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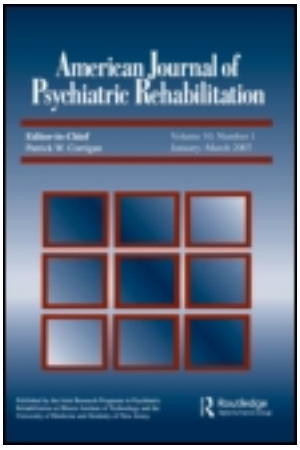

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Increasing Resilience: Strategies for Reducing Dropout Rates for College Students with Psychiatric Disabilities

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Increasing Resilience: Strategies for Reducing Dropout Rates for College Students with Psychiatric Disabilities

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Individuals with psychiatric disabilities are less likely to enter college and, after enrolling in college, are more likely to drop out. In response, psychiatric rehabilitation practitioners have used a program called *supported education* (SEd) to improve retention rates for college students with psychiatric disabilities. As an emerging research paradigm, *resilience* offers a new direction for understanding and implementing SEd. Congruent with the objectives of SEd, this article presents ways that resilience research can be used to improve the retention of students with psychiatric disabilities in 2- and 4-year colleges.

Keywords: *College; Psychiatric disabilities; Resilience; Retention; Supported education*

Each year approximately one in four Americans experiences a diagnosable psychiatric disability (National Institute of Mental Health, 2006). Increasing numbers of these individuals are attending college (Collins, 2000; Eisenberg, Golberstein, & Gollust, 2007), and survey data indicate that two thirds of individuals with severe psychiatric disabilities want to attend college (Corrigan, 2008). One reason for the increase is the growing demand for new skills and advanced education and training in the workplace (Mowbray et al., 2006). In addition, new and improved psychotropic medications and more effective psychiatric treatments have made college a possibility for increasing numbers of people with severe psychiatric disabilities (Collins & Mowbray, 2005). Research

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has found that individuals with psychiatric disabilities view participation in 2- and 4-year colleges as an opportunity for personal growth and fulfillment (Corrigan, 2008; Knis-Matthews, Bokara, DeMeo, Lepore, & Mavus, 2007; Stein, 2005; Weiner, 1999). For many individuals, simply to have an opportunity for further education can assist in recovery from a severe psychiatric illness (Davidson et al., 2001); however, individuals with psychiatric problems are more likely than others to withdraw from college without a college degree. Indeed, in a national survey, Kessler, Foster, Saunders, and Stang (1995) found that 86% of individuals with psychiatric disabilities dropped out of college without completing a degree. This is twice as high as the general college dropout rate, which is estimated to be between 30% and 40% (Porter, 1990). Kessler et al. estimated that in 1990, an additional 4.3 million people would have obtained a college degree if they had not experienced psychiatric symptoms. Typical reasons for dropping out include active symptoms, lack of academic integration, and lack of supportive peer relationships (Megivern, Pellerito, & Mowbray, 2003; Mowbray & Megivern, 1999; Weiner & Wiener, 1997). As a new research paradigm, *resilience* has emerged to uncover how some individuals behave adaptively under great stress (Masten, 2001). Resilience may help explain why some individuals with severe psychiatric disabilities are able to cope with the complexities of college learning and earn a degree, while others with similar psychiatric disabilities are not, ultimately dropping out. A resilience framework may also assist SEd service providers in supporting individuals with psychiatric disabilities to cope more effectively with the complexities of college learning and improve college retention.

Emerging from the positive psychology movement (Selgiman & Csikszenmihalyi, 2000), resilience is defined as ''the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances'' (Masten, Best, & Garmezy, 1990, p. 426). A resilience framework, which is asset-based, suggests that all individuals can achieve college success by using protective factors, that is, personal qualities or contexts that predict positive outcomes under high-risk conditions (Masten, 2001). Resilience researchers have identified a range of internal and external protective factors associated with success despite the presence of risk. Internal protective factors include (a) good cognitive capacities, (b) adaptable personality, (c) positive self-efficacy, (d) faith and a sense of meaning, (e) self-regulation of emotional arousal and

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impulses, and (f) a sense of humor (Masten & Reed, 2002). External protective factors include (a) good emergency social services, (b) high levels of public safety, (c) access to positive peer relationships, and (d) an adult who shows interest and caring (Masten & Reed). Resilience researchers have considered resilience to be a function of the complex interplay between protective factors and risk factors, in which the individual influences a successful outcome by using protective factors to support success (Eageland, Carlson, & Sroufe, 1993). Resilience involves this ability to use protective factors to fulfill age-appropriate developmental tasks (Kaplan, 1999). There is a growing body of research on the internal and external protective factors associated with earning a postsecondary degree. In addition to obvious intellectual factors, these include a large range of psychosocial factors, such as psychological coping resources and peer support (Aspinwall & Taylor, 1992; McCarthy, Fouladi, Juncker, & Matheny, 2006; Oman, Shapiro, Thoresen, Plante, & Flinders, 2008; Swenson, Nordstrom, & Hiester, 2008). Factors related to successful outcomes for students with psychiatric disabilities are similar to factors for nondisabled students, including psychological coping resources and peer support (Blacklock, Benson, Johnson, & Bloomberg, 2003; Collins, Mowbray, & Bybee, 2000; Knis-Matthews et al., 2007).

Since 1981, psychiatric rehabilitation practitioners have used a program called *supported education* (SEd) to increase the retention rates of individuals with psychiatric disabilities in college (Collins, Bybee, & Mowbray, 1998; Mowbray, Megivern, & Holter, 2003). SEd extends the psychiatric rehabilitation concept of including people with psychiatric disabilities in the experiences of everyday life, such as work, education, and community (Corrigan, 2003; Mowbray et al., 2005). Specifically, the mission of SEd programs is to help people with psychiatric disabilities achieve their postsecondary education goals (Mowbray et al., 2003). Core services and supports provided by SEd programs include career planning, academic survival skills, and outreach to services and research (Mowbray et al., 2005). Research has shown that SEd programs have academically engaged individuals with psychiatric disabilities, improved self-confidence and self-perception, and increased enrollment in postsecondary education (Collins et al., 1998). As part of SEd, students with psychiatric disabilities are encouraged to maintain relationships not only with SEd staff, but also with student services on campus, peers, and faculty members (Mowbray

et al., 2003). SEd service providers work hand-in-hand with postsecondary institutions (Mowbray et al., 2003). Further, ''successful SEd implementation is collaboration among a variety of stakeholders: consumers and their organizations, community mental health centers, families and their organizations, postsecondary educational institutions, and vocational rehabilitation agencies'' (Mowbray et al., 2005, p. 10).

Congruent with the objectives of SEd, this article provides new conceptualizations of the literature on risk and protective factors for college students with psychiatric disabilities in order to present ways that SEd can assist students to use protective factors in the college environment to increase resilience and thus retention in 2- and 4-year colleges. This article concludes with implications for promoting a resilience perspective in the mental health policies and practices of SEd.

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RISK FACTORS

Risk factors are the characteristics of individuals, environments, and the interactions between individuals and environments associated with poor developmental outcomes (Glantz & Johnson, 1999). A host of risk factors can lead to individuals with psychiatric disabilities dropping out of college. The college environment can be stressful, and it is often characterized by (a) high-stakes academic pressure and competition, (b) minimal academic support compared with support in high school, (c) faculty and staff who are more distant than high school teachers and counselors, (d) potential social isolation and alienation as students transition to a new environment, (e) an undergraduate culture of excessive alcohol and drug abuse, and (f) the pressure of long-term financial debt (Archer & Cooper, 1998; Kadison & DiGeronimo, 2004). In addition to these general risk factors, individuals with psychiatric disabilities face further risks, including (a) temporary cognitive impairment, (b) the stigma of mental illness, (c) lower academic self-confidence, and (d) conflicted peer relationships.

Temporary Cognitive Impairment

Psychiatric symptoms can interfere with the metacognition skills necessary for effective self-regulated learning (Svanum & Zody,

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2001). For instance, periods of depression can cause deficits in short-term memory, especially on tasks that require effortful information processing (Colby & Gotlib, 1988). Further, the cognitive components of anxiety and worry can lead to poor academic performance (Hembree, 1988). Changes in sleep patterns, weight, appetite, or energy level (being constantly tired, or at the other extreme, wired) can further impair a student's ability to concentrate on course work (Muckenhoupt, 2000). Not surprisingly, research has found that psychiatric symptoms can temporarily impair students' cognitive functioning, resulting in deficits in short-term memory, critical thinking, elaboration, and metacognition, including planning, organizing, and regulating learning (Brackney & Karabenick, 1995; Dobson & Kendall, 1993; Heiligenstein, Guenther, Hsu, & Herman, 1996). In addition, the side effects of psychotropic medications have been found to impair students' attention, concentration, and stamina due to headaches, nausea, insomnia, and fatigue (Weiner & Wiener, 1996). Thus psychiatric symptoms and medication side effects can make it difficult to pay attention in class, take accurate notes, comprehend dense material, memorize details, organize papers, use high-level vocabulary, and take the steps necessary to complete academic tasks on time (Collins & Mowbray, 2005; Knis-Matthews et al., 2007; Weiner & Wiener, 1996).

Pervasive Social Stigma

The pervasive social stigma of mental illness is another risk factor for individuals with psychiatric disabilities (Corrigan, 2004; Corrigan & Matthews, 2003). In a qualitative study, Weiner and Wiener (1996) found that students with psychiatric disabilities were reluctant to disclose their disability for fear of stigmatization. Because mental health disorders are invisible, some college professors question whether a student's struggles are caused by a psychiatric disability, a lack of effort, or a lack of aptitude (Muckenhoupt, 2000). Consequently, students with psychiatric disabilities note that ''It is one thing to disclose your disability and another to have it understood'' and ''This is the only disability where people are punished for recovering. People then think we don't have a problem'' (cited in Weiner & Wiener, 1996, p. 5). Because of the lack of training, many college instructors do not understand how to work with

students who have a psychiatric disability and do not care to learn (Collins & Mowbray, 2005). A 1996 survey of 350 college students found that 54% believed their campus paid little to no attention to mental illness (Becker, Martin, Wajeeh, Ward, & Shern, 2002). Students with psychiatric disabilities have reported that when they disclosed their disability, faculty and peers lacked accurate knowledge (Brockelman, Chadsey, & Loeb, 2006; Weiner & Wiener, 1996). Worse, when some students disclosed their mental health diagnosis, peers and faculty members advised them that if they had psychiatric symptoms, they should discontinue their studies (Blacklock et al., 2003). Clearly, the stigma of mental illness remains a risk factor.

Poor Academic Self-Confidence

Research has found that individuals with psychiatric disabilities often internalize the social stigma of mental illness (Blacklock et al., 2003; Megivern, 2002). In a qualitative study, one such university student said, ''Mental illness is a stigma—you lose your self-confidence'' (Megivern et al., 2003, p. 222). Lower levels of academic self-confidence can lead students to believe that they have little control over their academic outcomes. During periods of depression, people can have a negative view of themselves, others, and the world, and can lead to angry outbursts, irritability, and excessive risk taking, which can reduce academic self-efficacy, effective use of learning strategies, and motivation to learn (Muckenhoupt, 2000). In Weiner and Wiener's (1996) study, students with psychiatric disabilities reported that low self-esteem was a major barrier to academic success. One student said that it made course selection difficult: ''I have difficulty with course selection because I often think I won't be able to do the work. If I miss something during class, I get down on myself. I then can't relax and pay attention or make a contribution'' (cited in Weiner & Wiener, 1996, p. 5). Another said, ''I give everything my best shot, and when I don't do well it breaks my self-esteem. I hate being evaluated because I feel I have to prove myself. I experience any failure as I have failed'' (Weiner & Wiener, 1996, p. 5). Low academic self-confidence can lead individuals with psychiatric disabilities to not set aside time for efficient studying, not manage their daily schedules, not maintain a good attendance record, not complete

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assignments, not respond well to feedback, not act appropriately with peers, lack motivation for studying, and avoid public presentations (Weiner & Wiener, 1996).

Conflicted Peer Relationships

Research has found that college students with psychiatric disabilities often feel embarrassed about disclosing a mental health disorder to other students (Salzer, Wick, & Rogers, 2008). In a qualitative study of students with psychiatric disabilities who had dropped out of college, Weiner and Wiener (1997) concluded that conflicted peer relationships contributed to students' need to withdraw. Weiner and Wiener (1997) found that students with psychiatric disabilities were slow to trust other students or to ask for assistance, for fear of being judged and treated differently. They also found that these students reported that it was difficult to develop close friendships, invite another student to do something with them, or ask peers for assistance because of their hesitancy to trust others. Knis-Matthews et al. (2007) found that many students with psychiatric disabilities decided it was safer to be discreet and not reveal a mental health diagnosis to peers. Fear of trusting peers is an educational barrier if it means that students with psychiatric disabilities are reluctant to talk with fellow students before or after class, ask for notes if they missed class, or join a study group.

Summary

A host of interrelated risk factors can accumulate, decrease resilience, and lead college students with psychiatric disabilities to drop out. SEd service providers can inform students of these risk factors before enrolling in college. With increased awareness, these students are less likely to be caught by surprise. It is not enough to be aware of risks, however. Individuals with psychiatric disabilities also need to be aware how to use protective factors to increase resilience. SEd service providers can assist by helping these individuals integrate protective factors within their college lifestyle. In the next section, protective factors are presented as a way to increase resilience and improve the retention rates of college students with psychiatric disabilities.

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PROTECTIVE FACTORS

Protective factors are personal qualities or contexts that predict positive outcomes under high-risk conditions (Masten & Reed, 2002). For example, a National Public Radio (NPR) report by Michelle Trudeau (2008) shared the story of Roger Diehl, an incoming freshman at the University of Wisconsin–Madison who, despite clinical depression, attention-deficit hyperactivity disorder (ADHD), and Asperger's disorder, had been an A student in high school. One striking aspect of Roger's story was that even though he did not need disability support at the beginning of the semester, he contacted the university's office of disability knowing that psychiatric symptoms often fluctuate over time. Roger was proactive in the development of campus resources to assist him to succeed in college. However, not all universities have the resources that were available to Roger at UW-Madison, indeed, small state schools and community colleges are less likely to have research and medical initiatives. On many campuses, students are expected to recognize their own mental health needs, decide whether treatment is necessary, and then seek out services (Mowbray et al., 2006). Consequently, many college students with psychiatric disabilities drift, with little guidance from campus service providers (Mowbray et al., 2006). From a resilience perspective, SEd service providers can increase the retention of college students with psychiatric disabilities by integrating the following protective factors within a lifestyle of college learning: (a) active coping, (b) peer support, (c) counseling and psychosocial support, (d) academic support, and (e) academic accommodations.

Active Coping

There is a growing body of research on characteristics associated with resilience, including (a) hardiness, challenge, commitment, and control (McCarthy et al., 2006; Steinhardt & Dolbier, 2008); (b) positive emotions and acceptance of change (Fredrickson, 2001; Tugade & Fredrickson, 2004); and (c) spirituality and mind/body connections (Oman et al., 2008). Coping is often described as active or reactive (Shields, 2001). Active coping is important because, if students believe they are capable of preventing future stressors from occurring, they are more likely to approach negative

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events with a challenge orientation (Shields). Researchers have found an active coping style to be a strong predictor of college matriculation (Leong, Bonz, & Zachar, 1997). For example, in a study of 672 college freshmen, Aspinwall and Taylor (1992) found that an active coping orientation, positive mood, and higher optimism upon entering college had positive effects on college retention. Also, in a study of the effects of psychiatric symptoms on college learning, Brockelman (2009) found that active coping was a significant predictor of cumulative GPA. In another study, Hartley (2008) found that high standards and tenacity had more predictive power for college success than high school GPA and ACT scores for both general students and students with psychiatric disabilities. These promising findings suggest that active coping can increase resilience and thus retention in 2- and 4-year colleges.

To promote active coping, SEd service providers can use resilience assessment instruments as a way to develop a dialogue with individuals with psychiatric disabilities about how to manage the complexities of college. For example, an item of the Connor-Davidson Resilience Scale (Connor & Davidson, 2003), asks individuals to respond to the statement: ''Coping with stress strengthens.'' Asking individuals with severe psychiatric disabilities to elaborate on their response can lead to engaged discussions of what is effective coping. For individuals who have not demonstrated resilience in the past, sharing stories of students who have experienced similar psychiatric symptoms and found ways to cope in college can lead to resilience. For students who have demonstrated resilience in the past, SEd service providers may want to acknowledge that nobody wants to face adversity and these individuals did a remarkable job of coping. SEd programs encourage students to use basic strategies such as setting aside time to study and planning ahead.

Peer Support

In college learning and development, peers are a widely available and highly useful factor associated with resilience. Peer support can come in classrooms, extracurricular activities, and work. In a study of the characteristics of individuals with psychiatric disabilities who were successful in SEd programs, the best predictors of graduation were social support and social adjustment (Collins

et al., 2000). Research has also found that students with psychiatric disabilities who have encouraging peers are more likely to remain in college (Blacklock et al., 2003; Knis-Matthews et al., 2007; Weiner & Wiener, 1997). In a national study, Blacklock et al. reported that students with psychiatric disabilities valued peer groups for: (a) problem solving, learning more about the university environment, forming social relationships, and not feeling socially isolated; (b) feeling that they could be themselves; and (c) exchanging opinions and developing their own perspectives and worldviews. According to the National Alliance on Mental Illness, building a peer support network is critical to combat feelings of isolation and increase resilience for students with psychiatric disabilities (Markey, 2008).

There are many ways to develop peer support in the college environment. Universities typically have a campus life office where students can find out about student groups, and some of the groups provide access to peers who are empathetic toward those with psychiatric disabilities. For instance, an NPR story by Joanne Silberner (2008) shared the experience of Juliana Kerrest, an undergraduate student at Johns Hopkins University who joined a club called Active Minds to feel less isolated and learn more about mental illness. Similarly, Stanford University Theatre Activist Mobilization Project is designed to provide a voice for college students with psychiatric disabilities (Franklin, 2009). Depending on the university, there may be specific groups and activities focusing on mental health issues. In addition, classmates are a widely available resource. For example, *learning communities* are cohorts of students who take the same courses, develop study skills together, and, in some instances, live in the same residence halls (Crissman Ishler & Upcraft, 2005). Students with psychiatric disabilities can ask if there are opportunities to participate in these or other structured learning opportunities in college. When the student interacts with classmates, small actions can build his or her ability to establish and maintain peer relationships. By arriving early for class and reaching out to students after class, students can enhance the shared experience of college learning, a factor associated with resilience.

Counseling and Psychosocial Support

Resilience can be enhanced through counseling services as well. A close relationship with a counselor has been found to be an anchor

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helping students with psychiatric disabilities to remain in college. Weiner and Wiener (1997), who interviewed 24 students with psychiatric disabilities, found that the students identified a personal relationship with a counselor as the most important factor in not dropping out. Also, in a national study, the college retention rate for undergraduates seeing a counselor was 14% higher than for students not seeing a counselor (Wilson, Mason, & Ewing, 1997). In addition to college counseling centers, the disability support office is an important campus resource for students with psychiatric disabilities. With increasing numbers of students with mental health disorders on college campuses (Eisenberg et al., 2007), disability offices have started to collaborate with other campus providers such as counseling and psychiatric-support offices ''to educate the campus community regarding mental illness and psychological distress'' (Nolan, Ford, Kress, Anderson, & Novak, 2005, p. 173). Disability offices are thus increasingly able to provide students with psychiatric disabilities access to counseling and psychosocial support services.

SEd service providers can promote resilience and thus increase college retention by encouraging individuals with psychiatric disabilities to locate and introduce themselves to the disability support office staff at the beginning of the semester. Psychiatric symptoms often fluctuate, and there may be a need for more psychosocial support during times of high stress such as midterms and finals (Collins & Mowbray, 2005). Disability office staff typically are empathetic toward disability-related issues, and they can assist students to develop strategies for finding additional support within the campus environment. A national survey of disability support offices found that the most frequent counseling services provided to students with psychiatric disabilities included (a) assistance with course selection; (b) time- and stress-management training; and (c) assistance with disclosure of a disability (Collins & Mowbray, 2005). In addition, disability support offices offer study skills seminars, one-to-one coaching, and peer support (Collins et al., 2000; Collins & Mowbray). Some disability offices even offer SEd programs; for instance, Louisiana State University–Baton Rouge has a SEd program integrated in the disability support office (Mowbray et al., 2003). To reduce dropout rates for students with psychiatric disabilities, SEd service providers need to work hand-in-hand with postsecondary institutions (Mowbray et al., 2003). Having SEd services integrated within higher education institutions is a protective

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factor that can increase resilience and improve 2- and 4-year college retention rates for college students with psychiatric disabilities.

Academic Support

Academic support is another protective factor. In a review of student development research, Pascarella and Terenzini (2005) concluded that there was consistent evidence that students living near campus were more likely to graduate than students who commuted. Specifically, living near campus meant that students were closer to academic resources, such as academic advisors, writing center tutors, and librarians. In a qualitative study of college students with psychiatric disabilities, one student recalled ''spending every night studying in the campus library, staying there until closing, and then heading to another local college library to continue studying'' (Knis-Matthews et al., 2007, p. 111). Often located within university libraries, *supplemental instruction* (SI) is an academic resource that involves assigning upperclassman who have already taken a course and received a high grade to structure tutoring and collaborative learning sessions throughout the semester (Martin & Hurley, 2005). SI provides an opportunity for students to drop in and receive tutoring in various subjects, such as math. Other academic resources include (a) campus writing centers, where students can meet one-on-one with a writing coach; (b) library services, where students can learn to search electronic databases; and (c) computer support, where students can learn to become more proficient with computer software.

Academic support is a key to resilience in college. Students should not be discouraged if they need help, but should be proactive in identifying and using academic resources. Becoming comfortable with the university library and places where academic tutoring services are provided can be critical. Academic support also includes faculty members. Knis-Matthews et al. (2007) found that faculty who met with students with psychiatric disabilities outside of class helped students to not drop out. In addition to the obvious benefits of acquiring basic academic skills, relationships with campus service providers and faculty members can provide a social bond to assist students in persisting through college. Individuals with psychiatric disabilities need to be surrounded with people who believe they can be successful. Without a sense of hope

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and encouragement from others, individuals with psychiatric disabilities are less likely to be able to deal with the stresses of college learning and development (Mowbray et al., 2005).

Academic Accommodations

In addition to general academic support services, students with psychiatric disabilities can be eligible for academic accommodations. In the past, university policy for students with psychological problems was to recommend mandatory withdrawal (Hoffmann & Mastrianni, 1991). However, the Americans with Disability Act (ADA) of 1990 has ensured that individuals with psychiatric disabilities have access to the same opportunities as individuals without disabilities (Kiuhara & Huefner, 2008). Nevertheless, several Supreme Court cases have concluded that ''the person with the psychiatric disability bears the burden of showing that a disability exists even after corrective measures have been adopted, such as medication to ameliorate the effects of the disability'' (Kiuhara & Huefner, p. 110). Because the ADA mandates that postsecondary institutions provide support services only for individuals who request them, students with psychiatric disabilities must be aware of their rights and responsibilities (Kiuhara & Huefner). For instance, the ADA protects only students who are otherwise qualified from unfair discrimination, *otherwise qualified* being defined as meeting the requisite essential functions regardless of the disability. Essential functions for a math degree would include the ability to do math, for painting, ability to paint, and so forth; the essential functions depend on the core competencies of the academic program. If a student can perform the essential functions of the program (e.g., can do math), but needs assistance with marginal functions (e.g., someone to take notes), the student may be eligible for academic accommodations (Salzer et al., 2008). For instance, Roger Diehl was capable of doing the intellectual work for college learning, but sought help with accommodations for marginal functions. As with arrangements for students with other disabilities, common academic accommodations for students with psychiatric disabilities may include reduced course load, extended time for exams, taking exams in a distraction-reduced environment, and note takers (Collins, 2000; Salzer et al., 2008). SEd service providers can help identify the academic accommodations that are most appropriate for the individual student.

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Summary

College students with psychiatric disabilities are more likely to demonstrate resilience in college when protective factors are integrated into their approach to college learning and development. All universities and colleges have an infrastructure for providing access to protective factors. For instance, all colleges have disability-support offices and counseling centers. As part of an emerging resilience perspective, a new direction for SEd is to collaborate and encourage students to use individualized strategies for developing and maintaining protective factors already present in the college environment. In addition, SEd programs can work with postsecondary institutions to promote asset-based mental health policies and practices around the theme of resilience.

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IMPLICATIONS

One issue facing postsecondary institutions is how to address the increasing number of students with psychiatric symptoms (Beamish, 2005; Smith et al., 2007). Recent estimates of the prevalence of psychiatric disabilities on college campuses are as high as 30% (Eisenberg et al., 2007). Blacklock et al. (2003) reported that the impact of untreated psychiatric symptoms on campus providers has been staggering in terms of staff hours. Campus support providers are being asked to help many more students with fewer resources—in essence, being asked to ''do more with less'' (Smith et al., 2007, p. 64). At the same time, recent tragedies such as the Virginia Tech shooting (Urbina, 2007) have brought increased scrutiny to how college counseling centers monitor and support the mental health needs of today's undergraduate college students. Epidemiological studies indicate that, compared with all other age groups, the prevalence of psychiatric diagnoses is highest (39%) in college-age students (15 to 21 years) when psychiatric symptoms first emerge (Newman et al., 1996). There is a need for innovative strategies to assist students in managing psychiatric symptoms. Scholars and practitioners alike have called for comprehensive and systematic mental health reforms that utilize the expertise and resources of multiple campus providers (Blacklock et al., 2003; Mowbray et al.; Nolan et al., 2005). As one aspect of campus mental health reform, SEd can support a shift to promoting resilience.

The demands on students with psychiatric disabilities are significant, and students who can manage the social and emotional demands of college learning demonstrate resilience. Rather than students with psychiatric disabilities learning to manage the challenges of college learning on their own, SEd service providers can increase resilience by bolstering psychological coping resources and peer support networks. In addition to preparing these individuals to enter college, SEd service providers can work directly with college counseling centers, disability support offices, and psychiatric support services—campus providers who are increasingly being asked to collaborate and address the issue of increasing numbers of college students with psychological problems (Nolan et al., 2005). SEd is a unique service designed to improve retention for college students with psychiatric disabilities (Mowbray et al., 2003). As an emerging research paradigm, resilience offers a new direction for understanding and implementing SEd.

Over the last decade, research has shown the effectiveness of psychoeducational and cognitive-behavioral-stress management programs in meeting the psychosocial needs of college students (Astin, 1997; Oman et al., 2008; Shapiro, Schwartz, & Bonner, 1998). Building upon these studies, researchers recently developed and tested a 4-week resilience intervention program (Steinhardt & Dolbier, 2008), and they found that college students who participated in the program had higher resilience scores, as measured by the Connor-Davidson Resilience Scale and Dispositional Resilience Scale, as well as higher scores on measures of self-esteem, positive affect, self-leadership, and effective coping, than a control group (Steinhardt & Dolbier). These studies suggest that in addition to students developing time management and academic study skills, students need to learn to respond to the stress, adversities, and challenges of college learning in ways that make them stronger. Because SEd research has consistently verified that factors related to successful outcomes for students with psychiatric disabilities are similar to those for nondisabled students (Blacklock et al., 2003; Collins et al., 2000; Knis-Matthews et al., 2007), empirically-validated resilience intervention programs can provide an additional facet for assisting students with psychiatric disabilities to develop individualized psychological coping and thus improving college retention.

To create these types of resilience intervention programs, SEd service providers need to help postsecondary institutions develop

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mental health policies and practices around the theme of managing psychiatric symptoms in college. For instance, orientation programs typically are used to welcome students to the college environment (Mullendore & Banahan, 2005). In addition, each year thousands of first-year students are placed in academic seminars or living-learning communities that orient the students to the university (Crissman Ishler & Upcraft, 2005). SEd programs can collaborate with traditional campus service providers to integrate resilience-based mental health policies and practices in first-year orientation programs and academic seminars. Innovative resilience-based intervention programs may be particularly relevant for small state schools and community colleges, which are less likely to have the research and medical initiatives associated with large Research One universities, and may be in need of immediate resources to support the increasing numbers of students with psychiatric symptoms.

In addition to programmatic initiatives, there is a need for further research demonstrating the efficacy of an asset-based shift in campus mental health support policies. Researchers can begin by examining how individuals with psychiatric disabilities manage the complex challenges of college learning and development. By monitoring cohorts of individuals with psychiatric disabilities across institutions, researchers can compare the protective factors used by students in different college environments (e.g., 2- and 4-year degree programs, private and public institutions, urban and rural environments). Examining personal qualities and contexts associated with resilience can provide a more nuanced understanding of how individuals with psychiatric disabilities use protective factors to fulfill postsecondary educational tasks. Rather than examining academic and psychosocial problems, research can examine how students with psychiatric disabilities are able to use protective factors to increase resilience and thus retention in 2- and 4-year colleges.

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CONCLUSION

Increasing numbers of individuals with psychiatric disabilities are attending college (Collins et al., 2000; Eisenberg et al., 2007). For many of these individuals, simply to have an opportunity for further education can assist in recovery from a severe

psychiatric illness (Davidson et al., 2001); however, individuals with psychiatric disabilities are more likely than others to withdraw from college without a college degree (Kessler et al., 1995). Because it is difficult to eliminate all risks, an alternative approach is for individuals with psychiatric disabilities to use protective factors to increase resilience and thus reduce college dropout rates. As such, SEd service providers can collaborate with 2- and 4-year postsecondary institutions to increase resilience and thus college retention for students with psychiatric disabilities. As new and improved psychotropic medications and more effective psychiatric treatment make college a possibility for more individuals with psychiatric disabilities (Collins & Mowbray, 2005), there is an increasing need to identify and develop innovative approaches for improving retention rates. With the large demand on campus mental health support services, resilience offers a new direction for understanding and implementing SEd.

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