of a referral, and training can provide staff members with the information they need about campus resources. This knowledge is important because the learning community staff members are not expected to solve the issues but to seek out those with the training who can be of assistance. Having this knowledge may help to dispel the fears that some may have about not knowing how to help the students, fear that may result in behaviors being ignored and students not succeeding. Finally, this training can communicate to the learning community staff members the importance of establishing a culture of care and an environment where students feel supported.

The second recommendation is to use peer mentors in these programs. Peer mentors provided additional support, knowledge of campus resources, and the additional "eyes and ears" to help identify problems before they become too significant to address. Training, as noted above, is critical for this group of student staff members. While specific information about learning community participants' psychiatric/psychological disabilities cannot be shared by faculty or professional staff members with peer mentors, guidance about behaviors that might be considered "concerning" and how to assist students within reasonable limits provides greater support opportunities for all students involved in learning communities. Additionally, peer mentors can serve as role models and provide attention to students that further aids in both establishing and enacting that culture of care previously noted.

While not a specific recommendation, it is worth noting that the lack of awareness about students' specific issues was mentioned as a challenge for learning community coordinators. Students cannot be required to provide personal information, but some students may respond to the invitation to share information about themselves that can help faculty and staff to appropriately assist them. These students may feel that, by asking the question, LCCs are demonstrating care and communicating that the learning community is a safe environment in which these students can learn and grow. This type of outreach and communication conveys a sense of caring and a desire for student success (Belch, 2011), however LLCs must recognize that the most common reason students do not disclose information about psychiatric/psychological disabilities is stigma (Collins & Mowbray, 2005).

Consequently, training efforts need to be attentive to recognizing and reducing stigma as well.

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