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**Conduct Professionals' Experiences with Student Misconduct and Mental Health**

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## **Abstract**

Over the years, mental health concerns have continued to rise in college students and is compounded by the natural stressors associated with navigating unfamiliar territory, increased social and academic pressures, as well as added responsibilities and obligations (Pedrelli et al., 2015). Mental illnesses have been linked to misconduct, disruptive behavior, or violent behavior among students (Center for Parent Information and Resources, 2017; Johnson et al., 2018; Semenza & Grosholz, 2019; Taylor & Smith, 2019). There is limited research focused on the intersection of mental health and misconduct. This qualitative study utilized semi-structured questions to explore how conduct professionals manage mental health concerns in their work and how they support their students during and after a mental health concern has been identified. The findings of this study suggest that there is little to no formalized training specific to handling mental health concerns, referrals to resources is a key element to conduct professionals work, and collaboration with peers and colleagues is an important part of the support measures for students.

**Key Terms:** mental health, misconduct, counseling, support

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## Table of Contents

<b>Abstract.....</b>	<b>ii</b>
<b>Acknowledgments .....</b>	<b>iii</b>
<b>CHAPTER I .....</b>	<b>1</b>
<b>Introduction.....</b>	<b>1</b>
Purpose of the Study .....	4
Research Questions .....	4
Significance of the Study .....	5
Limitations of the Study .....	6
Definition of Terms.....	7
Summary .....	8
<b>CHAPTER II.....</b>	<b>9</b>
<b>Review of Literature.....</b>	<b>9</b>
Mental Health Concerns Among College Students .....	9
Gender Stigmas Surrounding Mental Health.....	13
Stigma and Help-Seeking Behavior .....	15
Campus Resources and Social Support.....	16
Student Misconduct and Mental Health .....	19
Theoretical Framework .....	21
Robert Agnew’s General Strain Theory .....	21

Chickering and Reisser’s Developmental Vectors and Influential Environments ....	23
Summary .....	26
<b>CHAPTER III .....</b>	<b>27</b>
<b>Methods.....</b>	<b>27</b>
Design of the Study .....	27
Research Site .....	27
Participants .....	28
Instrument.....	29
Data Collection.....	30
Data Analysis .....	30
Treatment of Data.....	30
Summary .....	31
<b>Chapter IV.....</b>	<b>32</b>
<b>Results .....</b>	<b>32</b>
Research Question #1: How are conduct professionals trained to handle mental health concerns?.....	32
Transitional Relationships .....	33
Academic Preparation.....	35
Practical Experiences.....	36
Mental Health Training .....	37

Research Question #2: How do conduct professionals detect mental health concerns within students going through the conduct process?.....	39
Collaboration .....	40
Information Gathering and Preparation.....	42
Research Question #3: What does the process look like following the identification of a mental health concern?.....	43
Providing Referrals and Support .....	44
Balancing Accountability and Support.....	46
Support Sanctions .....	49
Suggesting Withdrawal.....	52
Research Question #4: What relationship do conduct professionals have with the counseling services at their respective institution? .....	53
Communication .....	53
Needs versus Resources.....	57
Summary .....	59
<b>Chapter V .....</b>	<b>60</b>
<b>Discussion, Recommendations, Conclusion.....</b>	<b>60</b>
Discussion .....	60
Developing Professional Competencies .....	61
Combining Efforts .....	63
One-Way Communication.....	65
Recommendations for Student Affairs Professionals.....	67



Recommendations for Future Research .....	69
Conclusion.....	72
<b>References .....</b>	<b>74</b>
<b>Appendix A .....</b>	<b>82</b>
<b>Appendix B .....</b>	<b>85</b>
<b>Appendix C .....</b>	<b>87</b>

## **CHAPTER I**

### **Introduction**

We should make it clear that getting help isn't a sign of weakness, it's a sign of strength, and we should ensure that people can get the treatment they need.

-Michelle Obama, "Change Direction" Mental Health Event

Mental illnesses are becoming a major concern among college students in the United States. It is compounded by the natural stressors associated with navigating unfamiliar territory, increased social and academic pressures, as well as added responsibilities and obligations (Pedrelli et al., 2015). In 2012, the National Alliance on Mental Illness (NAMI) conducted an online survey of 765 college students who experienced mental illness while attending college. Of the participants, 64% had dropped out of college with the majority having indicated they had withdrawn from the university due to a mental health related issue. Many students who dropped out also indicated that having more campus resources may have helped them stay in school, specifically, more campus accommodations and mental health services. About one third of the students who participated in the survey also noted that their experience with campus counseling was either "fair" or "poor" and they felt most counselors were not trained well enough nor provided enough support (National Alliance on Mental Illness, 2012). These findings suggest that access to campus counseling services is critical for success regarding college students who deal with mental illnesses. It was also apparent that the need for mental health services was greater than what universities had to offer, and the support was not enough for many who used the services.

Despite this need, many college students are not utilizing mental health services offered to them through their university. While the NAMI survey was completed in 2012, a more recent survey conducted by the JED Foundation (2020), amidst the COVID-19 pandemic found that 63% of nearly 200 students surveyed indicated their mental health was worse than before the pandemic. Additionally, 83% reported they were dealing with anxiety, 63% with depression, and one in five students had experienced suicidal thoughts within the three months prior to the survey being conducted. However, only 30% of those students reported reaching out to campus counseling services while almost half instead turned to their friends for support (The JED Foundation, 2020). Although this specific study will not focus on the COVID-19 pandemic, it is important to note that the mental health of college students has been greatly impacted by it and continues to decline. Although eight years have passed between these two surveys, mental health has impacted many students' success throughout their college years. Both studies showed that many students were not utilizing mental health services offered on college campuses even though most services are covered through student fees.

In addition to the impacts mental illnesses may have on a student's academics, they have also been linked to misconduct, disruptive behavior, or violent behavior among students (Center for Parent Information and Resources, 2017; Johnson et al., 2018; Semenza & Grosholz, 2019; Taylor & Smith, 2019). Misconduct carried out by a student may lead to various consequences including disciplinary warnings, fines, mandatory attendance in specific classes made to educate students on topics such as alcohol or drug consumption and abuse, suspension or even expulsion of the student from the institution (FindLaw, 2016). These punishments vary by institution as well as by state but typically,

the consequences of misconduct increase with the severity of misbehavior carried out by students. While looking at multiple universities' student conduct statistics within the past five years, the most common forms of conduct violations by their students were academic integrity violations, drug and alcohol consumption, disorderly conduct, inflicting bodily harm upon any person, stealing, and intentionally or recklessly damaging university property (Clemson University Student Affairs, 2020; Middle Tennessee State University, 2020; Rutgers Student Affairs, 2017; Syracuse Office of Student Rights and Responsibilities, 2020).

Of these institutions, Clemson University (2020) and Middle Tennessee State University (2020) reported referring some students to counseling services following their conduct meetings and process. The other institutions mentioned commonly referred their students to offices relating to the subject of the offense carried out by the student, but counseling services were never listed nor mentioned within their data. Many other universities conduct statistics were observed, however, none of the reports included any referrals that were made to the students, only the misconduct committed. Whether the students never mentioned poor mental health or concerns regarding their mental wellbeing was not able to be found within the data sheets, but this does not warrant the assumption that it did not occur.

Though it may be argued that reports from these four institutions, from among the over 4,000 which exists in the United States, cannot be used as a basis for gauging common practices across higher education institutions, it can be argued that if institutions of their caliber are not reporting referrals to counseling, given their greater access to resources, then institutions with less resources may fair even worse. Therefore, given the

growing mental health concerns within the student population, which has been linked with student misconduct and shown to be a likely reason for a student withdrawing, referrals to counseling services during the conduct process could be an important part of the process to better support the students. This study aimed to explore the relationship that some universities' conduct offices have with their respective counseling services as well as how conduct professionals are trained to better support students with mental health concerns or illnesses.

### **Purpose of the Study**

The purpose of this study was to explore the ways that conduct professionals are trained to handle conduct meetings when a mental health concern is brought up or indicated and how they support the student during and following the meeting. It also sought to find the ways that conduct professionals are trained to detect mental health concerns or illnesses if a student has not come forth with them within the conduct process. Additionally, this study aimed to determine how conduct offices collaborate with counseling centers regarding students who have mental health concerns or illnesses when they violate the student code of conduct.

### **Research Questions**

As there have been links between mental health concerns and behaviors that could result in conduct violations (Pompili et al., 2017), this study's objective was to discover how offices that handle student misconduct recognize or detect mental health concerns and how they support the students involved. This study was guided by the following research questions:

1. How are conduct professionals trained to handle mental health concerns?

1. How do conduct professionals detect mental health concerns within students going through the conduct process?
2. What does the process look like following the identification of a mental health concern?
3. What relationship do conduct professionals have with the counseling services at their respective institution?

### **Significance of the Study**

At some point in many people's lives, mental illnesses may arise and be difficult to navigate or deal with. Within the college student population, there are many factors that could cause one's mental health to decline such as a new environment in which they are not fully engaged, no longer having close connections or strong support from family members, not feeling a strong sense of social support, and many others (Alegría et al., 2018). Within university systems, there are also new rules and expectations of the students that attend. The policies in place at many universities are typically similar to one another, although the consequences of breaking these policies may differ vastly. Nonetheless, it has been previously found that there is a slight relationship between mental illnesses and aggressive or violent behavior, though it is more common when narcotics or alcohol are involved (Department of Health & Human Services, 2013).

This study looked at how different conduct offices recognize and support students who have violated conduct policies and also are believed to be experiencing mental health concerns. The findings of this study can be helpful for conduct offices to consider mental health concerns in their interactions with students and how these offices can better support the students who come into it.

### **Limitations of the Study**

As a qualitative study, a smaller number of participants were interviewed to provide richer data on the phenomenon being studied. A limitation this study faced was the ability to generalize and apply the results of this study to other institutions or universities. A second limitation that was encountered during this study was the geographical area that the selected institutions will be selected from. All universities were located within rural Midwest areas and had student populations greater than 5,000, but less than 20,000. This limitation impacts generalizability and applicability as the amount of policy violations and conduct cases that occur at the selected universities could be low.

The researcher interviewed conduct professionals, and, for this reason, this study only gained insight to the perceptions of staff on student misconduct and mental health. Interviewing conduct professionals also provided another limitation with relation to the Health Insurance Portability and Accountability Act (HIPAA) of 1996. HIPAA is a “federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge” (Centers for Disease Control and Prevention, 2018). This study looked at the relationship conduct professionals had with counseling services on their campuses, and HIPAA creates a barrier between conduct professionals being able to gain information students had disclosed to their counselors. Therefore, the conduct professionals interviewed were not able to gain any information from counseling services which could hinder them from understanding the magnitude of the mental health concerns present with the students they work with.

Additionally, due to the stigma surrounding mental health, students could be more hesitant when disclosing their own concerns with a conduct professional. This could hinder the conduct professional from detecting or understanding how a student's mental health could be coming into play with their misconduct. This could have hidden impacts on the data that was collected through this study.

### **Definition of Terms**

**Code of Student Conduct.** Set of rules and standards required for all students to uphold during their time at their selected university. The policies set in place by the universities are the foundation for student behavioral expectations, including a prominent expectation of academic integrity. When the code of student conduct is broken, sanctions are oftentimes given out to the students who have made the violation (Association for Student Judicial Affairs, 2006).

**conduct process.** The procedure that a student goes through after they have violated the student code of conduct at their institution. (Association for Student Judicial Affairs, 2006).

**mental health.** A person's emotional, psychological and social well-being that impacts the way that they think, act, and feel (U.S. Department of Health and Human Services, 2020).

**personal stigma.** Negative thoughts and perceptions that a person has about others who have mental illnesses (Wu et al., 2017).

**self-stigma.** Negative thoughts and perceptions that a person has about themselves surrounding their own mental illnesses (Wu et al., 2017).



**Summary**

This study aimed to explore the training conduct professionals received to handle cases of misconduct with students who may have mental health concerns and what support they provide to the student. Chapter 1 has provided a more detailed overview of the significance, purpose, and the limitations this study may face. Additionally, it has outlined the four research questions that will guide this qualitative study. Lastly, this chapter has presented key definitions and processes to provide a common understanding of the terms commonly used within this study.

## **CHAPTER II**

### **Review of Literature**

Mental health is currently a highly discussed topic in higher education as the number of students experiencing mental health concerns has continued to rise and become a public health concern (Kalkbrenner et al., 2019; Kuhlman et al., 2019; Rafal et al., 2018). Student misbehavior and conduct is apparent in all universities in one way or another. The purpose of this literature review is to examine the stigmas surrounding mental health and help-seeking behavior among college students, discuss the significance of campus resources and social support, and look deeper into the variables that may influence aggression and misbehavior in college students.

#### **Mental Health Concerns Among College Students**

While mental health concerns can be seen in many people all throughout the world, there has been a rise within the college student population in the past few years and has been largely researched in many different college settings. According to MentalHealth.gov (2020), which is run by the United States Department of Health and Human Services, mental health is an umbrella term that covers the emotional, psychological, and social well-being of a person and can often fluctuate from time to time throughout a person's life. Mental health concerns can impact many aspects of a person's life such as their thinking process, emotions they feel, and the behaviors that they carry out. There are also copious factors that could impact or damage a person's mental health, but the more prominent factors listed are: biological factors such as genes or brain chemistry; life experiences such as trauma or abuse; and a family history of mental health problems (MentalHealth.gov, 2020). When considering the previously listed factors and

then adding in the stressors that college students face when they start college, such as new experiences, environments, living situations, relationships, independence, and less supports, it is simple to deduce that they may be at greater risk of struggling with their mental health (Byrd & Mckinney, 2012).

There are many types of mental illnesses, and any person is susceptible to them; some may struggle their whole life, some may struggle multiple times throughout their life for short or long periods of time, and some may not struggle at all. There are more than 200 classified types of mental illnesses in which some are more common than others (Mental Health America, 2021), however, the most commonly faced mental illnesses by college students are depression and anxiety (Liu et al., 2018). The Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition (DSM-5) (American Psychiatric Association, 2013), will be utilized to go more in depth regarding the symptoms, criteria and features of both depression and anxiety. According to the DSM-5, depression is recognized by:

1. [A] depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day . . .
4. Insomnia or hypersomnia nearly every day
5. Psychomotor agitation . . .
6. Fatigue or loss of energy nearly every day.
- 7.

Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others). 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide (American Psychiatric Association, 2013, p. 160-161).

The DSM-5 defines generalized anxiety disorder to be recognized by:

A. excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance). B. The individual finds it difficult to control the worry. C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months) . . . 1. Restlessness or feeling keyed up or on edge. 2. Being easily fatigued. 3. Difficulty concentrating or mind going blank. 4. Irritability. 5. Muscle tension. 6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep) (American Psychiatric Association, 2013, p. 222).

It is also noted in generalized anxiety disorder that the anxiety and worry can cause significant impairment in regard to a person's social and occupational life as well as other key areas of functioning.

Additionally, over the past decades, there has been a growing trend deemed as *helicopter parenting* in which parents become overinvolved in their emerging adult

children's lives and is indicated by parents who are overly involved, and possess a lot of control in their children's lives (Hong & Cui, 2019; Padilla-Walker & Nelson, 2012; Segrin et al., 2012). While helicopter parenting is seemingly affectionate, it could be harmful for the adjustment and functioning of emerging adults. Difficulties in adjusting as students move away from home could provide new challenges with things such as academics and intimate relationships (Hong & Cui, 2019). The new-found independence, removal from the daily presence of helicopter parents, and numerous new expectations college students may face for the first time when starting college could leave them unequipped to handle these responsibilities in a constructive way or have the experience to properly manage their time. This may then lead to feelings of hopelessness, students may stay up later in order to work on more homework thus losing sleep, energy and concentration abilities. In considering how anxiety affects an individual, the added stress of college could possibly lead to the development of additional symptoms as listed within the DSM-5.

In addition to the possible development of mental health disorders, there are more factors than just a new environment and responsibilities that could increase a student's risk of developing a mental illness. In an article written by Jao et al., (2019), they highlighted the significance of health risks that mental illnesses may pose on a college student's life. When a student begins to develop a mental illness, they are at a higher risk of becoming more dependent on substances with alcohol being the most commonly used. Higher rates of substance use have been linked to predicting the likelihood of mental health concerns, specifically noting depression (Jao et al., 2019). It is widely depicted through media that college life often includes consuming alcohol at parties or with new

friends. Having this pre-conceived expectation of attending college and parties regularly in which they consume alcohol poses a serious risk for substance dependence to develop (Jao et al., 2019). If a substance dependence does occur within a student, they could be at serious risk of developing a mental illness or increasing the severity of the mental illness they are currently dealing with. College brings forth many new experiences, but it also adds a long list of responsibilities and expectations as well, whether it be academically, occupationally, or just in general that could lead to the development of mental illnesses.

### ***Gender Stigmas Surrounding Mental Health***

Though there is an increasing incident of mental health concerns among college students, the issue may be compounded by social stigmas, which may inherently impact help seeking behaviors. While stigmas have started to dwindle, they still are prevalent in today's society and can affect those struggling with mental illnesses. Although all people with mental health can be faced with stigmas surrounding their mental health, Rafal et al. (2018) conducted a study which focused specifically on stigmas surrounding mental illnesses in men. The participants were shown to have limited knowledge about mental illnesses, indicated little to no help seeking behaviors, and showed high negative self-stigma regarding reaching out for help with their mental health concerns.

In a study conducted by Blazina and Watkins (1996), the researchers examined the role that gender plays on attitudes towards mental health and the socially acceptable emotions that men are able to portray. The researchers studied 148 undergraduate male students and surveyed them using a Gender Role Conflict Scale measuring four factors: (a) success, power, and competition; (b) restricted emotionality; (c) restricted affectionate behavior between men; and (d) conflict between work and family relations (p. 461). All

four factors this scale measured were found to be significantly correlated with depression and anxiety. Blazina and Watkins (1996) noted that anger is one socially acceptable emotion that men are encouraged to portray due to social stigmas and went on to say that when men are struggling to make peace with their emotional side, they may turn to anger. The researchers also found through their study that men may experience social rejection for expressing their emotions thus often concealing them and instead portraying anger thus indicating a fear of social stigmas. While there was a 22-year gap between Blazina and Watkins (1996)'s study and Rafael et al.'s (2018) work, both showed a persistent high social and self-stigma surrounding men and the emotions that they express.

In addition, Parkins (2012) found that emotions of sadness or fear are emotions that have been found to be associated with women whereas anger has been seen as the emotion most commonly associated with men. Furthermore, the researcher went on to declare that the emotions in which are socially acceptable in regard to gender, are installed in people through their culture from early childhood. Therefore, if a male is told from a young age that displaying emotions of fear or sadness is unmanly, they will most likely develop a self-stigma surrounding seeking help (Parkins, 2012). Additionally, self-confidence and a positive self-view may deteriorate in males when seeking professional help for mental illnesses due to a high self-stigma (Rafal et al., 2018). Blazina and Watkins (1996) found that misconduct and aggression were the results of poor mental health due to stigmas; however, it is important to note that this study only focused on males. The results of this study may have been different had the researchers looked at female college students, as there is typically less negative social stigma for women to show emotions of sadness or fear.

### ***Stigma and Help-Seeking Behavior***

In addition to the role that gender stigma's play in regard to mental illnesses, there is also the prevalence of self-stigmas and personal stigmas. Self-stigmas may inhibit students from seeking help through campus resources, family members, or even their close peers. Wu et al. (2017) examined how personal stigmas about seeking help for mental health concerns can in turn negatively impact the mental health of both male and female participants. The study found that the majority of students used counseling services often and had a low stigma for others who also used counseling services. However, it was closely followed by a group who said they had little or no stigma for those who used counseling services but believed others would show judgement towards them if they used counseling services (Wu et al., 2017). A final group reported not utilizing services due to their own personal stigma and a fear of the general public's stigma. While looking at the general public's stigma of help-seeking behavior and the use of professional services, it is also important to look at a person's self-stigma which may also deter them from seeking help.

Ross et al. (2020) looked further into how students' self-stigmas played a role in their help-seeking behavior and defined *self-stigma* as the negative thoughts and perceptions one holds for themselves whereas *personal stigma* is defined as the general public's stigma. Researchers found that self-stigma, and perception of personal stigma of using services, were large factors in whether a student reached out for help. They also noted that students who were previously educated on mental illnesses and disorders held a lower personal stigma but also showed a high level of self-stigma. Education regarding mental illnesses ultimately can lead to high *mental health literacy* which is defined as



“knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm, 2000, p. 396). Research regarding mental health literacy supports the findings of Ross et al.’s (2020) study that suggests when a student has been previously educated on mental illnesses and disorders, they are more likely to identify their own mental illness and have a positive view of seeking professional help. With the support of these studies discussed, it is apparent that personal or self-stigmas, and a student’s level of mental health literacy are indicators of whether a student will reach out and seek help or not.

### **Campus Resources and Social Support**

While the concern of college students’ mental health state has continued to become more prevalent in the last few years, it was found that most college students who struggle with their mental health continue struggling rather than reach out for professional help or support through their peers (Blanco et al., 2008; Ross et al., 2020). This raises the question as to where students reach out for help and if those resources are beneficial for them. It is also important to take a deeper look at the visibility of those resources on campus, and how these resources impact students. Farrell et al. (2017) examined cases of students who had committed suicide within a year of being in contact with some form of counseling services. Researchers found a total of 94,922 suicide deaths between the years of 1997 and 2012 in college students in which 26% (25,129) of these students had been in contact with counseling services within a year of their death (Farrell et al., 2017, p. 84-85). While this study was not able to look into the reasoning for the students' decision to take their own life, it revealed an intriguing statistic; a little over a quarter of the students had been in contact with counseling services shortly before

completing suicide. Additionally, the quantitative nature of this study makes it difficult to review how the students viewed their experiences with counseling services and whether they found the intervention of campus resources to be beneficial to them.

Lockard et al. (2019) studied and observed how academically distressed students dealing with depression were impacted by counseling. The results of the study showed no significant change in the retention of students at the institution after having been formally counseled. It also showed that students who were most depressed were the least likely to be retained (Lockard et al., 2019). Students in another study, which compared data from 16 different universities located in Wisconsin, who received counseling reported “overwhelming satisfaction” with campus counseling and saw a significant increase in academic focus ability and interpersonal improvements (Winterrowd et al., 2016, p. 294). With the addition of the positive results produced by Winterrowd et al.’s (2016) study and the insignificant results of Lokard et al.’s (2019) study, it is shown that attitudes towards campus counseling vary greatly depending on the student. There are many factors that could contribute to the mixed data results found regarding satisfaction of campus counseling, such as: location, population size, whether the university is private or state funded, availability of resources, quality and experience of counselors hired, etc.

In addition to the varying attitudes to help-seeking among college students, it is important to look where they may first reach out for support when they do seek help. Some may go directly to counseling services or other similar resources on campus, but they may also reach out to their friends or family members first. Furthermore, Laidlaw et al. (2016) looked into where students were most likely to reach out to when experiencing problems with their mental health. Participants responded that when struggling, they were

more likely to reach out to someone they knew well first before reaching out to counseling services. During the interview, participants shared they would typically reach out to counseling services only after their close friend or family member had prompted them to do so (Laidlaw et al., 2016). Furthermore, students were more likely to seek professional help if they had a close family member or friend who shared their own positive experience of professional help (Disabato et al., 2018). Disabato et al. also noted that knowing a close other who had sought help was particularly important for men to have. Women typically are able to recognize the signs of a mental disorder and seek help themselves without the push of peers, whereas men have a higher self-stigma and a lower mental health literacy (Disabato et al., 2018).

Since students may turn to their close friends first, it is important for all students to be educated on mental illnesses and disorders. When a close friend has a high mental health literacy, they are able to better help someone struggling with mental illness and refer them to appropriate resources such as counseling services (Kuhlman et al., 2019). Self-stigma plays a large role in who students reach out to and typically students with high self-stigmas will reach out to close friends or family members first, instead of directly seeking professional help. When they reach out to peers with high mental health literacy, they are much more likely to seek professional help as compared to when they reach out to peers with little to no mental health literacy (Kuhlman et al., 2019; Laidlaw et al., 2017).

There are many variables that could contribute to the utilization and effectiveness of campus resources that none of these studies had listed, described or stated that they took into consideration. It is difficult to gain an understanding of the overall culture of a

college campus and the stigmas surrounding mental health and seeking help there due to the different attitudes and feelings that vary across different universities. It is also possible that counseling services on a campus could have a bad reputation that may then deter students from reaching out. Information on the services available to students, and the visibility of that information, could be an obstacle for some students if they are unsure of who to contact or where to go.

### **Student Misconduct and Mental Health**

There have not been many studies conducted addressing the relationship between student misconduct and mental health, but the studies done explore some variables in common including gender, socialization, and peer groups. Alorani and Alradaydeh (2017) looked at the correlations between student depression, aggression, and spirituality. While spirituality had not been a presumed variable in the current research topic of student mental health and misconduct, it was shown to not have a large correlation to either depression or aggression. The researchers did, however, find

the most common causes of aggression (physical aggression, verbal aggression, anger, and hostility) among university students from the students' perspective included lack of fear from punishment, [...], inadequate socialization, poor investing of free times, frustration caused by low grades, weak resort to psychological and educational counseling (Alorani and Alradaydeh, 2017, p. 277)

This statement takes many different reasons into consideration as to why students may violate the code of conduct on a college campus which could relate heavily to their mental health.

Students' weak resort to psychological and educational counseling is important to highlight as it seems to assume that if a student does not resort to campus services, it will then result in aggression (Alorani & Alradaydeh, 2017). Additionally, low socialization is a common factor that results in lowered mental health in students, and research has found that people with depression tend to experience more negative social interactions which could lead to a student avoiding social interaction in general (Steger & Kashdan, 2009). Lower grades could also be a result of poor mental health as lack of motivation is a well-known consequence of depression and may then lead to not turning in assignments, studying for tests, etc. If a student is not turning to counseling services, it brings back the question of what factors are prohibiting a student from utilizing these services. This then leads to a possible need for a look into what campus resources can do to intervene instead of awaiting outreach from students themselves.

Looking at the other side of student misconduct, researchers Johnson et al. (2018) conducted a qualitative study where they asked professors what they saw as the main reasons students violate the student code of conduct. The researchers took variables such as lack of sleep, drug and alcohol abuse, lack of motivation, personal issues, and more into consideration for their study. The results showed different “antecedents” such as deficiency antecedents, belief antecedents, and external antecedents (Johnson et al., 2018, p. 8). In the *deficiency antecedent*, health management was listed and included different factors such as lack of sleep, lack of motivation, and drug and alcohol abuse (Johnson et al., 2018, p. 8). Lack of sleep, lack of motivation, and abuse of drugs and alcohol could all be indicators of poor mental wellbeing. Therefore, it does not give us the students’ perspective or reasons and, ultimately, this study only found the most perceived reasons.

In the classroom setting, researchers Taylor and Smith (2019) took a closer look into verbal aggression towards teachers and peers carried out by students with emotional behavioral disorders. Of the participants, all of which were teachers, 89% indicated that they saw students with emotional behavioral disorders equally or more verbally aggressive than students without a behavioral disorder. The Center for Parent Information and Resources (2017) stated that emotional behavioral disorders are commonly developed early in one's life and can lead to many different consequences such as an inability to learn, difficulty forming relationships with peers and teachers, unhappiness or depression, or aggression. Emotional behaviors include mental disorders such as anxiety, bipolar disorder, conduct disorder, obsessive compulsive disorder, and more (Center for Parent Information and Resources, 2017). As discussed previously, these are typically mental disorders that could be related to aggression and also disorders that students may reach out to counseling for.

### **Theoretical Framework**

The issue of mental health has continued to rise and become more prevalent within college student populations. Student misconduct can be found within every university in one way or another, and whether a student's mental health affects their misconduct remains undetermined. This study will be guided by two theories, Robert Agnew's (2001) General Strain Theory and Chickering and Reisser's (1969) Developmental Vectors and Influential Environments.

#### ***Robert Agnew's General Strain Theory***

General strain theory (GST) was developed by Robert Agnew in 1992 with the intent to understand how different life strains led to criminal behaviors. Agnew's GST

was developed “to improve the limitations of classical strain theory of Merton (1938)” (Yildiz & Solakoglu, 2017, p.640). Agnew (2001) defined the term *strain* as events or conditions that a person does not like and is more likely to lead to feelings of frustration and anger. When a person experiences strain or stress, they are more likely to have feelings of frustration and anger. GST recognizes that negative emotions are difficult to process and may lead to crime and deviant behavior in order to manage negative emotions (Agnew, 2001).

In 2001, Agnew built upon his 1992 foundation for GST and focused specifically on new strains that were more likely to result in a person committing a crime. For example, Yildiz and Solakoglu (2017) noted that negative school experiences such as low grades or negative relations with teachers and/or classmates may be a large factor in likeliness of student misbehavior. Agnew’s identified strains included “loss of positive stimuli (e.g., loss of a romantic partner, death of a friend), the presentation of negative stimuli (e.g., physical assaults and verbal insults), and new categories of goal blockage” (Agnew, 2001, p. 319). In order to better define strain and what it is, Agnew proposed two definitions of strain: objective and subjective. *Objective strain* refers to an event or condition that is disliked by members of a given group. Objective generally relates to things that affect many people such as when a group feels they are receiving a lack of human necessities, a family death occurs, family issues, etc. *Subjective strain* is defined as an event or condition that is disliked by the person experiencing (or has experienced) it personally (Agnew, 2001).

The way in which individuals cope with strain differ; some may cope with it violently, while others do not (Agnew, 1992). Agnew (2001) argued that the types of

strain occurring impact whether a person copes with criminal behaviors, such as starting a fight or using illicit drugs, or noncriminal behaviors, such as listening to music or talking with a therapist. When a person experiences negative life events such as death, abuse, trauma, etc., they may develop a mental illness or disorder. As listed in Agnew's 2001 GST, "when [strains] (1) are seen as unjust, (2) are seen as high in magnitude, (3) are associated with low social control, and (4) create some pressure or incentive to engage in criminal coping" (Agnew, 2001, p. 326) they are most likely to provoke criminal behaviors. Agnew (2001) noted that all four characteristics are of same importance and indicate whether criminal behavior will take place but if one of the characteristics is missing, the likeness of crime reduces. For example, a negative event in one's life has a high potential to be viewed as unjust and high in magnitude which could lead to mental illnesses and criminal coping. In this study, Agnew's GST will provide guidance and understanding for research based on whether students' mental illnesses impact their misbehavior while taking the four characteristics into consideration.

### ***Chickering and Reisser's Developmental Vectors and Influential Environments***

In 1969, Arthur Chickering came out with his book *Education and Identity* which focused heavily on the seven vectors that he had established in relation to identity development (Higbee, 2002). By the year 1993, Chickering and Linda Reisser had released a second edition of *Education and Identity* which was an updated version of the original that came with new discoveries and perspectives (Chickering & Reisser, 1993). Chickering created "areas of growth" which describe different aspects of an individuals' identity development and are also called vectors of development, widely known as Chickering's seven vectors (Higbee, 2002; Patton et al., 2016). The seven vectors are: (a)



developing competence; (b) managing emotions; (c) moving through autonomy toward independence; (d) developing mature interpersonal relationships; (e) establishing identity; (f) developing purpose; and (g) developing integrity (Patton et al., 2016).

Higbee (2002) attested that Chickering and Reisser's theory is not linear, meaning that students may revisit vectors more than once and may experience different vectors at the same time. This study will focus on four of the seven vectors: (a) developing competence, (b) managing emotions, (c) moving through autonomy toward independence, and (g) developing integrity; to emphasize the correlation of some vectors with student mental health and misbehavior.

*Developing competence* emphasizes the development of intellectual competence, physical and mental competence and interpersonal competence (Chickering & Reisser, 1993). Chickering and Reisser (1993) described this vector as a pitchfork and each tine was one of the three competencies listed above. All of the skills developed in this vector are interrelated and need to mature together but should also be looked at separately, much like a pitchfork. Within intellectual competence, students will “[develop] the ability to reason, solve problems, weigh evidence, think originally, and engage in active learning” (p. 54). Physical and manual competence focus on maintaining a healthy lifestyle in which the students is creative and able to express themselves. Developing communication skills and the ability to collaborate with others happens within the interpersonal competency (Chickering & Reisser, 1993). Ultimately, this vector is where students are developing the ability to cope with situations that one goes through and the ability to achieve personal set goals (Higbee, 2002).

*Managing emotions* is where development happens as one gains the ability to manage their emotions and become more aware of them rather than try to suppress or eliminate them (Chickering & Reisser, 1993). In this vector, there is an importance for students to learn how to control and express their emotions in a constructive way and a heavy focus on coping with feelings of “depression, anxiety, anger, shame and guilt” (Patton et al., 2016, p. 398). A student is developing correctly in this vector when they are able to recognize the emotions they are feeling and have learned appropriate ways to control and release those feelings before they explode (Chickering & Reisser, 1993). They will gain more experience handling the emotions they are struggling with, but there will be many other instances where they experience new emotions and may need to re-enter this vector (Chickering, 1969).

*Moving through autonomy toward interdependence* states students will develop an emotional independence where they no longer need to look outwards for validation, affection, or approval (Higbee, 2002). Students also develop further problem-solving abilities within this vector and self-direction with a heavier focus on interdependence (Patton et al., 2016). Chickering and Reisser (1993) emphasized that the first step of a student developing emotional independence was to move away from parents. When growing up, parents are typically a child's main source of comfort and stability as they give validation and affection. However, a student must move away and not rely on the approval, validation and affection of their parents in order to develop emotional independence (Chickering, 1969).

*Developing integrity* “includes three sequential but overlapping stages” which are: humanizing values, personalizing values, and developing congruence (Chickering &

Reisser, 1993, p. 51). Within this vector, students develop a more “humanized value system” in which they are able to take the interests of others into consideration rather than only focusing on their own interests (Patton et al., 2016, p. 299).

These four vectors help provide a framework for identifying the development struggles students face, are currently dealing with, or have yet to encounter as they attend college. Faculty and staff members are given the opportunity to continue pushing students to develop when working with them one on one. Through conduct meetings, conduct staff members may be able to pinpoint where a student may be struggling in one of these vectors and help them develop goals or plans following the meeting to continue developing. Ultimately, these vectors provide a structure for university staff to understand where students may be in their development and how they can better support them.

### **Summary**

The literature highlights the relation between student misconduct and poor mental health as well as the different supports students may seek when struggling with their mental well-being. The studies discussed were unable to show definitive evidence that campus counseling services benefit students or not, due to the wide difference in findings. However, there is some indication that students not turning to counseling services may lead to aggression (Alorani & Alradaydeh, 2017). With this, it implies the importance of campus services intervening when a student is struggling rather than waiting for the student to come to them, thus highlighting the importance of referrals.

## **CHAPTER III**

### **Methods**

With the rise of mental health concerns in young adults, it is important to look at the impact mental health has on college students and how University staff and faculty can best help these students, specifically when they are involved with conduct violations. Data was collected through interviews carried out with staff members within conduct offices regarding how mental health awareness and tools are used to recognize and manage student needs within the context of the conduct system. This chapter provides a detailed layout of the qualitative design of this study, target sample, data collection, the analysis processes and the treatment of data.

#### **Design of the Study**

A student's mental health status may impact a student in many different ways including carrying out violent or disruptive behavior (Taylor & Smith, 2019), which on a college campus could mean violating the student code of conduct. Therefore, this qualitative study aimed to discover how conduct offices at various universities are trained to handle cases and support students who have violated the student code of conduct and are determined to have possible mental health concerns. A qualitative research method was chosen so that the researcher would be able to gain profound insight on the processes carried out by conduct office staff members surrounding cases in which mental health concerns are brought up. The participants of this study provided more information on how staff members attempt to support their students when concerns arise.

#### **Research Site**

This study took place four different universities located within the rural Midwest. Participating institutions were public, had a population of at least 5,000 but no more than

20,000 students, and were located within the Midwest region. Additionally, these universities have an official conduct office that handle cases of students who have violated the student code of conduct and have full time staff members whose responsibility primarily focuses on working with students who have violated that code.

### **Participants**

Four conduct professionals participated in this study. These participants held the position of director, associate director, or assistant director of the conduct offices at four institutions located in the rural Midwest. The participants selected were informed on the topic of the study and provided with an informed consent document (Appendix A) as well as advanced copies of the questions (Appendix B). The participants of this study were contacted through email in which the researcher obtained by utilizing the university website (Appendix C). Once selected to participate in the study, participants were given a pseudonym to protect their identity.

Participant One has been in her director position at her current institution for 16 years. She started her student affairs career in Housing and Residence Life where she began to get some conduct experience. A few years later, she was encouraged to take an internship with a student conduct piece and found a passion for it. She continued to work in Housing and Residence Life for a couple years, then decided to continue her student affairs career in student conduct offices.

Participant Two has been in his position as the director at his current institution for about three and a half years. He started his student affairs career in Housing and Residence Life and during those first years, he did some research which related to conduct and found it to be something he was interested in. As he progressed in his

Housing and Residence Life career, he continued to progressively have more exposure to student conduct and eventually ended up as the director at his institution.

Participant Three has been at her institution working loosely with student conduct for three years and has been in her position as director for about a year. She started her career in Housing and Residence Life and gained experience with student conduct through her various roles. She then began working in student orientation where she was involved with student crisis for about five years. After that, she took a step back from positions with a conduct or crisis component but then returned to working with conduct some years later.

Participant Four has been at her current institution for 29 years and has been in her director position for six years. She started her student affairs career in Housing and Residence Life where she worked for many years, then transitioned into working in student conduct where she now works.

### **Instrument**

This study utilized a semi-structured interview which was conducted through an online video-chatting platform called Zoom. In order to collect the targeted data, participants were all asked the same series of pre-determined questions throughout the interview. The semi-structured interview allowed the researcher to ask follow-up questions to each of the participants based on their answers to the pre-determined questions. The interview was scheduled for approximately one hour and was recorded by utilizing the record option through Zoom. All participants were sent an informed consent form through email and were asked to read through it prior to the interview and verbally consent to participate before the interview began.

## **Data Collection**

Data was collected utilizing semi-structured interviews with participants during the Fall 2021 and Spring 2022 academic semesters. The interviews took place over Zoom and were recorded in order to allow the researcher to transcribe and analyze the data collected. During the beginning portion of the interview, the researcher went over the informed consent form and gave the opportunity for the participant to ask any questions. Participants were reminded that they may decide to not participate at any point during the interview and were then asked to confirm permission to record the interview. The participants were asked basic demographic information before being asked a set of open-ended, pre-determined questions. Follow up questions were asked based upon the participant's responses to the pre-determined questions if necessary.

## **Data Analysis**

Once interviews with the participants were completed and recorded, the interviews were transcribed into a Microsoft Word document, then placed onto a flash drive. Transcriptions from each interview were then thoroughly coded. According to Saldaña (2013), coding is “a method that enables you to organize and group similarly coded data into categories or “families” because they share some characteristic – the beginning of a pattern” (p. 9). The data was reviewed to look for additional patterns or themes in the data collected around the research questions which were then used for a final discussion in this study.

## **Treatment of Data**

All interviews with participants were recorded through the online video-chat platform, Zoom. All recordings, transcripts, and researcher notes were stored on a password protected flash drive. Participants interviewed were titled “Participant 1,”

“Participant 2,” and so forth as to protect their identity. The data collected during the interviews will be kept for three years as per the IRB policy, then destroyed.

### **Summary**

This chapter has discussed the proposed methodology this qualitative study utilized. First, it has given an overview of the research site and participants that partook in this study. Next, this chapter went into further detail regarding how the researcher collected, analyzed and treated the data collected. This study used semi-structured interviews then the data was coded to find common themes throughout all interviews. Chapter IV presents the findings from this study.



## Chapter IV

### Results

This chapter will summarize the findings from the four semi-structured interviews conducted for this study and review the various themes found in the participants' responses. Themes were determined following the analysis and coding of the four interviews and are organized according to the research questions.

#### **Research Question #1: How are conduct professionals trained to handle mental health concerns?**

Participants typically indicated in the beginning that there was no direct training provided by their office on how to handle cases in which mental health concerns were present. After some consideration, they talked about how they learned to handle mental health concerns although it was not directly related to the conduct process. This learning aided them in their roles as they started to recognize and manage mental health as a part of the conduct process. First, some participants learned how to manage mental health through the relationships they had with others in the office during their transition into the position. Outgoing staff or peers would informally help them manage those concerns. The second theme, personal history, varied greatly depending on the participant. They talked about how their ability to manage mental health concerns primarily derived from their past roles and experiences either in earlier conduct related positions or non-conduct positions that allowed them to develop skills that could be applied in their current role. The third theme derived from the academic coursework some of the participants partook in and the experiences they gained through their master's programs with classes in counseling, helping skills, and mental health concerns. Finally, the fourth theme

identified by the participants related to the training opportunities that they sought out on their own. This professional development occurred as professionals recognized the need for this training as they worked with the students.

### **Transitional Relationships**

Several of the participants talked about the mentors they had before stepping into their current roles or mentors they found when they moved into the position and how these professionals aided them both in the training of the day-to-day operations as the participants entered their new roles and assisted the participants in handling students who may need more support.

Participant One talked about how she had a strong relationship with the former person in her position who had agreed to aid in her transition to her new position. She stated that she had “a very fortunate situation” when she came into this role because the person before her was retiring, “but had agreed to stay on part-time through [her] transition.” Since he was not leaving for another position, he was more willing to assist her in learning the position. She explained that she was unable to start her position at the beginning of the academic year, so the retiring director stayed on to help with the transition. Participant One went on to say that the retiring professional handled “a lot of the training and other pieces that I would normally handle at the beginning of the year” since she was unable to be there. Participant One explained how the former director helped her transition,

He walked me around and showed me everything. It was literally like having a personal tour guide for my first month. He was there every single day for the first

month, showed me absolutely everything that I might possibly need to know. And then, after that first month, he started to kind of pull back a little bit.

Participant Three also spoke about her experience with the individual who previously held her position, "I had a really good assistant director in the position who has since left." Participant Three explained that the assistant director "helped prepare me pretty well, she trained me well with the database, with just some of our procedures, and I was able to work alongside her to learn." This overlap gave her greater confidence with her own ability to do the job.

Participants One and Three both spoke about their positive relationships with the outgoing professionals aiding in their transition, however Participant Two shared how he didn't connect well with his director during his first year. He shared that "[the director] left after the first year, and then a new director was put into place." Although his relationship with the first director was not the strongest, he discussed the experience he had with the new director.

I had a better relationship with her, and we just understood each other a little bit better. She understood my background, we would talk about cases from time to time, just informally, and she just knew that I had similar cases. I've done similar cases and I provide some good insight.

All three of these participants spoke to how these professionals aided in their training for the day-to-day responsibilities of their new roles, however, only Participant One's experience included advice on how to support students with mental health concerns in her new role. Participant One said,

He was doing things with me and talking with me about different topics and different activities that also prepared me for this particular role, especially in terms of supporting students and working with potential mental health issues. He's the person who taught me what to do when there's a student death on campus. He talked about there's the emotional aspect, but there's also the logistical aspect. And helping me see that when you have a loss on campus, it takes so many different people to look at it through so many different lenses, but they all have to have that common connection of supporting students. I didn't learn that in the classroom. That was because I had somebody who helped me learn.

These three participants discussed the positive guidance they received from the other professionals as they came into their new positions within the conduct offices, even when it did not necessarily include mental health concerns about the students. Participant Four was the only participant who did not mention any kind of transitional relationship she may have had when coming into her role from her institution and the people working there.

### **Academic Preparation**

All of the participants interviewed for this study talked about how they believe that their past experiences helped prepare them to respond to mental health concerns with the students they are working with within their roles. Participants One and Two both mentioned their master's degrees, which included counseling elements. Participant One stated her master's program "had a very heavy counseling focus. My degree is from the College of Education, but it was a counseling-based program." She discussed the unique

experience her graduate school gave her in which three different cohorts were taking the same classes simultaneously.

The three cohorts she mentioned included a Student Affairs cohort, a school counseling cohort, and a counseling cohort. She stated,

What I have found that was unusual was the depth of counseling classes that I took with the other two cohorts. At the time, when I was a master's student, I didn't think anything of it because I had never been to grad school before. And I didn't have many friends who were going to grad school in this particular program. So, I thought all grad programs and Student Affairs had a whole lot of counseling.

Participant One added that she had enough credits in counseling courses by the end of her program that she could have taken the exam to obtain a counseling license. Participant Four also talked about her master's degree, which was a "Counseling and Student Personnel Degree." She stated, "while I'm not a counselor, I do feel comfortable dealing with [situations where mental health concerns are present]." Participant Three briefly mentioned that she had one counseling class in her master's program, while Participants One and Four discussed their master's programs more in-depth and shared how those programs had given them experiences that have made them feel comfortable handling student mental health concerns.

### **Practical Experiences**

Participants Two and Three spoke more fully about the experiences they have had in previous roles as being the source of their ability to work with student mental health. Participant Two discussed that in his role in the conduct office, he often collaborates with

other offices and professionals by sharing experiences and talking things through. He said, “over the years, just having experiences has been the biggest thing for me and making sure I share that with other professionals.” He then went on to say, “my experiences in the past have been something that I always pull from, if it's a student in crisis in the moment, okay, let's talk about getting that resource.”

Participant Three also spoke about her experiences have prepared her "pretty well" to handle mental health concerns. She stated that she felt this way "only because that's kind of where my background, what has led me to this position." She then disclosed that she has been working with students in crisis for 25 years, which has attributed to her confidence in handling student mental health concerns, "especially as crisis has evolved, and how we treat mental health on campus."

It appears as though the participants are generally pulling from their past experiences to guide them through handling mental health concerns within students going through the conduct process.

### **Mental Health Training**

Throughout the interviews there were not many mentions of formalized training opportunities that conduct professionals could utilize provided by the institution, but there were a couple outside their office that they identified as being helpful. The first was Mental Health First Aid, which Participant One described as a packaged training program purchased by institutions to allow for administrators and faculty on the college campus to gain more guidance and information on how to help a student who is going through a crisis. This specific Mental Health First Aid training program lasts 8 hours and can be performed in segments or a single session.

Participant One talked about this training, saying it was to be used in an "emergency kind of way until the student can get to a licensed counselor." She went on to say it would have been a "wonderful thing" to have when she was a grad student and that it "would have actually prepared me really well for that first residence hall job that I had right at right out of grad school, but it didn't exist at the time." Participant One stated that her current institution has this program available for administrators and faculty, but her office specifically does not utilize this training for those working in their office.

Participant Three also spoke about the Mental Health First Aid training, but in a much more positive manner. She stated that at her institution there is a requirement to participate in the training at least one time and then "you're good." While not a regular training, it does provide awareness and some basic concepts for higher education professionals. Regarding the Mental Health First Aid training, she said, "I think the training prepares you somewhat, but I don't think you're actually ever prepared until you actually have to work through [a mental health concern] with a student and until you actually experience it." Participant Three went on to share her thoughts on the value of the packaged training,

Every crisis is different. Every student is different in how they're responding to their crisis, and whether they want assistance or not, whether they're receptive to the resources, whether they have other support. I think it's all there. You can't train. I just don't think you can train for that. You can talk to people about that, but there's no step by step. Here's what you do to help this student; here's what you do to help that student because every student has a different response and a different crisis.

Participant Three concluded her thoughts about mental health and crisis training by saying that it needs to happen but that there's no "black and white, there's a lot of gray area" in situations where a mental health concern is present.

While Participants One and Three discussed their experiences with packaged trainings such as Mental Health First Aid, Participant Four spoke about different means that she has utilized to further her training on her own. She stated that she had been involved in the Association for Student Conduct Administration (ASCA) and the regional housing association in her area and attended sessions at both that have helped develop her awareness and competency in being a conduct officer. She shared that she has been able to receive training through both of these associations. While talking about the training provided for conduct professionals, she stated:

I think we could do a better job of providing people with [mental health training].

It took a while for our profession, I think, to catch up to that part of it. So, we have consumers that are driving it right now, and then we're trying to play catch up.

While there are different tools to provide training for conduct professionals, all of the participants in this study discussed how it was necessary to continue learning how to both perform their duties, but to also recognize that students may be dealing with more than just a behavioral action and may have other issues that need to be addressed.

**Research Question #2: How do conduct professionals detect mental health concerns within students going through the conduct process?**

For the second research question of this study, two major themes emerged from the interviews with the participants. The first theme centered on the participants talking



about their collaborations with other professionals not directly involved with the conduct offices. The second theme focused on how the participants gathered information in preparation for the conduct meetings with students and any evidence or indication of potential mental health concerns. None of the participants interviewed mentioned any methods they used to attempt to detect mental health concerns in students going through the conduct process other than through the two themes listed.

### **Collaboration**

Two of the participants talked about the importance of collaborative efforts to promote understanding and communicate issues or struggles that students may face between multiple offices and professionals. Participant Two said the committee they have on their campus meets once a week to discuss any student about which an administrator has a concern. He stated that this committee is "kind of like a threat assessment committee, in a sense, or a behavioral assessment committee." Participant Two indicated that these concerns can range from things such as mental health, social, or conduct concerns. During the meeting, he said, "those mental health pieces come up" and that they discuss the outreach efforts they have given to specific students and how they are "working with or engaging with" these students. He stated that there are many different administrative perspectives in these meetings and that it,

Just provides kind of a background. What's going on for that student? And then the acting pieces, like where they're at in classes, 'Are they going to class?', 'Are they engaging in classes?', 'What can we do to support them with those classes?' So that's how that works, and it's very effective.

Participant One spoke about a similar committee setup on their campus though she said they serve on a student support team rather than a behavioral intervention team. She said that this was intentional as having a title such as behavioral intervention team "makes it sound like we've already decided that somebody is a 'problem' when maybe they're not a problem, they just need somebody in their corner to help them find their way." Participant One stated that this committee consisted of representatives from the conduct office, housing office, counseling clinic, police department, "our equivalent of Minority Affairs," disability services, and a program that serves "high functioning autistic students."

This committee also meets once a week, and Participant One said that she and other committee members "share names of students that we're concerned with or that we have upcoming meetings with that might be maybe a little bit more unusual." She also said that this committee was beneficial for several reasons.

It's a good setting where others could say, 'Oh, I'm familiar with that student, and I can also kind of help fill in some of the blanks for you.' But it also alerts all those other individuals on our campus that provide services and support to our students. This is somebody who's come on our radar. So, if you know them, maybe check in with them. Or it alerts others that we have a concern with this person. So, if they're presenting to you as if everything's amazing and nothing's wrong, maybe you need to dig a little bit deeper with that student.

Both of these participants spoke positively of these committees and how they were able to use them to collaborate with other administrators and resources on campus to help

identify and support students that may have been struggling with outside issues and have ended up in the conduct process.

### **Information Gathering and Preparation**

Three of the four participants interviewed discussed the ways in which they gain background information on the student before conducting their first meeting with them. Participant Three stated that her first step would be to thoroughly read through the report and the charges that were possibly going to be assigned to the student before a conduct hearing. Then she would "look at the history of the student, like what other violations they have had, and just prepare myself that way for each individual student." Participant Three, when asked if her preparation for cases where mental health concerns could be present looked different than regular cases, indicated that it did not. She noted that she felt it would be unfair for the students because "sometimes we're aware of [mental health concerns], sometimes we're not" then went on to say that "we're supposed to be fair and treat all students the same."

Participant Four spoke more about the way that she looks into the background of students and the information that she pulls into her meetings with her students. She stated that she looks at all types of cases that the student has been involved in, including "academic integrity reports, admission reviews, conduct, [...] we did some counseling referrals for a while, and for a while we were doing COVID information." Participant Four talked about how there is a "treasure trove of information" in the system they use to manage and record reports that come in. She continued saying that she "[tries] to have a background, as much of a background as I can, going in, knowing that that's just background information." She concluded by saying, "my prep is just trying to find out as

much as I can that could be going on with that student through the reporting mechanisms [that] I'm aware of."

While Participants Three and Four spoke on how they gathered background information on the students they were going to meet with, Participant Two said that he typically finds himself already knowing some of the background information on the students he meets with. He shared that "being a small campus, you got a good idea what their background is. If someone could assert beforehand what are those concerns have been. So, you can be very knowledgeable on that." He then spoke on how it's important to "know your resources on your staff" and pull them into the conversation.

A majority of the participants discussed the importance of gaining background information on the student when going into a conduct case with a student who may or may not be experiencing a mental health concern. This was done through a variety of ways including reading prior reports that the student was involved in, talking with their peers or colleagues, as well as through their personal knowledge of the students' background through their interactions or observations of them. Whatever way the participant preferred, they all had some way of trying to avoid going into a student interaction without some kind of preparation around potential issues or concerns that the student may have outside of the behavioral issue.

**Research Question #3: What does the process look like following the identification of a mental health concern?**

Four major themes were identified from the participants in relation to what the process looks like for a student following the identification of a mental health concern by the conduct officer. These themes focused on the role that student support plays in these

situations. The first theme was around how the professionals are providing support to their students and the referrals that they make, both on and off campus. The second theme focused on how these professionals balance holding their students accountable for the ways in which they have violated the student code of conduct, but still giving them the support piece in the conduct process. The third theme described the sanctions that are handed out to students and what they look like when they are focused specifically on getting the student mental health support. Finally, some of the participants talked about when it became necessary to counsel their students that withdrawal from the university may be the best route for them to take at that time.

### **Providing Referrals and Support**

All of the participants in this study talked about the importance of providing referrals and supporting students when talking about what happens when they identify a mental health concern in a student they are seeing. Participants One and Four both mentioned that when students are referred to their office, there may be something deeper going on that they are not aware of from the report. Participant One talked about a tool they use in hearings,

We have a one-page resource sheet; it's a front and back-page resource sheet. It talks about resources both on campus and in the community. Some of them are mental health related, but others are related to the other needs, like food pantries in the area are listed. Some medical care types of resources are listed. We tried to make this resource sheet be kind of very universal.

Participant One continued by speaking about why they try to provide all resources available to the student, not just mental health resources. She said,

It's kind of it's an interesting dynamic, when you say, here's a resource sheet, or here's some information you might need. And if they look at it, and every single thing is on the same topic, the student may read that in a particular way that might not be positive, right? [...] And we also oftentimes will present a resource sheet to somebody and say, here's some resources that you might use, or you might know somebody else who needs them because that's a really great way to present it to a student where you recognize kind of how they might feel when you give them a resource sheet.

Participant Four echoed much of what Participant One said and listed the resources that their institution gives when a student reaches out to them for support.

“When students reach out to us, we aren’t assuming that it’s a mental health issue.” She added,

[The students] would get general information that tells them that Public Safety's always available to them 24/7, 365 days out of the year, and then here are some other resources as well as packages in there. How you can get in touch with a financial care team because some people will need that. How you access [the food closet] on campus. So, we're going to take an approach that we don't necessarily know exactly what you need, but here's a list of resources that are important for you. And the Counseling Center is usually front and center for that.

Participants Two and Three, while not as deliberate with their support process, mentioned that they would usually attempt to connect their students to resources both on and off campus, but they also talked about how they would personally serve as resources to students. Participant Two shared that he wants to make sure “students understand that

I'm here to support them as a student, not be the principal, and just wag my finger at people and say, 'You're wrong, you're wrong, here's your sanction, or you're expelled.'" He also mentioned always attempting to keep a holistic view of the student in mind when he meets with them to make sure that they are okay.

We don't want students to come here and not be successful. That's not the point of being in a college or university. It's about being successful, graduating, having a degree, moving onto a career. So, I want to make sure that students have the ability to do that.

Participant Three also referenced how she felt that she needed to be a person resource to the students she works with. She said,

I think offering myself as a resource for them. I always tell somebody when they leave my office, 'Now you know where my office is, if you need anything, you can come back. Please come back.' Or 'now you know my email address so let me know. I have been on campus for a long time. I have a lot of connections, so I can direct you.' So just kind of giving a personal touch developing a rapport making sure they know that I'm one more resource for them on campus, even though their interaction there that they were directed to my office for maybe a negative reason. It's not always; it doesn't have to continue to be negative.

### **Balancing Accountability and Support**

Participants of this study discussed the challenges they face while handling cases where mental health concerns are present, and one of the most mentioned difficulties was trying to balance student accountability for their actions and support for that student.

Participant One stated "a mental health concern is never an excuse for poor behavioral

choices. It is never an excuse.” She went on to explain her statement saying, “if you fight someone, we will pay attention to the mental health issue, and we want to help you and support you in that mental health issue, but that doesn’t excuse the behavior of [fighting] somebody else.”

Participant One continued by talking about balancing accountability and support by noting that “oftentimes, it’s managing all the different layers of the students and layers of a situation.” She said that this can get especially difficult “when you have situations where there was somebody who was a victim because you want to help and support the victim as well.” When put into these situations, Participant One expressed that “sometimes the need to address the mental health is so great that everything else kind of has to either stop or take a backburner while we address that mental health concern.” She went on to explain that this can “complicate [the situation] greatly because you want them to get the care they need because that’s very important for them. So that needs to be a priority.” She clarified to say that it is complicated especially in incidents where there are multiple persons involved because she has to continue moving forward with the conduct process for them even though that student may need to confront the mental health concern first. She did not expand on when or how the conduct piece is then addressed with the student with the mental health concern.

Participant Four shared much of the same sentiments as Participant One in regards to balancing the support and care for a student while still making sure the misconduct gets addressed. She stated,

There’s a level of care we will try to take sometimes. If someone comes in and we know that we’re dealing with a conduct situation, but we also know that there



may be a mental health issues, we're going to take care of that mental health issue first. We'll deal with the conduct piece later.

She said they make sure to show care for the student first, then focus in on the conduct piece and confronting the issue at hand and continued on by saying,

Now that doesn't mean that we put it off altogether. But I'm going to say, 'Okay, I want to make sure that you're safe and I want to make sure that you feel okay.

And yes, we're going to have to deal with what happened here, but let's deal with making sure you're safe and that you're going to class' and that type of thing.

After having this conversation with a student, Participant Four said her office will then have another meeting focused on the conduct piece if they cannot "get it done within the [initial] meeting." She said that she does this because, "I feel like we're okay and we can now have a productive conversation. Secondly, we'll move into what's going on with the conduct situation."

While Participants One and Four noted that the process of accountability and support both happen within their office, Participant Two discussed how it can depend on the type of situation whether his office handles it, or if it is sent to another committee that focuses on behavioral intervention specifically when it is a reoccurring pattern. He said that his office has a lot of collaboration with another campus partner, counseling and psychological services (CAPS), as they help with the mental health piece of conduct situations. Participant Two said, "anytime [a mental health concern] comes up, I don't engage in the process until I talk to CAPS and see where we're at with [the student]." He went on to say, "so if we're talking about that, great. Then we can factor that into when

we meet with that student” and they can focus on the conduct concern “knowing that there’s a CAPS component” already involved in the situation.

Participant Two explained some of the challenges he believes conduct offices face while trying to address conduct concerns and provide support. That they need to be looking at the student holistically rather than focusing only on the conduct piece. “[CAPS and his office] work so close now when we have a concern. Let’s talk about the concern, is it something I need to pass to [CAPS]? Or do I need to take it?” He finished by saying “I think a lot of these cases are communicated. Communicate with your partners on campus, support them. Support the students.” He stated he “[makes] sure CAPS is aware of what my reach out has been and what my engagement has been. I try to be as transparent as I can with CAPS [to let them know] how the process is going and where it’s going so that they can react accordingly as well.”

### **Support Sanctions**

Throughout the interviews, all the participants discussed how their office navigates providing sanctions in which a student is mandated to seek help to aid their mental health concern or *behave* in a certain manner. Rather than mandating counseling, Participant One discussed behavioral agreements which is what her institution utilizes in situations which a mental health concern may be present, and the student’s actions are being disruptive to others or are concerning. She explained what a behavioral agreement is saying that it “does not ask anything extra of a student that’s not already in the code of conduct” but rather “puts in writing some very specific expectations for a student.” She said that “a staff member sits down with the student, talks about the concerning behavior and why it’s a concern.”

She talked very positively about the behavioral agreements her institution utilizes saying that “there is something very impactful for the student when they have to sign [the agreement] and go through the whole action of talking through the agreement and then [physically] signing their name.” She continued saying, “behavioral agreements have been very effective [...] and there’s a lot of evidence that behavioral agreements help with retention and helps with completion to graduation.” When talking about what happens if the behavioral agreement terms get violated, Participant One explained, “we always include a statement about if you choose to not observe the items in this behavioral agreement, here are some possible consequences.” One possible consequence her institution used was required separation from the institution, but she did not expand further on what other possible consequences there were.

Participant Two utilizes soft referrals to different resources in order to get support following a conduct meeting. He said he utilizes soft referrals rather than hard referrals because those would be more of a “sanction and there’s an expectation” that the student will follow through with that. He continued saying, “if [the students] don’t abide by that, then [they’re] failing to comply with me as a university official.” Participant Two concluded by saying that he does not like doing hard referrals because it’s then “a mandate and becomes more cumbersome for the student” rather than just pointing the student to a resource that could support them.

Much like Participant Two, Participant Three stated that they do not mandate counseling as a sanction on their campus

Because that’s just not the philosophy of our counseling center. If a student is in a conduct situation and in crisis, we would recommend counseling. We could call

the counseling center and maybe try to get the student in for an emergency appointment, but we would not ever mandate it because the student has to be open to doing it.

This was not always the case at Participant Three's institution. She shared the assistant director before her used to agree to mandate counseling for a student after a hearing board recommended it. She explained that her office "had to work to change it because that's just not something we would do because the student doesn't necessarily want it." Continuing the topic of mandated counseling, she stated that "[the students] have to want to do it for it to work."

Participant Four shared that her office does not "have a mental health policy, per se" but also said the way that mental health is treated now is not the same as how it was treated in the 80s and 90s. She explained,

If someone had suicidal ideation or in some cases where [a student is carrying out the action of] cutting [themselves], which we know is not the same as suicidal ideation, we didn't distinguish that. If you were going to harm yourself, you were going to harm yourself, and in the 90s, we separated you from the institution [because of that]. We know now, that's not the route that we really need to go.

That's the worst thing that you could be doing. Someone's crying out for help and we're saying, 'Hey, we don't want to have anything to do with you, because you might hurt yourself so we're going to send you someplace else.'

She then stated she believes that "we've normalized [mental health concerns] in that it is treated just like it would be if somebody had broken their leg or something like that where we offer supports for it." All of the participants in this study recognized the value

of counseling to the students and that guiding students to those services was a part of their office's practice in some way.

### **Suggesting Withdrawal**

Participants One and Three briefly talked about how their university had a process for suggesting to a student when it was appropriate to consider having them withdraw from the institution when a mental health concern is present. Participant One discussed taking an approach that comes more from a support aspect. She said, "we don't say to a student, this is not the right place for you. We always add the 'right now' piece to it [in that] we want everybody to be successful." She stated that her office "recognizes that oftentimes students that are involved in a conflict situation, involved in something where they need some additional support, or they're experiencing some trauma are what we like to call 'roadblocks.'" She went on to say that

If there are some mental health challenges that are roadblocks for you and are [prohibiting you from] being successful, we don't want to see you fail. We want to see you address those challenges first, and then come back and be successful here. [...] I can think of one student very recently that we've worked with and we had talked with the student over and over again [saying,] 'You're not going to be able to be successful until you address some of your other challenges.' And then we even went so far as to find some resources for that student back in their hometown.

Participant Two shared many of the same sentiments saying "at times, maybe [the student] needs to take a break to be successful. [...] Have that time for yourself and work with yourself to resolve that concern to a point where you can be successful here." He

then explained that his office will often then work with the registrar's office and the student to do a retroactive withdraw due to the mental health concern in those situations.

Whatever the ultimate outcome of the conduct process for the student, all of the participants had clear goals and plans to get students needing mental health support the resources that they need. Whether it was through the institution or not, the professionals all recognized that while the mental health concern may have been a contributing factor to the behavior that brought the student to the office, it was ultimately treated separately. Students were held accountable for their actions under the conduct code while also being encouraged to reach out for assistance from those offices and professionals who could help them.

**Research Question #4: What relationship do conduct professionals have with the counseling services at their respective institution?**

There were two themes that arose from the question about the nature of their relationship with the counseling services at their institution. The communication the participants had with their respective counseling services and the counselors at the institution was the first theme. The second theme discovered was that the needs of the students greatly outweighed the resources that these institutions had to offer for them.

**Communication**

Participants One, Two and Four all discussed the ways that they communicate with their institutions counseling services or counselors themselves. As noted by both Participants One and Two, the communication that they have with their counseling centers is one sided. The counselors cannot share anything with them, but they can share what may be going on with a student on their end to give the counselors more

information to help them support the student. Participant One explained that although the communication is only one way, it is still important and can great benefit a student. She said,

Even that very one-way communication is beneficial to the student because what if [the student] is in my office for conduct issue, and says to me, 'I see Brad at the counseling clinic.' I call over and I say, 'This student was in my office earlier today and they said that they see Brad at the counseling clinic.' Brad at the counseling clinic cannot confirm or deny that unless the student had signed a release, but I can call and ask for Brad. I can say 'A student who was in my office voluntarily shared with me that she sees you and I just want to tell you a little bit about my concerns with the student.' That's so helpful to the student because we have had situations where students present in one way at the counseling clinic, and they present very differently in my office. It's very helpful for the counselors to know that that's happening. Also, very helpful for counselors to know that a student has had maybe some disciplinary run in on campus.

Participant One discussed her viewpoint about the communication she has with the counseling centers when it comes to students who may have a mental health concern and has violated the student code of conduct. She explained that

If a student has shared with us that they see somebody in our counseling clinic, then there have been some times that I have called the Assistant Director in the counseling clinic. And I've said, '[The student] has a hearing on Tuesday and will get the outcome letter on Wednesday, probably around lunchtime. Just to give you a heads up.' And I know, oftentimes, the counselor will either change the

student's appointment so that the student comes in shortly after getting their outcome letter, or sometimes the counselor will reach out to the student as well, just to check in on them.

She also stated that having these conversations with counselors can be beneficial for her and her process because, “they can listen to us and they can normalize behaviors. Or, they can say, ‘That’s not normal in that kind of situation’ and they can speak in a very general kind of way. So that helps us too.”

Similarly, Participant Two shared that he has open communication with the counselors on his campus as well. He stated, “I work with the main counselor in housing on a weekly basis, [...] just making sure that we’re providing support [to the students] and the issues that come up so that we can address them on a regular basis.” He went on to say that he

Can always call the counselor and get a good idea of where they want to go with a specific student. They can give us a good direction as an administrator, like ‘What should I do here?’ and I think that experience is a real benefit.

He also mentioned the one-way nature of their communication and how that can be beneficial to the counselors on his campus. He said he is often reaching out to the counselors on his campus and letting them know about certain conduct cases that are happening for a specific student. Participant Two said he does this so that the counselor is “aware of it. And I know they can’t share anything with me, but I can share some things with them so that they know where my stance is and what I’ve done.”

Participant Two then said that when he reaches out to the counselor, he often says to them, “Here are some things that I would be mindful of if you are reaching out to this



student.” He explained that he wanted to make sure the counselors are aware of what he is doing on his end with the student because “if I’m just doing what I’m doing and not communicating that [to the counselors], the students are not going to benefit from that.”

Participant Four echoed much of what Participants One and Two said in her responses. She stated, “if I know that there was something going on ahead of time, I might consult with the counseling center first and say, ‘Here’s what I think the issue might be.’” She went on to say, “But I would do the same thing if there was a physical issue. I would call the health center and, if I’m going to be talking to the student about this particular issue, say to them, ‘Do you have any advice for this issue [with the student]?’”

In addition to counseling services, Participant Four also mentioned that her office has a lot of communication with the public safety officers on her campus. The public safety officers are all Crisis Intervention Trained (CIT) so they are able to respond to and handle mental health concerns on campus twenty-four hours a day, seven days a week. She discussed that she has open communication with them as well to best support the students on her campus. While this is not technically a counseling services, it is still a campus entity that provides support to students who may have mental health concerns and has communication with the conduct office on Participant Fours campus.

Participant Three talked about students utilizing the counseling services on their campus when they are experiencing a mental health concern and how she connects students with that resource, but never explicitly discussed her office’s relationship with them. She stated that “students don’t really reach out to the [conduct office] for mental

health concerns. They would go to or be directed to the counseling center or psychology clinic.”

### **Needs versus Resources**

Throughout all of the interviews conducted, all four participants mentioned that the needs of their students outweighed the amount of support their counseling services could provide to them. Participant One stated, “the level of care that [the students] need is beyond what our institution can provide.” She then talked about her institution’s unique challenge due to their campus’ location and said, “we have to always keep a very realistic focus that our institution is also in a very rural setting so there’s not a lot of resources that are readily available in our community outside of our campus.” While this is a challenge for her office, Participant One noted that they still provide a list of resources to their students, even though there may not be many that are off campus.

Much like Participant One, Participant Three said, “the challenge then is that our community is more limited in their resources and so I think sometimes it’s harder to get the student what they need.” She continued on the challenges her institution and their counseling services experience and said,

The biggest challenge that this campus and I face, [...] is that there are some students who have needs that are too far beyond what our counseling center can provide. And so [the counseling center] isn’t equipped to work with somebody on a weekly basis for 16 weeks. That would be beyond the scope of what they would normally do and somethings there are those students who need that.

In addition to what both Participants One and Three stated in their interviews, Participant Four noted their challenges with trying to meet the needs of the students regarding mental health support through counseling services. She said,

I know that I can get them to the counseling center and we can get an immediate triage. It's more in the long-term care that we're finding here that our counseling centers isn't set up to be able to do long term care. They can do short term and immediate care but our long-term care [for the students] would be finding a therapist outside of our university.

Participant Four discussed what her university is attempting while trying to meet the students' needs. She stated that her university is

Trying to add counselors as we can, but one of the things that we found is that we're not going to be able to staff our way out of this. You add a counselor and then your capacity goes up and then you exceed it. You add another counselor, but [the need] is going to continue to grow and you just cannot staff yourself out of it.

She reflected on the support a university can give a student in these situations and said,

There can come a time where, whether it's a physical or a mental health issue that's going on, the university looks at it and says we can't give enough support. And then we would counsel the student to get help [elsewhere] and then come back, but for the most part, we try to give those supports up front.

She then said that while they cannot meet the need at this time through their counseling services, they have found that "having peer to peer support is helpful."

Participant Four also mentioned in her interview that her institution had added on an out-sourced counseling service that was online and available to all students in an attempt to meet the needs of the students. In all of the interviews conducted, it was apparent that although each institution had unique perspectives, they all faced challenges in meeting the needs of their students when it came to the availability of their counseling services.

Participant Two discussed the main challenge that his institution faces with regards to the amount of support their counseling services can provide for students. He said, “being at a small institution means a smaller amount of resources.” He went on to say that “you have to really do what you can in the moment and then try to do your best to get that person to the next support system resource.” All of the participants recognized that the need for counseling services far exceeded the ability of the institution to provide it for their students.

### **Summary**

Throughout the interviews conducted and the responses recorded, there were a variety of themes found for this study. The participants of this study reflected on how they provide support to a student, the challenges they face while handling mental health concerns in conduct meetings, as well as their collaboration and communication with counseling services and campus partners. Chapter five will discuss the findings of this study, provide recommendations for conduct professionals while handling cases where mental health concerns may be present, and include suggestions for future research.

## **Chapter V**

### **Discussion, Recommendations, Conclusion**

This qualitative study focused on the experiences that conduct professionals have had when handling student misconduct and mental health. The purpose of this study was to explore the ways professionals work with, and support, students when a mental health concern is determined to be present. Four conduct professionals were interviewed, and asked questions based on the following research questions: (1) How are conduct professionals trained to handle mental health concerns? (2) How do conduct professionals detect mental health concerns within students going through the conduct process? (3) What does the process look like following the identification of a mental health concern? (4) What relationship do conduct professionals have with the counseling services at their respective institution? This chapter will discuss the findings of this study as well as recommendations for student affairs professionals and future research.

#### **Discussion**

From the research questions and the themes identified, there are several conclusions that may be drawn from the data collected. Conduct professionals are being provided with little to no formalized training on mental health during their preparation to work in the office, either through institutional training or formal education during their graduate coursework. Instead, these professionals are having to seek out their own training through professional organizations or other means to prepare them to manage these issues. Some of the participants referenced their academic coursework as being beneficial to their understanding and ability to handle mental health concerns when there was a counseling element of their graduate program. Secondly, one way in which conduct

professionals are able to detect mental health concerns for a student is through gathering background information on the student via databases and colleagues rather than actively searching for warning signs throughout conduct meetings. Following the detection of a student mental health concern in the conduct process, it is common for referrals and resources to be given to the student for them to freely utilize but rarely is it mandated. Finally, while communication between conduct professionals and counseling services may be one-sided, it is necessary to best support students with mental health concerns who are going through the conduct process.

### **Developing Professional Competencies**

Overall, it was clear that there was little to no official or formal training provided directly by the institution or the conduct offices on how to effectively handle and support students with mental health concerns as they go through the conduct process. This lack of formalized mental health training for conduct professionals has the possibility of being detrimental to a student and their well-being. As found in Agnew's GST (2001), if a student is experiencing strains in their life, they are more likely to commit a crime or partake in deviant behavior. If a student is experiencing strains, struggling with a mental health concern, and gets put through the conduct process, it is crucial for a conduct professional to be well trained on how to recognize and properly handle the mental health concern.

Providing formalized mental health training for conduct professionals would benefit both the professionals and the students that they are working with. Professionals would gain more skills in handling mental health concerns and supporting the students with them which would ultimately help the students. With mental health concerns

increasing within the college student population (Mental Health America, 2022), it is more important than ever that training on how to recognize mental health concerns and properly support the student be provided for any professional that interacts with students on a day-to-day basis, especially professionals in high stress and anxiety situations like the conduct process.

Offices should take on the responsibility to provide the training themselves, but if they are unable to do so, a focus on making sure their staff gain the experience through other means could be an option. This could be done through a formalized training, such as the Mental Health First Aid training that a couple of the participants discussed. It could also be done by providing funds for staff members to attend conferences or workshops that will aid in their abilities to handle mental health concerns. There are professional associations that conduct officers may get involved in that provide extra training and information for working with students who have mental health concerns as another source of professional development. Requiring staff members to attend some of these trainings would be a way for offices to make sure that their staff members are being developed in this area to best support students.

While only a few of the participants discussed their academic coursework as being a reason they feel comfortable to work with students who have mental health concerns, it gave them the opportunity to gain some experience in having conversations surrounding mental health with other classmates and taking courses that related to counseling skills which they now use in their everyday work. Academic programs having an emphasis on soft skills or counseling courses implemented to their program may be helpful for professionals working with students absent a more intentional training. Many

professionals could benefit significantly from having this experience in their academic coursework; they could be more comfortable in handling situations with mental health concerns from the very beginning, rather than having to build up experience in their roles to become comfortable.

### **Combining Efforts**

This study found that a common way conduct professionals become aware of mental health concerns is through their personal interactions with the students themselves in the past; reading past reports written where the student was involved and through speaking with peers or colleagues. Although none of the participants talked about detecting mental health concerns during a meeting with a student, they did discuss that they were instead made aware of these concerns through others, typically before their meeting with the student. For this reason, it is important for professionals to find a space to share their concerns with one another about specific students.

A few of the participants shared how they were involved in a committee that brought up student concerns and gave them the opportunity to gain information about students that could be at risk. The participants of this study talked positively about these committees as they were able to both hear concerns and share concerns that they may have as well. Conduct professionals do not always have daily interactions with students so having communication with other professionals who may have this type of interaction with students could prove beneficial. Professionals with daily interactions may better be able to observe shifts in a student's behavior and more accurately detect a mental health concern. It is crucial that professionals share their concerns when they arise so that



students can get support from professionals in many offices that may come into contact with them, including the conduct office.

In addition to the alerts from other professionals, the participants of this study discussed their preparation methods for meeting with a student going through the conduct process and how they gained as much background information as possible before meeting with them. This was again done through conversations with others, but these professionals also searched for and read through past incident reports that the student was involved or referenced in. Reading through these reports gave them more information on the student they were meeting with such as past violations of policies, past behaviors, or past concerns. These reports, while limited to conduct cases, included documentation of the student by professional staff, faculty members, police officers, other students, or community members and the conduct office was able to access them as part of their meeting preparation. It is critical that all parties who have concerning interactions with students create reports about them so that conduct professionals may include that in their preparations and be aware of a potential issue beyond the behavioral concern. This way, when they meet with the specific student, they can connect them with any resources that could be beneficial for them from that point forward.

While past reports and communication with other professionals on a college campus can significantly assist conduct professionals detect any mental health concerns with a student, this should not be the only means of detection. While the participants of this study did not mention the ways that they personally detect mental health concerns in the meeting, or even that they attempt to detect them, this is not to say that it does not happen. It is clear that personally detecting mental health concerns during conduct

meetings is not something that easily came to mind during the formal conduct hearing about the student's behavior. This suggests that there may not be a heavy focus on identifying mental health concerns in the daily practice of conduct offices and there is a need for a heavier emphasis on the importance of it. It is imperative that conduct professionals pay attention to the possible warning signs of a mental health concern, address them throughout their meeting with the student, and connect them to the correct resources available to them.

### **One-Way Communication**

As found in this study, participants have many resources that they can use to connect their students to support programs, both on and off campus. These resources are broad, often all-encompassing, but one resource that was mentioned the most frequently was the counseling services office on campus. Many of the other offices or programs that a professional may pass along to the students they are working with can have open, two-way communication, but this is not the case for counseling services. Due to HIPAA and other professional standards, counseling services is often unable to disclose any information to faculty and staff regarding a student's status with the counseling center without the student's approval to release that information. While this limitation may make the communication efforts feel one-sided, it does not diminish the importance of communication between professionals and the campus counseling services.

While frequent contact with the counseling services may not be standard or even desired, these relationships can be positive and have a positive impact on students in need. Students may be hesitant to reach out for help from counseling services themselves (Laidlaw et al., 2016) and may need a push to do so; conduct professionals have a great

opportunity to provide this push to the students through their one-on-one interactions with them. In addition, they are in a position to help the student understand the benefits the counseling center may be able to provide for them, where they are located on campus, and how to get in contact with them.

Having regular communications with the counseling office could also benefit students that are already meeting with counselors themselves. Students may not always disclose that they are seeing a counselor, but the concerns a conduct professional shares with the counseling office could be passed onto their counselor if a student happens to be seeing one. This could help the counselor have more information about the student as they continue attempting to support them the best they can. Additionally, if a student is going through the conduct process, having their counselor know that they are doing so may allow the counselor to start the conversation or reach out to the student with support which could be invaluable for them.

While conduct professionals may not be able to gain any personal information or insight about a student from counseling services, having communication with the office ultimately benefits the student by helping their counselor recognize potential mental health concerns. Conduct professionals can share information on the behaviors of a student or a situation they are dealing with, and counselors can then use that information to aid in making meaning of it all with the student. This could be a huge help to conduct professionals as they work with, attempt to detect mental health concerns, and support students as much as they can. Ultimately, counseling services may not be able to share the specifics of any student, but conduct professionals can benefit greatly in multiple ways even when limited to having one-way communication with them.

## **Recommendations for Student Affairs Professionals**

Student affairs professionals have the opportunity to make long-lasting impacts on students every day. As such, it is critical for all student affairs professionals to be well-equipped, trained and prepared to handle all mental health concerns of students. It is important for professionals to seek out any training provided by the institution they are currently serving at or through the professional organizations they may be a member of. Additionally, there are many resources available online to train and better prepare oneself to handle and support students who have a mental health concern. These online resources vary and include things such as articles, webinars, online trainings, etc.

With the rise in student mental health concerns, all student affairs professionals need to be ready to handle situations of this nature at a moment's notice. Student affairs professionals need to have training on how to handle mental health concerns and support students who are struggling with them. This training would ideally be offered through the institution itself, but if this is not possible, attending conferences or workshops can provide many opportunities to learn more on this topic. If training is not able to be provided by an institution or office, it is essential for them to allocate funding for professionals to seek out their own trainings or experiences.

Additionally, being knowledgeable of the resources available for students is also necessary for all student affairs professionals. These resources should be all encompassing of any issue that a student may be having that could be impacting their mental health. As discovered in this study, a campus' resources may not be able to meet the demands or needs of the student, therefore, when giving out referrals, both on and off campus resources should be included. While having a compiled list of resources to give

out to students would be beneficial, it is also necessary for professionals to remember many of the resources so that they may give referrals to student in an instant.

Graduate school programs, if they do not already do so, should also start to incorporate the skills needed to handle student mental health concerns as one of the competencies that they attempt to develop in their students. If mental health concerns continue to rise in the college student population, it is imperative that all student affairs professionals have experience and coursework based specifically on how to work with and support students in these instances. Having coursework that teaches skills on how to navigate mental health concerns with students is beneficial. With the integration of these skills and knowledge into graduate coursework, it would give all student affairs professionals some degree of experience which would benefit both themselves as they start handling these situations, as well as supporting the students they are working with.

While communication between professionals and counseling services on a college campus may be strictly one-way, it is still key to the success of students. If professionals are aware that a student is currently in contact with a campus counselor and a new development about the student is made, a shift in their behavior is detected, or a student self-discloses something, it would be advantageous to the student for the professional to communicate that with their counselor. This would allow for the counselor to contact the student and offer support measures for that student quickly as well as keep the counselor aware of the happenings in the students' lives so that they may discuss it at their next meeting. Students could benefit greatly from communication carried out between counseling services and campus professionals, so, this becoming a common practice of

all student affairs professionals would create a campus climate that is more supportive to students' mental health in general.

Lastly, incorporating a counselor that is based specifically in the conduct office could bridge a large gap in the intersection of mental health and misconduct. Having a counselor in the office during office hours may allow for quick intervention if a student reveals they are dealing with a mental health concern, or if they need someone to talk to at that moment. If a counselor were to be placed in the conduct office, it could also relieve the pressure of trying to balance accountability and support by a single person. The conduct officer could discuss the misconduct aspect in depth while also offering support but then hand them off to the counselor so that they may receive a chance to talk about their meeting and any mental health concern they may be experiencing. This counselor could also serve as a liaison between the conduct office and counseling center at an institution which could mean a better relationship between the two.

### **Recommendations for Future Research**

There is not much research focused specifically on the way that conduct professionals handle conduct cases in which mental health concerns are present. Between the four institutions this study focused on, the data found suggests that the way these cases are handled varies greatly. Due to the small number of participants, it was hard to find many commonalities in how professionals were trained and how they handled cases where mental health concerns were present. Expanding this study to include more participants would be beneficial to gain a better view of how conduct offices are trained and handle cases of this nature.

This study was conducted at four midsized institutions specifically in the Midwest. A study based on a larger sample of colleges with various communities could provide different results or attitudes around handling cases where mental health concerns are present on a larger, even national scale. Additionally, a larger study could allow researchers to examine differences in results based on institution type, community, and part of the country when it comes to how conduct professionals detect mental health concerns in students by studying similarities and differences throughout a larger population.

Another potential study would be on a larger scale with conduct offices in all regions of the country. Taking a quantitative approach could provide large-scale, tangible data in relation to the attitudes and practices of conduct officers when handling mental health in their work. A study of this nature and size would provide numerical data that could highlight trends such as how conduct cases with mental health components are handled, what the communication between campus resources and conduct offices looks like, how often these professionals are seeing mental health impacting their practices, and more. Adding a quantitative view to the limited amount of research based on this topic and practice would be beneficial for gaining a more holistic understanding of the attitudes and trends going on in the student affairs field.

All of the participants in this study ended up being ethnically white and worked at predominantly white institutions. Replicating this study with institutions that have a more diverse student population, at Historically Black Colleges and Universities (HBCUs), or Hispanic Serving Institutions (HSIs) could produce vastly different results in training, attitudes towards mental health, and the way these students are supported. These students

may be dealing with different mental health concerns than students at predominantly white institutions, which could also impact the way in which conduct professionals address cases where a mental health concern could be present. Finally, interviewing conduct professionals of color may provide different perspectives or experiences in handling conduct cases with student mental health concerns.

A different, but equally valuable study would be to look at the students' point of view and their experiences with the conduct process which could prove to be extremely valuable for conduct officers. Conducting a study with the students' viewpoints highlighted could give an inside look to how students feel they are supported or not supported through the conduct process, where they see their mental health coming into play with misconduct, how campus resources have given or not given them support in the challenges they face, and where they would like to see changes. This data could assist conduct professionals in understanding what they may need to change to better support their students in these situations and be able to comprehend the struggles students in this population are going through.

Lastly, the institutions this study focused on were small or midsized with populations ranging from 5,000 to 15,000. The participants interviewed all discussed the challenges they faced in attempting to meet the needs of their student population when it came to mental health concerns. Conducting this study at institutions with a larger or smaller student population could provide different perspectives on the challenges that conduct officers face when attempting to support students with mental health concern.



## **Conclusion**

There is a very limited amount of research based on student misconduct and mental health, especially looking at the view of conduct professionals. Therefore, this research is important for the understanding of how conduct professionals are equipped to manage student mental health concerns in their roles. While there is a great deal of research specifically focused on student mental health, it is rare to find research that examines the intersection of mental health with misconduct. This qualitative study was conducted in an attempt to add to the limited supply of it and look at it from a professional's perspective. Utilizing a qualitative approach, this study was able to explore the ways in which conduct professionals have worked with students who have violated the student code of conduct and also could be struggling with a mental health concern. It allowed the participants to discuss and reflect on the way that they have handled cases of this nature and worked to support the students as best they can.

This research found that conduct professionals do not receive much if any formalized training specific to handling student mental health concerns, collaborate with other professionals to detect mental health concerns, as well as often refer and communicate with the counseling services on their respective campuses. As student mental health concerns continue to rise, it is imperative that student affairs professionals are trained to handle mental health concerns and gain experience in doing so prior to starting in their roles. Additionally, supporting students with mental health concerns is a combined effort that could benefit the student most when multiple people are involved in the process of it. Lastly, while communication may not be a two-way relationship, it is

still crucial that professionals share and report their concerns to counseling services so that they may contact students who could be struggling.

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## Appendix A

### Informed Consent

#### CONSENT TO PARTICIPATE IN RESEARCH

##### *Conduct Office Faculty Experiences with Student Misconduct and Mental Health*

You are invited to participate in a research study that is being conducted by the Principal Investigator, Robyn Bauer, under her thesis advisor, Dr. Jon Coleman, as a requirement for the Masters of Science program in College Student Affairs at Eastern Illinois University. Your participation in this study is entirely voluntary. Please ask questions about anything you do not understand, before deciding whether or not to participate. You may contact the thesis advisor, Dr. Jon Coleman at [jkcoleman@eiu.edu](mailto:jkcoleman@eiu.edu) or the principal investigator, Robyn Bauer at [rrbauer@eiu.edu](mailto:rrbauer@eiu.edu) .

- **PURPOSE OF THE STUDY**

This study aims to explore the training and awareness of conduct professionals to handle conduct meetings in which a mental health concern or illness is brought up or discovered. Additionally, it will focus on how conduct professionals support students with mental health concerns or illnesses that have violated the student code of conduct.

- **PROCEDURES**

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

Schedule a virtual interview with the principal investigator through Microsoft Teams or Zoom. The interviews will take approximately 1 hour and will be recorded.

You will be assigned a pseudonym that you will be asked to change your screen name to in order to protect your identity prior to the start of the recording. This pseudonym will be used in all data analysis in the final thesis.

- **POTENTIAL RISKS AND DISCOMFORTS**

There are no identifiable risks to this study as it will be a conversation based on your perspectives and experiences handling conduct cases with students. However, the study

will also be focused on the topic of mental health concerns and illnesses which could be triggering or uncomfortable to discuss. If the topic of this study is uncomfortable or triggering for you, please utilize the counseling services that are available to you on campus.

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

The benefit of participating in this study is sharing the experiences you have had and explaining the processes your office has for helping students who have violated the student code of conduct and also struggle with their mental health. Sharing your viewpoints could benefit universities across the country as they can see the way other universities support their students while they are struggling.

- **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of the use of a pseudonym for you during the interview and the thesis itself. The interview recordings and data will be stored on a password protected USB flash drive for approximately 3 years per IRB protocol, then destroyed. Only the principal investigator will have access to the flash drive and the data stored on it.

- **PARTICIPATION AND WITHDRAWAL**

Participation in this research study is voluntary and not a requirement or a condition for being the recipient of benefits or services from Eastern Illinois University or any other organization sponsoring the research project. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits or services to which you are otherwise entitled.

There is no penalty if you withdraw from the study and you will not lose any benefits to which you are otherwise entitled.

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

- **IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about this research, please contact:

**Principal Investigator:** Robyn Bauer

Email: [rrbauer@eiu.edu](mailto:rrbauer@eiu.edu)

Phone: 651-829-5181

**Faculty Sponsor:** Dr. Jon Coleman

Email: [jkcoleman@eiu.edu](mailto:jkcoleman@eiu.edu)

- **RIGHTS OF RESEARCH SUBJECTS**

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

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

You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with EIU. The IRB has reviewed and approved this study.

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

## Appendix B

### Interview Protocol

#### Demographic Questions

What are your pronouns?

What is your gender identity?

What is your racial identity?

How long have you worked in your current position at your current institution?

#### Semi-Structured Questions

1. Can you tell me about your professional journey, the positions you have held, that brought you to your current position? (Specifically with regards to student conduct)
2. Can you walk me through what the conduct process looks like for the student from start to finish at your institution?
  - a. Who can make reports at your institution?
    - i. Do you receive each report that gets sent to your office?
  - b. How do the cases get split up between your office's faculty members?
  - c. Are there any situations where a conduct hearing maybe is not warranted, but you still perceive an issue that merits intervention or referral?
3. Following your employment at your institution, what did the office do to prepare you for your new role?
  - a. More specifically, how have you been prepared to handle mental health crisis or concerns in your role as a conduct officer?
    - i. How well do you believe the trainings you were provided with prepared you for your role?
    - ii. Are there any trainings you wish you would have been provided with?
4. Does your institutions code of conduct have any policies regarding mental health, self-harm, or suicidal ideation?
  - a. What happens when the student violates that policy?
5. What do you do to prepare for a conduct hearing before you meet with that student?

- a. Does your preparation process look different when there is a perceived mental health concern present?
    - i. If so, how?
6. How is your office expected to handle cases with mental health concerns?
  - a. How do cases where mental health concerns are present differ from those where there is no concern?
  - b. How do you offer support to the student throughout the meeting when there is a mental health concern?
7. What challenges do you face while handling cases with mental health concerns or cases in which you perceive a mental health concern to be present?
8. What options or resources are students given when they reach out to you with mental health concerns?
9. What supportive measures or accommodations can you provide for students with mental health concerns following a hearing?

**Appendix C**  
**Template Email**

Hello [Potential Participant Name],

My name is Robyn Bauer and I am a graduate student in the College Student Affairs program at Eastern Illinois University. For my thesis, I am conducting a study that looks at conduct professionals' perceptions on with mental health in student misconduct. I am very interested in discussing this topic with you and gaining more insight to your experiences and thoughts as well as your institution's approach to mental health and the conduct process.

If you are willing, this interview would be conducted through Zoom or Microsoft Teams and would be scheduled for approximately 1 hour. If you are interested in participating, please let me know by replying to this email and we can set up a time to meet.

Thank you for your time, I look forward to hearing back from you,

Robyn Bauer