Integrating Developmental Academic Advising into College Mental Health Counseling Services: A Phenomenological Study

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ABSTRACT

The purpose of this phenomenological study was to a) understand the role of campus counselors who serve as both academic advisors and mental health professionals in a counseling center that intentionally combines advising and counseling and b) how combining counseling and advising affects academic success of students with mental health issues. This study focused on the lived perceptions and experiences of six mental health professionals employed at a community college in Pennsylvania. The findings from this study produced three themes. The first theme, *Integrating Academic Advising into Mental Health Counseling Enhances Overall Treatment Approaches of Students Who Have Mental Health Concerns*, described how creating academic plans and goals establishes a trusting relationship and empowers students to develop interpersonal skills. The second theme, *Integrating Academic Advising into Mental Health Counseling Is Advantageous Because Mental Health Issues Affect Academic Performance*, identified the most common mental health and academic challenges. The third theme, *Incorporating Academic Advising into Mental Health Counseling is Advantageous for Addressing Academic and Emotional Concerns by Implementing Short-term Solutions-Focused Treatment During Academic Terms* revealed how their holistic treatment approach addressed immediate concerns and set clear, attainable short and long-term goals. This study establishes the need for campus mental health professionals to identify symptoms of both personal and academic stressors how academic advising can be included in their treatment options to help them achieve academic success.
DEDICATION

To my husband Brian and my daughter Kylie. Your never-ending support of my personal and academic success is what kept me motivated throughout my dissertation journey. I am forever grateful that your love has guided me through constant self-reflection and improvement.
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Findings

Theme A: Integrating academic advising into mental health counseling enhances overall treatment approaches of students who have mental health concerns.

Theme B: Integrating academic advising into mental health counseling is advantageous because mental health issues affect academic performance.

Theme C: Incorporating academic advising into mental health counseling is advantageous for addressing academic and emotional concerns by implementing short-term solutions-focused treatment during academic terms.

Conclusion
Chapter One: Introduction to the Study

Many students become overwhelmed when they attend college or university. They are challenged to balance life stressors such as family, work, and course load, which could cause emotional distress. This can be even more difficult when students experience psychological symptoms of mental health disorders, possibly undiagnosed. Emotional challenges may affect their ability to use coping skills to reduce their stress and academic performance could be negatively impacted (Sharkin, 2004). In addition, at-risk students may not have a support system that will help them overcome their issues; consequently, they rely on campus resources for assistance.

Higher education administrators understand that students who unsuccessfully address their emotional stressors, as well as students with diagnosed mental illnesses, have high rates of attrition. Dykes-Anderson (2013) found that seventy-four percent of students with mental illnesses who do not receive counseling services dropped out of higher education institutions before graduation. To assist these students and contribute to their success, college and university counseling centers have been tasked to provide combined clinical services that address both mental health issues and the risk for academic failure (Dykes-Anderson, 2013).

Colleges and universities that offer on-site mental health services have shown an increase in student success (Bishop, 2010; Bishop, 2006; Bishop & Brenneman, 1986; Bishop & Walker, 1990; Danitz & Orillo, 2014). In order to improve academic success of students who have either mental health symptoms or diagnosed mental health concerns, college or university mental health counseling centers need to offer treatment services that address multiple mental health issues and coping skills to resolve life stressors. Identifying academic and life challenges early
in students’ enrollment can assist at-risk students, contribute to their success, and prevent them from withdrawing from school (Dykes-Anderson, 2013).

**Statement of the Problem**

Research has focused on the evolution of college and university mental health resources and their effects on student academic success. Beginning in the 1920s, higher education administrators became cognizant of the importance of mental health services when combat veterans who had served in World War I enrolled in colleges and universities (Munro Prescott, 2008). During that time period, psychology was a relatively new social science, and treatment options were still limited. Since then, treatment options have evolved and researchers have focused on investigating whether or not campus mental health resources improve the likelihood of student success and their persistence to graduation (Bishop, 2006; Bishop, 2010, Danitz & Orillo, 2014; Grebennikov & Shah, 2012).

The percentage of students with mental illnesses attending postsecondary institutions has increased over the last 20 years, and this has put a strain on both campus resources and options available to colleges or universities to help these students attain their goal of graduation (Gilbert, 1992). Particularly, following the terrorist bombings of the Twin Towers in New York City, on September 11, 2001, and the subsequent deployment of military personnel to the Middle East, higher education institutions have observed an increase in enrollment of combat veterans who suffer from severe depression and/or Posttraumatic Stress Disorder (PTSD) (Bryan, Bryan, Hinkson, Bichrest, & Ahern, 2014). Along with the treatment that is provided by mental health providers external to the institution of higher education, treatment options need to be designed and continually re-examined within higher education in an effort to contribute to student success
(Bishop, 2006). Treatment strategies have been identified that help improve campus mental health counseling services and promote best practice techniques for both academic staff and mental health counselors to assist students who have mental health concerns with managing life stressors and overcoming challenges (Cleary, Walter & Jackson, 2011).

It is a practice at some colleges and universities to merge academic advising and counseling functions so that students can benefit from a holistic approach to their mental health concerns and their academic achievement. There has been a longstanding differentiation and separation between the roles of mental health counselors and academic advisors on college and university campuses, and this separation of functions might not be the best way to support students who have mental illnesses or mental health concerns. In many current institutions in higher education, the academic advising office and the counseling office are in different locations and under different leadership within the same college or university.

Recently, some higher education administrators have used a new treatment strategy to provide academic advising that is intentionally concurrent with mental health counseling. This study seeks to understand how college mental health professionals implement academic advising into their treatment approaches and to assess their perceptions of whether or not academic success improves for students with mental illnesses when mental health counseling and academic advising are intentionally combined on their campuses.

Throughout this research study, the role of the campus counselor is generally defined as a mental health professional employed in a college counseling center. Additionally, at-risk students are generally defined as students with diagnosed mental illnesses or mental health concerns.
Significance of the Problem

Higher education administrators are challenged with finding cost-effective solutions to the academic success of students who have mental illnesses. Although it has been a time-honored practice for colleges and universities to separate the roles of mental health counselors and academic advisors, that practice may not be the most effective for advising students who have mental illnesses. This research study focused on counseling center staff approaches that intentionally included both academic advising and mental health counseling. Specifically, it examined the perspectives of college mental health counselors who combine mental health counseling and academic advising in their approach to working with students who have mental health diagnoses and mental health concerns and to assess their perception of whether or not academic success improves.

Higher education administrators have identified many causes of high attrition rates, but potential solutions are often overlooked due to lack of knowledge regarding effective options (O’Keefe, 2013). O’Keefe (2013) wrote that at-risk students for non-completion have expressed feelings of not belonging, rejection, and adjustment issues related to the need to balance academics with other aspects of life. At-risk students might be more open to pursue counseling when it is offered on campus because there may be an established trusting relationship with the academic institution and it is easily accessible.

Research Problem

The purpose of this study of campus counselors is to understand their role as both academic advisors and mental health professionals and how combining counseling and advising affects academic success of students with mental health issues.
**Research Question.** The following question guided this research on the influence of integrating developmental academic advising into college mental health counseling treatment plans:

Do campus mental health professionals who intentionally combine academic advising and mental health counseling perceive that it contributes to the academic success of students who seek counseling for mental health concerns?

**Theoretical Framework**

**Developmental academic advising.** Thaddeus Raushi’s (1993) theory of developmental academic advising effectively aligns with the interpretative framework of social constructivism because this theory can be used to understand how academic advising could be integrated into college or university mental health counseling services. Raushi’s (1993) theory of developmental academic advising emphasizes that it is a “process that enhances student growth by providing information and an orientation that views students through a human development framework” (Kadar, 2001, p. 174). The conceptual framework of developmental academic advising suggests that a successful academic plan requires an advisor to be caring and positive and incorporates all advising necessary to enhance the overall student experience (Raushi, 1993). The role of an academic advisor could mimic the role of a mental health professional who devises a treatment strategy to encompass treating mental health symptoms in addition to overall academic well-being.

Similar to mental health counseling, developmental academic advising is goal-oriented and holds students accountable for their own progress. Mental health professionals help clients create their treatment plans based on short and long-term goals to achieve growth.
Developmental academic advising follows the same criteria. The advisor does not dictate how the student should proceed but instead guides students to understand options so they can make rational choices. In essence, the advisor is a central component for working with the student in resolving academic concerns, career planning, and life stressors.

Developmental academic advising is an ecological perspective that concentrates on the students’ whole life experiences. There are both internal systems such as faculty, staff, and student advisors and external systems such as family, peers, and financial pressures that affect how students perform academically in higher education. Raushi (1993) developed the theory of developmental academic advising from Egan and Cowan’s (1979) ecological perspective of “student-in-systems view.” Egan and Cowan (1979) viewed the role of the academic advisor as more than just working with the student. They suggested that effective advising would include representatives from both the internal and external systems so students would benefit on a whole.

Raushi (1993) expanded his theory based on theories from Miller and McCaffrey (1982), Ender, Winston, and Miller (1982), and Chickering (1969) who defined principles of effective developmental academic advising. Those theorists noted that developmental advising is a continuous process that is built on trust between the advisor and advisee. It is concerned with overall human growth to include “cognitive, affective, career, physical, and moral” (Raushi, 1993, p. 8). The advisor needs to establish a caring relationship, act as both a role model and mentor, collaborate with faculty and staff, and utilize all available campus resources.

There are three common elements proposed from theorists regarding the application of academic advising theories to actual practice: (1) each individual student experiences development differently during their college education, (2) students need to become independent,
and (3) students ought to be supported through various campus resources (Raushi, 1993). Upcraft (1989) explained that these elements are applicable to all students but student development differs depending on type of student (first-year college student, traditional versus non-traditional, and community college versus four-year). Raushi (1993) reframed these academic development theories Miller and McCaffrey (1982), Ender, Winston, and Miller (1982), and Chickering (1969) suggesting that academic advisors should view development theories in two categories: “basic versus focused” (p. 10). Basic student development theories concentrate on “psychosocial, cognitive-behavioral, and ecological factors” (Raushi, 1993, p. 10) whereas focused theories concentrate on specific student populations such as adult learners, minority students, and women students.

**Foundation of developmental academic advising.** The basic concept of developmental academic advising is that in order to offer effective academic advising, the advisor must implement a “human development perspective” (Raushi, 1993, p. 10). Students have academic issues because there are other life stressors that may affect their ability to prioritize their education. The following leading theorists established the framework for the basic theories for academic development.

Initially, Raushi’s (1993) psychosocial construct evolved through psychological theorists such as Erikson (1963) and Sanford (1967). Erikson’s (1963) Stages of Psychosocial Development described how people mature and develop by “Trust versus Mistrust, Autonomy versus Shame and Doubt, Initiative versus Guilt, Industry versus Inferiority, Identity versus Role Confusion, Intimacy versus Isolation, Generativity versus Stagnation, and Ego Integrity versus Despair.” For instance, stages 5-8 of Erikson’s (1963) stages of development are often
associated with college students and their continuous development of transitioning into adulthood. Stage 5 focuses on “identity versus role confusion,” Stage 6 focuses on “intimacy versus isolation”, Stage 7 centers on “generativity versus stagnation”, and Stage 8 concentrates on “ego integrity versus despair” (as cited in Raushi, 1993, p. 10). All of these stages are common adjustment and social interaction issues among students of various ages.

Sanford (1967) theorized that the psychosocial growth of students is a continual process that occurs while students adapt to their college environment. Their development transpires while they overcome both internal and external challenges. Raushi (1993) fostered this notion and suggested that academic advisors are an essential component of the student’s college environment who should encourage students to experience new interactions so they will continue to mature.

Another psychosocial framework for developmental academic advising is Chickering’s (1969) Seven Vectors of College Student Development. These seven vectors concentrate on developing students’ social, emotional, and scholarly growth; such as “Developing Competence, Managing Emotions, Moving Through Autonomy Toward Interdependence, Developing Mature Interpersonal Relationships, Establishing Identity, Developing Purpose, and Developing Integrity” (Chickering, 1969). Developmental academic advising incorporates these concepts by guiding students to increase their competence, manage their emotions, develop autonomy, and establish their identities (Kadar, 2001).

Next, the cognitive-development construct was grounded in Kohlberg’s (1984) theory of moral development. Kohlberg (1984) suggested that moral judgment evolves through six separate stages where a person moves from an egocentric view of self to a societal view.
Through maturity and development, these stages include “Obedience/Punishment, Self-Interest, Conformity and Interpersonal Accord, Authority and Social Order, Social Contract, and Universal Principles” (Kohlberg, 1984). These developmental stages are relevant to the college experience. Young adults explore new understandings, and their academic and social advancements are a result of the development of their moral judgment. Raushi (1993) used Kohlberg’s concept as a framework for developmental academic advising, suggesting that academic advisors can encourage students to discover new experiences by advancing their decision-making skills and rational judgment.

Perry’s (1981) scheme of cognitive and ethical development was also incorporated in the cognitive-developmental framework because it explains how cognitive development progresses through transitional phases. Perry (1981) suggested through three stages “Dualism, Multiplicity, and Relativism,” academic development might be hindered by students choosing to postpone their education, escaping or alienating themselves from interacting with peers and faculty, or retreating through avoidance of resolving life stressors. Raushi (1993) utilized this concept, emphasizing that academic advisors should be aware of students who are in any of the three phases described by Perry (1981). Students may be resistant to change until they accept that they need to overcome issues during these transitional phases.

Miller and McCaffrey (1982) combined psychosocial and cognitive-developmental theories to create their own framework called “Spice of Developmental Life.” This concept highlighted the need for academic advising to be inclusive of personal issues, physical well-being, life stressors, career goals, and academic performance. The perspective of human development of a student encompasses each component of the whole life that affects academic
progress. According to Miller and McCaffrey (1982), an academic advising program should resolve each issue separately and then address all issues together in order for students to fully develop.

Included in the basic development theories is the ecological approach. Initially, Egan and Cowan (1979) proposed the theory that human development is a function of the interaction between individuals and the internal and external systems such as personal and cultural experiences. Raushi (1993) enhanced this theory by postulating that the quality of academic advising depends on the “person-environment interaction” (p. 13). In essence, the college environment can either empower students to mature or impede their maturation.

Bronfenbrenner (1979) explained the ecological approach of student development in four structures called the microsystems, mesosystems, exo-systems, and macro-systems. Those systems function as a set of concentric circles with the innermost circle being the student. The outer circles demonstrate the progressive development. First, the microsystem includes the “activities and interpersonal relations within the setting of a specific college” such as the adviser/advisee relationship, participant in student events, and adult learner in the classroom (Raushi, 1993, p. 13).

Next, the mesosystem includes the interrelationships of the student such as family, work, community, and peers. The exo-system includes the external factors that affect the student’s experience, such as issues dealing with finances and family pressures. Finally, the macro-system is represented by societal beliefs, cultural views, and ideologies regarding the value of higher education. Raushi (1993) applied the ecological approach to student development and explained that a student can only completely function when stress is eliminated from all four of the systems
described by Bronfenbrenner (1979). According to Raushi (1993), academic advisors might understand the complexity of these systems and how they affect student lives in order to provide effective mentoring services.

Application of developmental academic advising in previous research. College or university mental health counseling professionals could benefit from incorporating developmental academic advising in their treatment strategies. The theoretical framework of developmental academic advising was applied in Kadar’s (2001) counseling liaison model. Kadar (2001) identified the need to incorporate academic advising into counseling techniques in order to improve student academic success and designed a counseling liaison model with the objective of “linking counseling intervention strategies with developmental academic advising” (p. 174).

Kadar (2001) utilized suggestions made by Tinto (1993), a leading researcher in student academic success, who proposed the following fundamental strategies to effective academic success: a strong dedication to quality education and the development of a strong campus perception of inclusive academic and social community. Tinto (1993) noted that continued contact between faculty and students is a key component to long-term academic success of students. Further, Tinto (1993) advised that students need goal clarification, so they understand their expectations of enrollment. Academic advising and mental health counseling represent an opportunity to guide students on short and long-term goals towards academic achievement (Tinto, 1993).

Kadar (2001) applied developmental academic advising as the theoretical framework in the counseling liaison model because it aligned the emphasis of the theory for academic advisors
and applied it to the role of mental health counselors. The counseling liaison model emphasizes the importance of open communication with faculty and staff so they can implement academic strategies suggested during mental health treatment.

Often, until the personal issues are resolved, students’ academic performance will not improve. In addition to treatment approaches for a variety of mental illnesses, counselors should be trained and knowledgeable about student adjustment issues, academic requirements, and personal stressors (Bishop, 2006). Kadar’s (2001) counseling liaison model proposes that the counselors will need to build rapport with the faculty who teach their student clients. Ideally, the relationship between the counselor, student, and faculty will demonstrate to the student that the higher education administrators care about their overall welfare and success.

**Summary of applying developmental academic advising to this study.** Current scholarly articles and empirical studies related to this problem of practice have noted the most common issue with academic success of students with mental illnesses is the lack of college or university mental health counseling services (Bishop, 2006; Brunner, Wallace, Reymann, Sellers, & McCabe, 2014; Dykes-Anderson, 2013; Mowbray, Mandiberg, Stein, Kopels, Curlin, Megivern, Strauss, Collins, & Lett, 2006; Sharkin, 2004). Those researchers have also addressed that it is not just the need to offer on-site counseling but that counselors should be trained to implement various approaches because students may have a variety of symptoms. The purpose of this research study was to assess whether or not students who were treated for mental health symptoms were well equipped to adjust to their psychological and academic challenges if the counseling offered included academic advising.
This problem of practice focused on students who experience emotional stressors, mental health symptoms, and life pressures, which affected their ability to make education a priority. Students who seek mental health counseling through their college or university counseling centers might benefit from having counselors who integrate academic advising in their treatment goals. Raushi’s (1993) theory of developmental academic advising is a human development perspective. Students have a multitude of issues that may be non-academic related. That perspective suggests that students go through a developmental process to mature while they overcome their obstacles. Mental health professionals and academic advisors may understand these transitional stages to design treatment plans which assist students who are dealing with emotional obstacles.

The developmental academic advising theory is divided into two categories: basic and focused. Students need to be viewed as individuals. Each student matures at their own pace based on their own life experiences (Raushi, 1993). Mental health counselors and advisors might understand that setbacks in specific situations will affect development. Additionally, mental health symptoms may hinder the ability to cope with these setbacks (Cleary et al., 2011). The focused theories concentrate on specific student populations, which would help mental health counselors understand the cultural perspective of these student issues. Overall, both categories of approaches were relevant to this research problem because the goal of this study was to obtain insight into what best practice treatment techniques by college mental health counselors will improve academic success.
Chapter Two: Literature Review

Approximately one in four students experience symptoms of emotional distress while enrolled in higher education (Ebdon, 2005). Students with mental illnesses who are enrolled in higher education are at high risk for attrition. Eighty-six percent of students with mental illnesses drop out of higher education institutions before graduation (Kessler, Foster, Saunders, & Stang, 1995).

Colleges and universities are challenged with supporting the psychological well-being of their students. Because of the increased enrollment of students who have mental health concerns, higher education institutions are recognizing the need to dedicate resources to adding or improving mental health counseling services. The key to improving academic success of students with mental illnesses is to offer effective counseling services. It is necessary for counselors to use a proactive, individualized, multi-faceted treatment approach that focuses on both emotional and academic stressors, and that addresses the diverse mental health issues seen in the influx of enrolled students diagnosed with various disorders (Gilbert, 1992).

The purpose of this literature review is to examine scholarly literature relevant to students with mental health concerns and how the benefits of combining academic advising with campus mental health counseling services may help students accomplish their academic achievements. The three main concepts addressed in this literature review are (1) identification of common psychological symptoms related to students with mental illnesses, (2) treatment options available on-site at higher education institutions, and (3) the roles of the campus mental health counselors and academic advisors.

Identification of Common Psychological Symptoms
The transition to postsecondary education can be both exciting and filled with anxiety. The life-changing environment exposes students to stressful risks that can aggravate mental health symptoms (Cleary et al., 2011). Common factors related to the increase of anxiety and stress are academic challenges, lack of a parental support system, struggles identifying as a new adult, and financial concerns (Curtis, 2010). Students may also be unaware of potential developments in mental illness since seventy-five percent of mental illnesses begin before the age of twenty-five (McGorry, 2005). Additionally, there has been an increase in students who are cognizant of their mental health symptoms and are now eligible to attend college because they received individualized accommodations in their secondary education (Novotney, 2014).

The scholarly articles have been reviewed to identify historical perspectives and trends in addressing mental health issues at higher education institutions and common psychological disorders and symptoms found in postsecondary students.

**Historical perspective and trends.** Historically, higher education administrators have recognized the necessity to offer on-site mental health services since the early 1900s. The first mental health services were provided at Princeton University, in 1910, as a response to attrition issues related to personality and emotional problems (Kraft, 2011). Administrators increased their campus mental health resources as a reaction to veterans who served in World War I and later enrolled in colleges or universities after completing their service. Many of these veterans were labeled as “shell-shocked,” an acute stress disorder related to combat stress (Matson, 2016). At that time, psychological disorders were often misunderstood and maltreated; there was societal awareness that veterans experienced changes in their mental health and overall well-being. Since 1983, veterans are now more commonly diagnosed as suffering from Post-
Traumatic Stress Disorder (PTSD), which is often treated with a combination of counseling and medications such as anti-anxiety and/or anti-depressants (Matson, 2016).

During the early periods in the history of psychology, people were viewed as having issues with mental hygiene (Munro Prescott, 2008). In order to treat World War I veterans who had diminished mental hygiene, some private academic institutions invested in providing mental health services. However, during the Great Depression, financial constraints occurred and these services ceased. After World War II, higher education administrators reconsidered the need to offer counseling services, since many veterans enrolled and they, too, demonstrated emotional problems related to being “shell-shocked” (Munro Prescott, 2008).

Colleges and universities have been aware for numerous years that there is a need to offer mental health services; over time, they have tried many different approaches. The first approach to mental health services available for students included the “Group for the Advancement of Psychiatry (GAP)” which was founded by Brigadier General William Menninger, in 1946 (Munro Prescott, 2008, p. 260). The Group focused on using community-based models of treatment to help student veterans re-orient themselves in society after serving in World War II. This was a multidisciplinary approach, which addressed both psychiatric, and public health services. Their goal was to inform the public on the best techniques to overcome mental illness and it was concentrated on improving mental hygiene in colleges and universities (Munro Prescott, 2008).

In 1947, President Truman’s Commission on Higher Education reported that colleges and universities are responsible for more than just intellectual development. They also should focus on “emotional growth and social adjustment” (Munro Prescott, 2008, p. 261). In later years,
GAP was renamed the “Committee on the College Student” and it advised higher education administrators and faculty members on the best methods to encourage emotional development in their students (Munro Prescott, 2008, p. 261). Those techniques included holding students accountable for their choices and behaviors. In order for mental health treatment to be successful, students needed to be included in the development of their treatment plans and committed to overcoming their challenges (Munro Prescott, 2008).

Throughout the remainder of the twentieth century, psychology became more accepted as a social science and treatment options expanded. Mental health professionals applied their philosophical approaches to include the effects of emotional problems on academic performance. Since the 1970s, college and university counselors have extended their treatment techniques to include student development concepts. Moreover, higher education administrators were encouraged to learn about the various services that were offered in campus counseling centers so they would value the impact that counseling services had on student success (Bishop, 2010).

Since the 1990s, colleges and universities have continued to evolve their counseling services to adapt to the need for students to be accountable for the design of their treatment plan. Some common services provided are assessments for Attention Deficit/Hyperactivity Disorder (ADHD), rehabilitation for substance abuse, crisis intervention, and treatment for Major Depressive Disorder (Much, Wagener, & Hellenbrand, 2010). Regular forms of treatment include both individual and group therapy. Improvements in psychotropic medications have also made for popular treatment options, which have helped college students remain enrolled because they no longer experience the past harsh side effects that altered their mood or sleep and eating patterns (Hartley, 2013).
Common Psychological Symptoms of Students At-Risk for Academic Performance

Eisenberg, Golberstein, and Gollust (2007) found about thirty percent of postsecondary education students are diagnosed with a mental illness. In particular, the most common psychological disorders diagnosed in students have been depression, anxiety, stress, mood disorders, suicidal ideation, and issues with abuse of alcohol and/or drugs (Cleary et al., 2011). Several symptoms that are ordinarily associated with students suffering from mental illnesses are lack of motivation, feeling overwhelmed, feeling sad and hopeless, fatigue, disorganization or poor time management, fluctuations in moods, being easily distracted, and changes in sleep and eating patterns (Cleary et al., 2011).

Rosenthal and Schreiner (2000) noted that the demographic of college students has changed significantly and there can no longer be a label for classifying traditional students. The heightened prevalence of students with mental illnesses might be a result of the increase in enrollment of women, minorities, veterans, and lower socioeconomic students. When students choose to attend college, they are often naïve to the academic and psychological burdens that occur in this new phase of adulthood (Rosenthal & Schreiner, 2000).

Social stressors such as forming new relationships, finding independence, adapting to new living environments, and the increase in academic demands could affect most students. However, these characteristics can be potentially hazardous for young adults who are at risk for mental illness or have newly-diagnosed disorders (Cleary et al., 2011). How students cope with the stress of their new environment may impact their ability to remain enrolled. Nevertheless, many students in emotional distress do not seek campus mental health services because they perceive their hardships to be a natural occurrence of being a student (Stallman, 2010).
Approximately fifty percent of college and university students report symptoms of depression during their first year of postsecondary education (Ribeiro, Feixas, Senra, Senra, & Dada, 2012). Not only do these depressive symptoms affect their mood and emotional state, but their organizational skills, attendance, and overall academic performance suffer due to both physical and psychological effects. The transitional issues of learning a new adult role, higher academic expectations, and the overall complexity of new life experiences may cause a depressive state. Unfortunately, if students avoid these mental health indicators or if the college or university does not validate the severity of this emotional state, students may suffer a more prolonged serious condition found in Major Depressive Disorder (Ribeiro, et al., 2012). This often becomes a repetitive cycle of downfall because the continued poor academic performance enhances the symptoms of depression, anxiety, and stress (Stallman, 2010).

In addition to depressive symptoms, a common psychological diagnosis found in student combat veterans is Post-Traumatic Stress Disorder (PTSD). There has been an influx in enrollment of Veterans since the terrorist attacks, on September 11, 2001, which were followed by United States military action, particularly in the Middle East; and campus counselors have been challenged to understand the military culture to which these students are accustomed. Veterans are not typical university students due to training and service in the military prior to enrollment. Those Veterans who have served in combat and are later diagnosed with PTSD, traumatic brain injury, and/or moral injury often avoid treatment due to the effects of their combat-related experiences (Romero, Riggs, & Ruggero, 2015). It is also common for combat Veterans to remain isolated, so they are disconnected from the university staff and resources. This becomes a difficult situation for colleges and universities to assist Veterans when they
might be avoiding treatment solutions; consequently, it is likely that these students would be referred to seek guidance from the U.S. Department of Veteran Affairs (Romero, Riggs, & Ruggero, 2015; Niv & Bennett, 2017).

Two disorders commonly found in students, which are associated with adverse academic performance, are ADHD and Dyslexia. These two disorders are now the most-frequently accommodated disabilities in higher education institutions with over fifty percent of students who receive accommodations having either of these diagnoses (Harrison & Wolfforth, 2006). Students with ADHD have often reported symptoms such as continuing scholastic underachievement, lower scores on tests, and an increased failure rate in postsecondary education (Patros, et al., 2013). These symptoms are also associated with negative effects on interpersonal relationships and problems with peers, which can hinder the students’ ability to function adequately in many social and academic settings.

On the other hand, dyslexia is a learning disability rather than a mental disorder, but it can cause psychological discomfort due to the stresses associated with attempting academic achievement. Students often are not diagnosed during previous schooling and do not realize the scholastic difficulties that they will face in postsecondary education. They report feelings of shame, embarrassment, isolation, lack of motivation, and increased levels of stress (Harrison, Edwards, & Parker, 2008).

Although all of these emotional symptoms can occur in any students, assessment for mental illness is needed if the symptoms become severe or disrupt academic performance (Cleary et al., 2011). Academic success may be affected if students with mental illnesses are unable to continue their education. In O’Keefe’s study, students stated that their issues with
attrition were due to “feeling that they do not belong, feeling rejected, and did not adjust to normal academic challenges associated with college life” (O’Keefe, 2013, p. 606). It is in the best interest of campus counseling center directors to offer counseling options that focus on improving self-esteem and defining one’s self in addition to reinforcing the expectations of being a successful college or university student (Ribeiro, et al, 2012).

**Conclusion of common psychological symptoms of students at-risk for academic performance.** The awareness of students with mental health concerns has increased in higher education institutions as the demographic of students continues to change and more psychological treatment techniques have become available. Trends in student mental health describe how students’ psychological well-being may interfere with both academic and social development (Novotney, 2014). Novotney (2014) noted, some colleges and universities have addressed this concern by making campus resources more readily available and improving services offered at campus mental health facilities.

**Treatment Options Available On-Site at Higher Education Institutions**

Students with untreated mental health issues are at high risk to abandon their education (Bishop, 2006). In order to improve academic success of students who have mental health concerns, colleges and universities should provide on-site counseling services. However, there are issues that higher education administrators need to address in order for these counseling services to be successful. Campus mental health professionals are bound by the same confidentiality rules as other mental health workers even though the colleges or universities employ them.
Therefore, higher education administrators are frequently reluctant to support treatment options because they are often unaware of successful treatment progress. Mental health counselors who work at academic institutions are able to obtain student permission to release information, but many students may be hesitant to seek counseling if they think their information will not remain confidential. This suggests that administrators, faculty, and staff need to be informed on identifying behaviors and on the scope of necessary counseling services (Much, et al., 2010).

Another concern is that campus counseling centers do not have the means to treat long-term mental health disorders, so administrators look for a “quick fix for students in distress” (Much et al., 2010, p. 34). Students who have symptoms that are affecting their academic performance are often referred to campus counseling centers; and there is an assumption that their adverse behaviors will cease after a few sessions. However, campus counseling centers are generally designed to address only short-term treatment needs, which is counterproductive because treatment progress occurs in phases and usually requires dedication from students to attend counseling for several months. Depending on when students seek counseling, there may not be enough time left in their education to focus on long-term treatment plans. Therefore, counselors are often trained to treat a variety of mental health conditions and may refer students to off-site treatment providers if long-term care is necessary (Much et al., 2010).

**Current treatment options that contribute to academic success.** Colleges and universities offer on-site resources to benefit the welfare of their students. Some common services provided are assessments for ADHD, rehabilitation for substance abuse, crisis intervention, and treatment for Major Depressive Disorder (Much et al., 2010). During
individual or group counseling sessions, students identify academic issues and learn methods to improve their performance. They learn techniques to build self-confidence and reduce negative self-perceptions. Students address their stresses associated with adapting to academic pressures and learn coping mechanisms for stress reduction. They are encouraged to remain enrolled while they overcome their challenges (Hartley, 2013).

Mobley (2008) conducted a case study that had the purpose of using counseling to improve academic success and involved having a campus mental health professional implement different treatment techniques to address a student’s depression and academic concerns. That case study found that a combination of therapeutic techniques was a best-practice procedure to tackle both challenges. By using the method of psychotherapy, the root of the problems could be identified and the use of cognitive-behavioral intervention assisted with the implementation of strategies to improve emotional well-being and academic performance.

Another approach linked developmental theories with treatment goals focused on accomplishing future career aspirations (Bishop, 2006). Bishop (2006) found that setting goals helped students remain hopeful for future long-term objectives, and it challenged students to look past minor setbacks so they are aware of the bigger picture. That method of treatment focused on improving time management, reducing or eliminating negative stressors, and concentrating on long term ambitions.

Additionally, some colleges and universities have used an alternative counseling technique, emotional intelligence, which has shown positive results. That method identifies both positive and negative emotions that impact academic performance (Saklofske, Austin, Mastoras, Beaton, & Osborne, 2012). Counselors help students identify these emotions so they can
equalize their anxiety, depression, and stress levels. In order to have a strong well-being, it is necessary for students to understand their emotional intelligence (Saklofske et al., 2012). Students will be able to effectively manage stress when they can stabilize their positive and negative emotions.

Danitz and Orsillo (2014) assessed different treatment methods to determine which techniques show long-term significant effects on decreasing mental health symptoms and increasing academic success for treating students with mental illnesses. Danitz and Orsillo (2014) reviewed a comparative study that assessed which treatment method was more effective on reducing and preventing depression. Cognitive behavioral treatment, which focuses on revising thoughts and actions or relaxation techniques to reduce anxiety demonstrated more significant effects, but they were not long lasting (Danitz & Orsillo, 2014). Treatment programs that focused on “self-understanding and interpersonal interaction” showed significant results in male students but not female students (Danitz & Orsillo, 2014, p. 551).

Danitz and Orsillo (2014) indicated that based on the treatment methods attempted so far, cognitive behavioral treatment approaches have shown the most positive results. Consequently, Danitz and Orsillo (2014) reviewed a study that was conducted to enhance this method by offering “acceptance-based behavioral therapies (ABBTs)” (Danitz & Orsillo, 2014, p. 551). Those types of therapies expand on the thoughts and actions that have hindered students’ academic performance. By offering a multi-faceted treatment approach, there have been significant improvements on issues of anxiety, stress, and depression (Danitz & Orsillo, 2014). The limitations to that approach are that campus counselors would need continuous training in
various forms of counseling techniques, and it requires students to attend several sessions of treatment.

In situations where the campuses have low student populations or are located in rural areas, a technique of “tele-mental health services” has been used (Khasanshina, Wolfe, Emerson, & Stachura, 2008, p. 35). Due to advancements in technology, it is possible to conduct “web-based video-conferencing on the virtual private network” (Khasanshina, et al., 2008, p. 35). This option could also be an effective method for all campuses that need to reduce their overcrowded counseling services because students will not need to actually attend in person. Another use of technology to assist campus counseling services is text messaging. Since this seems to be the current preferred method of communication by students, counselors found success and stable contact using this approach (Joyce & Weibelzahl, 2011).

Essentially, the identification of effective treatment methods may benefit higher education administrators, so they can recognize issues that are associated with student academic success. While many colleges and universities have determined the logical solution to assist students with mental health issues is to offer on-site counseling services; they have also implemented several additional strategies to improve academic success. These strategies are most effective when students with mental illness concerns apply treatment options concurrently while utilizing the other resources that are available to assist them.

**Approaches to improve academic success of students with mental illness.** It is common for students with mental illness to feel alone or isolated. While adapting to academic challenges, an unfamiliar environment, and ultimately a new phase in life, it is important to build a new support system and to develop a “sense of belonging” (O’Keefe, 2013, p. 607). Stallman
(2010) noted that students reported a reduction in psychological symptoms when they felt they were in a stable environment and had a connectedness to peers and to their academic institutions. It is necessary for higher education institutions to have a supportive, non-judgmental culture. Students should not be afraid of discrimination, harassment or intimidation by faculty, staff, or other students if they admit they have issues that affect their ability to complete assignments, concentrate, and attend class on time (Cleary et al., 2011).

School belonging has been linked to higher academic performance and academic success (Gummadam, Pittman, & Ioffe, 2016). If students recognize that there are faculty and staff members who are invested in their well-being, it will be easier to create a perceived sense of acceptance. This awareness can be fostered from the beginning of enrollment if colleges and universities promote a supportive culture. Students reported a sense of belonging when the academic institution encouraged a culture of inclusion and respect (Goodenow, 1993). Students will become accustomed to campus resources that can help them resolve issues and overcome their personal stressors. Students, families, and staff can be educated during new student orientation on how to identify early symptoms associated with mental illness. They also need to be informed of the counseling services available on campus (Mowbray et al., 2006). Overall, students may identify a connection with the college or university culture that will be evident in their “school engagement, academic motivation, and academic achievement” (Gummadam, et al., 2016, p. 290).

Early intervention for mental health treatment has been associated with student academic success (Kitzrow, 2003). Parents are often the first members in the students’ support systems to notice changes. Likewise, students may confide in their parents regarding personal dilemmas in
which they request assistance. Parents who have shown support of their children who need mental health counseling have influenced their academic success. Parents should educate themselves on the types of counseling services, confidentiality policies, and credentials of counselors (Bishop, 2006).

Another implication of how colleges and universities that offer on-site counseling could help improve student academic success is to have counselors coordinate with higher education administrators to determine students who are at high risk for attrition (Sharkin, 2004). Campus counseling services should offer a multi-faceted treatment approach that addresses psychological, adjustment, and academic problems (Dykes-Anderson, 2013) where the goals of the campus counseling centers coincide with the mission of the higher education institutions. The counselors could train designated academic advisors on best practice methods that assist with alleviating stress and increasing levels of concentration. They also could inform these academic advisors of specific treatment goals of students so their progress can be monitored and support can be offered when needed (Sharkin, 2004).

A study was conducted to demonstrate that campus counseling will have a positive effect on academic success. Bishop and Brenneman (1986) monitored the academic progress of students who attended counseling because they had contemplated quitting or failing out of their academic institution. The study results showed that eight-six percent of the participants who were engaged in campus counseling services remained enrolled for at least one more semester and only three of the participants voluntarily withdrew from school.

Students who identified as at-risk for academic success and sought counseling were monitored in a study by Bishop and Walker (1990). The academic status of those students was
assessed one year later to determine whether or not counseling affected their decision to remain enrolled. The study showed that by the subsequent year, eighty percent of the participants had continued their enrollment. The students noted that counseling had helped them stay enrolled because they improved their organizational skills, received emotional support, and dealt with their fear of being considered failures.

Similar studies have been conducted more recently to demonstrate continued improved academic success of students with mental illnesses who receive campus counseling services. Turner and Berry (2000) conducted a longitudinal study over a period of six years, comparing academic success rates of students who attended campus counseling versus the general student population. They found that eighty-five percent of students who received campus counseling services remained enrolled, compared to only seventy-four percent of the general student population.

Additionally, a similar study was conducted by Klomegah (2007) evaluating whether or not academic performance and academic success of at-risk students correlated with psychological factors. Klomegah (2007) surveyed first-year university students to assess student academic performance and self-goals. He found self-efficacy to be the greatest predictor of successful academic performance and concluded that there was a correlation. More than ten thousand first-year and transfer students participated in a study by Lee, Olson, Locke, Michaelson, and Odes (2009). The results of that study revealed higher academic success rates for students who had attended counseling in campus counseling centers.

Because students with mental health issues may experience a variety of symptoms that affect their academic performance, colleges and universities cannot depend on counseling to be
the only solution. It is necessary for faculty members and staff to “create a caring environment” (O’Keefe, 2013, p. 607). In order to address the increasing rates of enrollment of students with mental health symptoms, faculty members and staff need to be trained on how to focus students during their transition into their new academic environment. This will help with earlier identification of at-risk behaviors that may become worsened with life stressors (Cleary, et al., 2011).

Legislators also acknowledged the importance of supporting students with mental illnesses. They created the “Mental Health on Campus Improvement Act (MHCIA)” to support campuses that offer counseling services (Dykes-Anderson, 2013, p. 745). This act permits higher education institutions to apply for federal grants so they can improve their mental health services and prevention programs. The funds may be applied to develop community outreach services or for providing treatment for both mental health and/or substance abuse issues. The funds may also be used to increase the education for faculty, staff and students so they can detect early signs of mental health symptoms.

**Conclusion of treatment options available on-site at higher education institutions.**

Campus mental health centers are designed so counselors can provide treatment for students with mental health concerns which may assist with improving student academic success. These strategies are beneficial regarding student academic success, which requires dedication from students, faculty and staff, higher education administrators, and counselors who are all involved in student success. Students with mental illnesses will need to be assessed individually and a combination of methods to see which is most effective for each person’s needs.

**The Roles of Campus Mental Health Professionals and Academic Advisors**
College and university mental health professionals and academic advisors are tasked with providing services for students with mental health issues who are at risk for academic failure (Dykes-Anderson, 2013). Counselors and advisors frequently adjust their functions due to various student demographics and the general psychological well-being of college students (Watson, 2013). Therefore, campuses that offer resources of combining academic advising and mental health counseling differ from other campus resources because the combined treatment plans include cognitive and behavioral modification techniques in addition to academic success plans.

Counselors and academic advisors are responsible for understanding how to integrate the needs of the higher education institutions with the needs of their students (Upcraft, Gardner, & Barefoot, 2005). They must be trained in a variety of approaches to address the issues that hinder both academic performance and mental health growth. Colleges and universities that offer combined counseling and academic advising may incorporate academic advising and mentoring strategies into their mental health treatment techniques to encompass the comprehensive issues faced by students with mental illnesses (Kadar, 2001).

The Council for the Advancement of Standards in Higher Education (CAS) supports the enhancement of programs and services to improve the quality of student learning and growth (Council for the Advancement of Standards in Higher Education, 2014). CAS established the importance for campuses to provide resources that include unified professional counseling standards to support higher education initiatives by offering services that focus on assisting students to “accomplish personal, academic, and career goals” (Council for the Advancement of Standards in Higher Education, 2014, p. 6).
Programs offered by combining campus counseling services and academic advising advocate for enhancing the academic experience, which supports the goals of the academic institution to promote “intellectual, emotional, and physical development of students” (Council for the Advancement of Standards in Higher Education, 2014, p. 6).

**Role as mentors.** Campus mental health professionals who integrate academic advising with counseling may achieve more success with positively impacting student academic success if they act as mentors (Sharkin, 2004). Their treatment plans would focus on helping students with mental illnesses who are also struggling as adult learners (Baker & Griffin, 2010). In particular, counselors/advisors who act as mentors would be encouraged to be role models and to establish emotional support. By demonstrating a non-judgmental approach, this mentoring role would promote empathy, respect, and honesty (Bernier, Larose, & Soucy, 2005). This would furnish a mutual respect between the counselor/advisors and students, so the mentoring relationship can be fostered.

It is essential to create a compassionate campus environment, which requires the understanding of a multitude of student distresses and “concern for emotional well-being” (Brunner, Wallace, Reymann, Sellers, & McCabe, 2014, p. 276). Counselors who incorporate academic advising in treatment strategies may demonstrate similar characteristics to mentors that could assist with the development of both academic abilities and positive attitudes by providing both emotional and academic support. The mentoring relationship would strengthen as counselors/advisors identify specific student and personal issues.

It is also important to address the obstacles that impact student success and determine students’ perceptions of self-confidence and self-esteem. They can establish their academic
challenges, their peer relationships, and their future goals. In this way, a motivational relationship could be established that encourages identification and resolution of “developmental, social, and emotional challenges” (Watson, 2013, p. 100) so that students will be empowered to use innovative techniques for problem solving and goal setting.

Counselors/advisors who embrace the role of mentoring implement the “three R’s of mentoring: respectfulness, responsibility, and reliability” (Jones & Goble, 2012, p. 274). Open and consistent communication are the key characteristics for fostering a mentoring relationship. At-risk students may show more academic success if counselors combine mental health treatment and academic advising to design individualized plans, which include strategies on academic preparedness and short and long-term goals to be successful in college (Cates & Schaefle, 2011).

Many colleges and universities view the role of emotionally supporting students as a shared responsibility among all staff (Pearson, 2012). However, by creating a mentoring role, the responsibility could be more focused to enhance the ability to address unique concerns of students with mental illnesses. Counselors who integrate academic advising in their mental health treatment would be able to act as mentoring liaisons with other faculty and campus staff to utilize the resources available to assist these at-risk students. This concept would nurture a campus environment of promoting both emotional and intellectual growth. As mentors, counselors may concentrate on guiding students to increase self-efficacy. Through self-efficacy, students could maximize their ability to plan and implement steps to achieve academic goals (Pearson, 2012).
Positive relationships between students with mental illnesses and their counselor/advisor may help identify areas where improvement is needed, as well as cultivate a sense of belonging with the academic institution. It is important for students to participate in their school and to be involved with activities that promote inclusion and scholarly achievements. Feelings of isolation commonly associated with students who have psychological issues often intensify emotional distress. Like counseling, mentoring can help students to overcome their negative feelings and it can promote community integration to help with adjustment issues (Pearson, 2012).

The counselor/advisor relationship may positively impact student academic success when academic advising, and mental health counseling are combined. Key factors depend on building trust, demonstrating guidance, and coaching at-risk students to evaluate multiple options to be solution-oriented. Counselors and academic advisors are educated and trained to be insightful and supportive, which are necessary attributes for their roles to be effective. The role of counselors/advisors as mentors enhances the expression of empathy and ability to provide constructive feedback, which promotes professional growth and interpersonal skills. Additionally, they identify areas of resistance to change and any relationships that might be negatively impacting educational success. Overall, an effective counselor/advisor demonstrates belief in at-risk students by building positive working relationships (Pearson, 2012).

**Combined role of counseling with academic advising.** A pattern exists between psychological symptoms and adverse effects on academic performance. This pattern helps identify at-risk students based on how much the emotional distress has become a negative impact in the learning environment. Some colleges and universities are interested in making changes with regard to academic advising. Because many academic advisors are not informed of
psychological causes of scholastic issues and are not prepared to counsel students who have mental health concerns, Kot (2014) advocated for postsecondary institutions to combine the role of the academic advisor in with the role of the campus mental health professional. However, this practice has not been widely adopted in colleges and universities (Broadbridge, 1996).

Although the traditional roles of academic advisors and counselors may be very different, there are enough similar goals and familiarity with the students’ needs that a combined role could benefit academically at-risk students who have mental health concerns (Broadbridge, 1996). The commonalities of the two roles pertain to successful student and personal development to achieve academic success (Krumrei & Newton, 2009). Addressing needs of students with mental health concerns may integrate disciplines such as counseling, student development, academic support, and career planning (Schwitzer, Pribesh, Ellis-O’Quinn, Huber, & Wilmer, 2012).

“Good advising is the most underestimated characteristic of a successful college experience” (Light, 2001, p. 81). Walters and Seyedian (2016) described how the long-established practice of academic advising focused on improving motivation and grades but the more recent inclusion of developmental advising emphasized enhancing academic and personal growth by developing goals through self-reflection. At many higher education institutions, the role of academic advisors has been to help students learn critical and developmental skills necessary for students to meet the campus expectations for academic success in order to graduate (Butler, 1995).

Traditionally academic advisors have not been in a position to identify academic issues such as poor attendance, deficient study habits, and lack of completion of assignments as being
influenced by deeper emotional disorders (Robbins, 2012). Moreover, academic advising is often a generic one size fits-all approach to resolving scholastic matters rather than counseling, which is individualized to meet the unique needs of each student client. This has differed from the role of campus mental health professionals who generally assist students to learn self-maintenance techniques unique to their needs and effective behavioral skills to enhance their decision-making capabilities (Butler, 1995).

When the role of the academic advisor is combined with the role of campus mental health professional, there is a stronger potential for this mutual role to identify students’ personal goals and areas of needed improvement and to refer students to the proper resources for additional assistance (Kot, 2014). Broadbridge (1996) described how the combined role could be viewed as a specialist approach to address both academic performance concerns and psychological welfare. Counselors and advisors often use similar communication strategies to gain insight into the personal or emotional concerns which may disrupt learning or academic performance (Krumrei & Newton, 2009). As a shared role, a shift in strategies could be made to help students with mental health concerns identify barriers, set personal goals, and develop approaches to achieve success (Kuhn et al., 2006).

Effective academic advising is a critical factor for student success (Tinto, 1993). It is important for advising to be clear and consistent with established ground rules and boundaries. Common academic advising approaches in both community colleges and four-year academic institutions explore life goals, career goals, program interests/courses to study, and course scheduling (O’Banion, 1994). The sequence of processes is not always individualized so students with mental health concerns may need extra assistance.
Using a student-centered approach to build advising relationships with students is likely to empower at-risk students to find their own direction, develop self-awareness, improve communication and social skills, identify issues that cause poor academic performance, and connect students with additional campus resources to enhance successful growth (Macleod Weeks, 2004). Krumrei and Newton (2009) described how the first step in this student-centered approach is to listen to the students clarify their specific obstacles and what they would like to resolve. Identification of the nature and source of the problems assists with assessment of degree of severity or interference.

The next step is to consider if the student is prepared to change. Students with mental health concerns may be ready for change but lack self-awareness of how to plan phases of action. In some higher education institutions, this might involve academic advisors referring students to counselors for further review (Krumrei & Newton, 2009). However, academic advisors who implement developmental advising strive to offer mentor relationships which build on resolving personal and educational plans (Kuhn, Gordon, & Webber, 2006). This holistic approach to student development enhances the overall student welfare (McWilliams & Beam, 2013).

The combined role of mental health professional and academic advisor identifies personal characteristics and external pressures that are affecting academic performance (Althen & Scott, 1983). Office of Student Life Studies (2000) identified the following academic performance issues that suggest a deeper concern of psychological symptoms: “excessive procrastination; decrease in the quality of work; too frequent office visits; listlessness, sleeping in class; marked changes in personal hygiene; impaired speech or disjointed thoughts; threats regarding self or others; and marked changes in behavior” (Harper & Peterson, 2005). Additionally, advisors in
National Association Advising Association (NACADA, 2005) identified further warning signs that academic issues are associated to emotional distress: “flat affect (failure to show emotions), under-responding to academic notice, absence from class, too much or too little time spent in the residence hall, crying, incongruous affect (smiling while crying), lack of follow-through, and unable to describe own emotions” (Harper & Peterson, 2005).

Students with mental illnesses who are deemed academically at-risk may lack both self-awareness and realistic study objectives and practices, by using developmental academic advising, the dual role could concentrate on how these issues impact each other (Althen & Scott, 1983; Freeman, 2008). In order for the dual role of academic advisor and counselor to be most effective, three components of academic advising are necessary for counselors to implement in their combined role: (1) be knowledgeable about institutional policies and procedures, (2) have strong interpersonal skills to engage students to be included in their own treatment plans and success strategies, and (3) support the academic institutional mission to guide students to remain enrolled while they resolve their challenges (Robbins, 2012).

Getzel (2008) evaluated a model that integrated academic advising services into the counseling role at Virginia Commonwealth University. The university expanded services that were already available on campus and implemented new strategies specifically designed to assist students with disabilities. Their model advocated for promoting self-determination skills, enhancing self-management techniques, supporting professional growth and career goals, and educating faculty to incorporate learning methods into instructional design so the curriculum would be more beneficial for the academic needs of at-risk students (Getzel, 2008). Specifically, this model was applied to the dual role of advisors/counselors because counselors can assist
students who have mental illnesses to adjust to college or university expectations and the environment. Consequently, students would be able to remain enrolled while they identified their academic challenges and needs for accommodating their disorders.

Freeman (2008) assessed a model at the University of Wisconsin, Oshkosh where the campus transformed the academic advising center to incorporate developmental academic advising and counseling techniques into the center’s goals. The objectives of the advising center included a supportive environment to promote decision making, independent thinking, and to be solution-oriented for resolving both personal and academic challenges. The structure enabled advisors/counselors to support the needs of their students in a comprehensive approach compared to the previous limited resources. The advisors/counselors assessed students’ strengths and weaknesses, developmental and learning deficits, and personal goals. Prior to the restructuring of the advising role, advising was limited to students’ self-report of issues and did not include overall wellbeing (Freeman, 2008).

**Conclusion of the roles of campus mental health professionals and academic advisors.** Academic advising and mentoring can be used as the links between academic affairs, student support services, and faculty (Tuttle, 2000). Integrating the roles of counselors and advisors would successfully demonstrate expertise of both strategies by guiding at-risk students to clarify their educational plans and how to implement methods to overcome personal obstacles. By including academic advising, mentoring, and counseling approaches, students with mental health concerns will develop problem-solving skills necessary to improve both their academic performance and emotional well-being.

**Summary**
The scholarly, peer-reviewed literature regarding counseling services for students with mental illnesses and their effects on academic success indicates that there are several positive reasons why colleges and universities may want to consider dedicating resources to expanding their on-site counseling services to incorporate academic advising for students with mental health concerns. Three essential reasons why effective campus counseling services are necessary: (1) students with mental health issues represent a substantial portion of students at-risk for attrition, (2) students who engage in campus counseling services have higher rates of academic success, and (3) campus counseling services address a variety of issues that impact academic performance and challenges that could otherwise become causes for withdrawing from school (Van Brunt, 2008).

Fundamentally, faculty and staff are often ill-equipped to directly assist students who have problematic behaviors and mental health concerns. They frequently do not recognize possible signs or symptoms of mental health disorders when students express disrespect, have consistent tardiness, demonstrate continued poor academic performance, or are persistently unprepared. It is important to provide training for faculty and staff to identify these symptoms early so that students can be properly referred to mental health counselors for assessment (Cleary, et al., 2011). If the problems persist and are untreated, students have a higher chance of discontinuing their education. Educating faculty and staff on common mental health symptoms that may affect students’ academic performance will assist with early identification and referral to counseling professionals, who can determine the next course of action.

Appropriate treatment for mental health issues can have a positive effect on the well-being of students and their academic success (Cleary, et al., 2011). Counselors should be
encouraged to provide outreach programs and trainings for faculty and administrators to
“promote critical thinking about mental health issues and methods of intervention” (Brunner et al., 2014, pp. 259-260) so that they are in a solid position to make effective referrals of students to counselors when there are concerns. They can also provide workshops that address common, developmental transition strategies to help those students who have difficulty with adapting to their new learning environment. Additionally, counselors can educate the student population about mental health issues so the campus culture will be more tolerant.

Following this review of literature, it appears that research on integrating academic advising and counseling resources of students with mental illnesses is a fairly-recent concern. Various studies have explained theoretical models to distinguish “methods for effective work in a variety of campus roles and institutional relationships” (Schwitzer, 2009, p. 99) but those studies are limited on describing where these combined roles have been successfully implemented at higher education institutions. Specifically, literature regarding college counseling and student development in a community college setting is limited (Schwitzer et al., 2012) due to minimal enrollment time for counseling and advising (Locke, Wallace, & Brunner, 2016). In cases of successful community college counseling studies, researchers have “examined narrow, carefully defined, and intentionally differentiated campus groups” (Schwitzer et al, 2012, p. 78).

Another area where additional research is needed is for more studies on the specific disability factors that affect academic performance. Not all mental health disorders are the same, so college or university counselors will need to have more information on the specific symptoms that have affected academic performance rather than social adjustment (Hartley, 2013). Future
studies on how campus advising and counseling are modified are necessary to evaluate the evolving diverse student population and developing psychological issues (Locke et al., 2016). There is an abundance of scholarly literature addressing students with mental health concerns, but more research is needed to delineate effective campus resources and administrative roles (Spencer Rosenthal & Wilson, 2016).
Chapter Three: Research Design

This research study was designed to identify how developmental academic advising should be integrated into college or university mental health counseling services. It was designed to explore how campus counselors incorporate academic advising into their treatment approaches and to assess their perceptions as to whether or not academic success improves for students with mental illnesses.

Research Question

The following question guided the research on the role of college counselors who apply developmental academic advising into their treatment methods:

Do campus mental health professionals who intentionally combine academic advising and mental health counseling perceive that it contributes to the academic success of students who seek counseling for mental health concerns?

Qualitative Research Approach

The constructivist paradigm was chosen to guide this phenomenological study to understand the culture and environment in which campus mental health professionals perform counseling. Social constructivism seeks to develop meaning in the lived experiences. Creswell (2013) noted that the meanings are “not simply imprinted on individuals but are formed through interaction with others” (p. 25). By using this approach, the focus was viewed through the lens of the unique context in which campus counselors work and the distinctive at-risk student population of students whom they counsel and advise.

Through interviews, the researcher explored “in detail the experiences, motives, and opinions” of the participants in order to understand their experiences from a specific perspective
(Rubin & Rubin, 2012, p. 3). Each participant’s perception enhanced the importance of the experience.

The distinguished meaning of counseling students with mental illnesses was uncovered “through deep reflection” of the campus counselors’ perceptions (Ponterotto, 2005, p. 129). The research question focused on developing patterns of meaning of the individual lived experiences and perceptions of campus counselors (Creswell, 2013).

The success of counseling can be subjective, so the reality of whether counseling does improve academic success of students with mental illnesses is constructed from the interactive dialogue between the participants and the researcher (Ponterotto, 2005). Understanding how campus counselors assist students with mental illnesses achieve academic success can be measured through the lens of their perceptions and experiences regarding students with mental illnesses who are academically at-risk and descriptions of specific types of counseling treatment which included academic advising.

**Phenomenology.** Phenomenology is an approach used to extract the truth of a phenomenon hidden in the unique experiences of individuals (Moran, 2000). The goal of phenomenology is to fully illustrate a lived experience. Phenomenology emphasizes that only those who have experienced the phenomenon can effectively communicate about it to others (Pringle, McLafferty, & Hendry, 2011). The constructivist paradigm appropriately aligned with this phenomenological study by understanding the previous knowledge gathered from working in both the mental health and higher education professions and how this affects interpretation of new material. This phenomenological study aimed to determine what the experience means for
the campus counselors to implement these individualized treatment techniques and to describe their perceptions of the results (Moustakas, 1994).

Currently, Max Van Manen’s (1990) hermeneutic phenomenology and Clark Moustakas’s (1994) psychological phenomenology are the two main perspectives of phenomenology (Creswell, 2013). Their combined standpoints are used to define the present key features of phenomenology. First, the researcher explores a phenomenon, which is a single concept. This phenomenon is examined through a “group of individuals who have all experienced the phenomenon” (Creswell, 2013, p. 78). The lived experiences of these individuals describe the subjective and objective experiences of this common phenomenon.

It was important for the researcher to identify the positionality regarding this phenomenon and to bracket these presuppositions so that the focus is on the participants’ experiences. It was acknowledged that it would be difficult to completely remove all potential bias or prejudgments of the researcher. After conducting interviews, the researcher reviewed statements to identify “what the individuals have experienced and how they have experienced it” (Creswell, 2013, p. 79). Finally, a description of the phenomenology was given discussing the “essence of the experience” (Creswell, 2013, p. 79).

Moustakas’s perspective of psychological phenomenology guided this research study because the focus was on illustrating the experiences of the participants. The research participants constructed the meaning of their experience as campus counselors by describing their common perceptions of how integrating academic advising into treatments of mental health improved or did not improve the academic success of students with mental illnesses. A fresh examination was conducted by comparing the suppositions regarding how combining campus
counseling and academic advising may affect the academic performance of students with mental illnesses (Moustakas, 1994).

This approach employed the open-ended interview questions to inquire if campus counselors perceive that incorporating developmental academic advising into mental health treatment improved academic success of students who have mental illnesses. During interviews, the participants described what they experienced regarding the phenomenon of counseling college students with mental illnesses and what contexts have affected that experience.

**Site and Participants**

The selected research site was a counseling center located at a community college. That particular site was selected because it is a higher education institution that has campus counselors who provide both academic advising and counseling services to students. The goals of this counseling center support personal growth both socially and academically. The services offered at the research site include mental health counseling, substance abuse counseling, academic counseling, and career advising.

The counselors are required to have a minimum of a Master’s degree in counseling and 1-2 years of counseling experience. The sample consisted of both full-time and part-time counselors in order to achieve the study requirement of 5-12 participants. The counselors focus on student concerns such as stress, anxiety, depression, academic challenges, substance abuse, self-image, relationships, and career goals. All services offered at the research site are free to the students, and confidentiality is maintained. Records of counseling visits are kept separate from academic records and are only released with permission from the students or if legally required in situations where students are considered dangerous to themselves or others.
Data Collection

The participants for this study were selected through purposeful sampling because their type of employment helped explain the phenomenon of counseling at-risk students for academic success and combining counseling and academic advising services (Creswell, 2012). Six counselors participated in this study “to develop a detailed understanding” of their counseling experiences (Creswell, 2012, p. 206). The names of the counselors were provided by the Dean of Students. The participants received a letter describing the purpose of this study, why they were selected, and an invitation to participate in the interviews. Because the site location was a long distance from the researcher, data were collected and recorded through open-ended interview questions conducted via internet using GoToMeeting.com.

The method of conducting interviews was selected as an efficient system to gather information rather than conducting paper surveys because it promoted a personalized process for “developing a frame of reference for studying human experiential and behavioral phenomena” (Giorgi, 2012, p. 4). Permission to conduct this study was sought from the Institutional Review Boards at Northeastern University and the Community College. This research study was discussed with the Dean of Students to determine whether the site fit the research study, whether permission would be granted for the study to be conducted at the site, whether or not the counselors would be available in sufficient numbers, and whether or not an Institutional Review Board was present at the College.

Initially, all participants responded to a brief introductory inquiry to establish background information and to voluntarily consent to both participation in the study and note taking by the researcher. During these 15 minute interviews, each participant stated their credentials; how
many years they have been employed as a mental health professional; how long they have worked in the counseling center at the Community College, their employment status of part-time or full-time, and how their work hours are distributed.

Each participant took part in a 45-90-minute semi-structured individual interview, which included questions to identify characteristics and qualifications of the participants and prepared questions and follow-up questions to use as probes for specific details about the counseling practices and experiences. Questions were asked in order to probe deeply for descriptions of their lived experiences. The researcher refrained from inferring any past knowledge as the depictions were presented during each interview (Giorgi, 2012, p. 4). Each response was presented as a “phenomenon and everything that is said about the phenomenon is based upon what is given” (p. 5). It was a necessary tool to establish trust and to ask questions that would help understand each participant’s full job duties. Some of the questions asked set a tone for what it would be like for the researcher if she were employed at this community college.

The interviews were audio recorded and later transcribed for analysis. Notes were taken during the interviews, in addition to the recording. The interviews were conducted one-on-one, so each participant could share their perceptions in depth. The interview recordings were transcribed by Rev Translation Services. Each participant’s individual transcript was sent to the participant to review for accuracy. The transcription was uploaded to MAXQDA, a software program used for qualitative data analysis. The interviews were analyzed, and themes were coded to evaluate the deep meanings in the lived experiences of the counselors.

The process of coding included an initial thorough review of each entire interview transcription to gather a “sense of the whole” description (p. 5). Further analysis could only
occur because the researcher had an “understanding of what the data are like” (p. 5). The researcher then re-read each transcript highlighting patterns or words and making notations on the side to identify “transitions in meaning” (p. 5). Additional transformation followed by taking these meanings or expressions and compartmentalizing them into codes.

Data analysis of the interview transcripts and researcher’s notes resulted in identification of commonalities of lived experiences. A large part of phenomenology is the interpretation phase of these perceptions (p. 6). Interpretation is used as a method to account for a “theoretical stance of a given experience” (p. 6). The following phrases are some excerpts from answers in the transcripts where a participant stated, “short-term, solutions-focused counseling,” “counselors have a better understanding of students’ needs,” and “establishes a trusting relationship” to describe their roles as counselors addressing academic concerns of students with mental health issues. These similar statements were coded as a pattern suggesting that the counselors concentrated on the connectedness of academic and mental health issues.

The researcher selected a coding choice for the first cycle of coding based on the “nature of the research question” (Saldana, 2009, p. 70). The research question to evaluate the role of counselors was an epistemological question addressing each participant’s phenomenological “processes and perceptions” (p. 70). The researcher determined the process of In Vivo coding was an effective method to align with this research question because the interview transcript was used to “draw from the participant’s own language for codes” (p. 97) to acclimate to the “participant’s perspectives and actions” (p. 73).

The researcher used MAXQDA for the first cycle of coding the transcripts which resulted in as many as 118 codes per interview that fit into a “unified structure” (Miles, Huberman, &
Saldana, 2014, p. 82). The researcher then assessed for commonalities and patterns among those codes and created an outline for each participant decreasing down to 15 codes, using sub-codes to further explain the participant’s experiences. This “cognitive map” of codes essentially described the role and lived perceptions of the counselors (p. 86). This initial analysis was sent to all participants to review for accuracy and comments. Only one participant responded to this request and she did approve the researcher’s brief assessment.

The second cycle of coding chosen was Focused Coding. Focused Coding was an effective method to follow In Vivo coding because “it searches for the most frequent or significant codes to develop the most salient categories which make the most analytic sense” (Saldana, 2009, p. 240). By using Focused Coding, the researcher reduced the 15 codes from the first cycle to seven codes in the second cycle. These codes were categorized to describe the role of the counselors and the researcher implemented sub-categories to identify their perceptions of integrating academic advising into mental health treatment. In these sub-categories, the words or phrases of the researcher were utilized to reiterate the participants’ points of view.

The final cycle of coding used was Codeweaving. Codeweaving allows for “integrating key code words or phrases into narrative form to see how the puzzle pieces fit together” (p. 276). The researcher evaluated the categories and themes to analyze how they were interrelated and combined them into a few sentences explaining the phenomenological experience.

**Data Analysis**

Steps to analyze phenomenological research were outlined by Moustakas (1994). In this study, the analysis of the transcribed interviews for each participant involved the following procedures:
1) Each response was reviewed to examine “significance for description of the experience” (p. 122).

2) All statements evaluated as relevant were recorded. Repetitive or vague statements were eliminated. This process is known as “horizontalization,” which values each comment equally and emphasizes the understanding of the meaning and the “unique qualities of an experience” (p. 128). Next, the statements were clustered into themes.

3) Themes were further combined into “a description of the textures of the experience” to thoroughly “capture the situation, conditions, and relationship” (p. 122) which described the feelings and meaning of the phenomenological experience (p. 135).

4) Textural descriptions were reflected on using “imaginative variation” (p. 122) to deduce the underlying contexts that clarified what was being experienced.

5) A “textural-structural description of the meanings” (p. 122) of the experience was developed to identify the phenomenological experience as a whole.

**Ethical Considerations.** This research study involved participation of mental health professionals who work at a counseling center in higher education. Protection of human subjects and doing no harm were vital. Permission from the Institutional Review Board at both Northeastern University and the Community College were received before any data collection occurred. Voluntary participant consent was received from all participants by informing them of the purpose of the study, the procedures, confidentiality of answers and anonymity of their participation, along with the opportunity to withdraw at any time during the study (Rubin & Rubin, 2012).
The nature of mental health counseling is a sensitive topic that requires establishing trust. Participants were asked personal and professional questions about their counseling experiences. They were asked to give examples of counseling at-risk students who demonstrated academic success after receiving mental health treatment. Counselors were encouraged to report details of scenarios without disclosing confidential information that named or otherwise identified their student clients. Student records were not needed for this study because it was the counselors’ perceptions that were being assessed. All counselor participants signed an informed consent form prior to participation. The participants in this study remain anonymous and they were assigned pseudonyms for the purposes of analyzing and presenting data.

**Trustworthiness.** Steps were taken to establish the validity of the data in order to authenticate the qualitative research. Campus counselors were selected based on their personal experiences with including academic advising in their treatment techniques. Their first-hand knowledge and descriptions of experiences provided evidence for validity. Counselors voluntarily participating were thought to be more likely to respond thoroughly to open-ended questions. They had the opportunity to decline to participate at any time during the study up to the point of data analysis. The researcher identified her own positionality but remained non-judgmental so that participants could speak freely about their counselor experiences.

Iterative questioning was used to probe for detailed information from questions previously asked, which assisted with consistency and ensured honesty. To confirm accuracy, the interviews were transcribed word for word from the recordings by a professional third-party transcription service. Participants were given transcripts to review for accuracy, and they were asked to offer any additional information or clarification before analysis of the data was
completed. Note-taking while interviews were recorded was also used for later clarification during analysis, and each transcription was reviewed against the recording for accuracy. Peer review through three academic readers who examined the research study offered a detached fresh perspective. Peer review was used to assess this study so that it could be replicated by others. The “baseline understanding” of the parameters of this research study are available for others to assess and reproduce (Shenton, 2004, p. 71).

**Researcher positionality.** Potential researcher bias was identified and bracketed. Objectivity of the research was affirmed in the confirmability that the findings of this research are “the result of the experiences” and perceptions of the participants and not the “characteristics and preferences of the researcher” (Shenton, 2004, p. 72). The researcher identified her positionality as a scholar-practitioner. Creswell (2013) stated that the researcher recognizes that “their own background shapes their interpretation, and they position themselves in the research to acknowledge how their interpretation flows from their own personal, cultural, and historical experiences” (p. 25). The researcher recognized the importance of and also her preference for offering college or university mental health services to assist with improving academic success.

The researcher’s positionality stems from her own previous career experience as a mental health professional prior to employment in higher education administration. She observed her students having similar issues to her past mental health clients where they lacked coping skills on how to resolve their emotional stressors. It is easier to have a give-up/drop-out mentality than to change behaviors. Her career history has included employment as both a mental health professional and a higher education administrator for more than 16 years.
She has a positive bias towards this research topic for higher education mental health services to include academic advising and mentoring so that students with mental illnesses receive a well-rounded treatment approach. The researcher’s positionality assisted with understanding the deeper meaning in the experiences of mental health professionals who work in higher education, but she bracketed her thoughts and feelings, so they would not interfere with the interpretation of data. The study could be replicated by another researcher who does not have a similar positionality.

**Limitations.** The most apparent limitation in this study is the sample size of six campus mental health professionals. This sample size is relatively small and includes a combination of both part-time and full-time campus counselors. This sample size was a solid representation of the counselor population at the selected research site; however, if not all participants were forthcoming with details of their experiences, the amount of data available to be analyzed would be limited.

The methodology to conduct internet interviews rather than face-to-face interviews was another limitation to this study. Internet interviews made it difficult to form as trusting a relationship as in-person interviews would have allowed because the researcher and participants were restricted from full view of each other. Limitation on viewing non-verbal communication such as body movements or hand gesturing may hinder the ability to establish a strong relationship.

Another limitation in this study was that the theoretical framework of developmental academic advising may not be useful if this research study, was conducted at other higher education institutions. This research study focuses on campus counselors who incorporate
academic advising into their mental health treatment. Many higher education institutions separate academic advising from mental health counseling, which could limit the options to conduct a similar study. Even some larger campuses that offer academic advising centers in the same location as the counseling center continue to separate the roles of counselors and academic advisors.

Conclusion

The exploration of the phenomenological experience of campus counselors who provide academic advising integrated into their mental health treatment of academically at-risk students with mental illnesses was the focus of this study. Phenomenology was the methodology used to ascertain the detailed first-hand accounts of how incorporating academic advising into mental health treatment could help students with mental illnesses improve their academic success. The constructivist paradigm guided this phenomenological study to comprehend the philosophy and environment in which campus mental health professionals implement counseling of at-risk students.

This qualitative approach used semi-structured, open-ended interviews to gather information from a purposeful sample of campus counselors employed at the same higher education institution. Recorded interviews were transcribed by a third party and then coded by the researcher using qualitative data analysis software to aid in depth analysis to uncover the rich descriptions and deep meaning of understanding the lived experiences of campus counselors.
Chapter Four: Findings and Analysis

The purpose of this phenomenological study of campus counselors was to understand their role as both academic advisors and mental health professionals and how they believe that the intentionally combined role affects academic success of students with mental health issues. This phenomenological study provided the counselors’ “straightforward description of an experience” (Giorgi, 2012, p. 7). The framework of developmental academic advising was the lens used to illustrate “disciplines of human development and education” (Raushi, 1993, p. 5).

This research study was conducted at a community college located in Pennsylvania. The Community College was selected as the research site because the institution offers a counseling and academic advising process that supports “the vision and commitment of a comprehensive quality model” (Raushi, 1993, p. 6). This model, which combines theory and practice, allows for comprehension of “the whys of problems” (Raushi, 1993, p. 9), which might have gone undetected if research questions did not probe deeply enough to uncover the phenomenological experience of the counselors.

Six mental health counselors are employed either full-time or part-time at two campuses of the College. All six counselors voluntarily participated in this study. These counselors have both Bachelor’s and Master’s degrees from accredited universities. It was interesting to note that four of the participants have spent their entire career at the Community College.

A receptionist assigns clients to the counselors based on counselor availability. In addition, the receptionist is trained to ask questions when students call for appointments because each counselor has an expertise with a particular student population, which makes for an appropriate fit if there is a known need.
Table 1: Participant Profiles

<table>
<thead>
<tr>
<th>Pseudonyms</th>
<th>Gender</th>
<th>Highest Degree Earned and Field of Study</th>
<th>Part Time or Full Time</th>
<th>Years Employed at the Counseling Center</th>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian</td>
<td>M</td>
<td>Master’s in Social work</td>
<td>Part Time</td>
<td>2 Years</td>
<td>LGBTQIA</td>
</tr>
<tr>
<td>Maria</td>
<td>F</td>
<td>Master’s in Social Work</td>
<td>Full Time</td>
<td>3.9 Years</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Mark</td>
<td>M</td>
<td>Master’s in Secondary School Counseling</td>
<td>Full Time</td>
<td>17 Years</td>
<td>Academic Probation</td>
</tr>
<tr>
<td>Eva</td>
<td>F</td>
<td>Master’s in Psychology</td>
<td>Full Time</td>
<td>20 Years</td>
<td>Latino Students</td>
</tr>
<tr>
<td>Anne</td>
<td>F</td>
<td>Master’s in Counseling</td>
<td>Full Time</td>
<td>16 Years</td>
<td>Summer Bridge Program</td>
</tr>
<tr>
<td>Tom</td>
<td>M</td>
<td>Master’s in College Counseling</td>
<td>Full Time</td>
<td>5.5 Years</td>
<td>Academic Probation</td>
</tr>
</tbody>
</table>

Interviews

During the interviews, the participants responded to open-ended questions, which also included sub-questions designed to elicit perceptions of their roles and responsibility as mental health professionals employed at a college working with students who may be academically challenged in addition to having psychological concerns. The questions were investigative tools used to inform this phenomenological study’s overall research question:
Do campus mental health professionals who intentionally combine academic advising and mental health counseling perceive that it contributes to the academic success of students who seek counseling for mental health concerns?

Each participant responded to questions about how they were oriented to their position, how large were their caseloads, and how often they meet with their clients. All participants responded thoroughly, expressing true loyalty to their students, but frustration with the counseling center design. They described having limited-to-no orientation, feeling overworked, and being understaffed to deal with their large caseloads. They met with their clients once a week or as often as necessary if it is a crisis, even if it is beyond their 40-hour work week.

The core questions in the interviews explored for details describing the most common mental health symptoms, most common academic issues, explanations on what academic advising techniques are incorporated into the treatment of students who have both mental health and academic concerns, and their perspectives on integrating academic advising into mental health treatment. The counselors described their perceptions on whether or not this integration of services improves the likelihood of academic success. They explained advantages and disadvantages to the integration of services. The participants described their “ideal” design of both mental health counseling and academic advising services and any changes they would like to make based on their professional experience. Finally, all participants were given the opportunity to share any other details regarding their perspectives on incorporating academic advising and mental health counseling for students with mental health symptoms (see Appendix A).

**Findings**
Half of the participants were already employed at the Community College and became counselors after earning their Master’s degrees in a social science field such as counseling, social work, psychology, or school counseling. All of the participants described being employed at the Community College as counselors for at least a minimum of two years. Their job duties include at least 15-20 hours of counseling; in addition, full-time counselors are required to teach a new student course and complete administrative responsibilities during their remaining time each week.

The participants received limited-to-no official orientation or training due to their previous knowledge of the campus policies and procedures. Mark referred to their limited training as “trial by fire” because there was “no mentorship.” The only change of the original design of the counseling center was having the position of their supervisor, the Director of Counseling, eliminated; they currently report to the Dean of Students. The participants expressed concern that this was too much responsibility for one role; and the Dean of Students recently resigned, which resulted in confusion over whom to report to in the interim.

The counselors conduct only individual therapy sessions, and there are no structured treatment plans for their counseling center. Most meet with their clients weekly, but they will increase the sessions if there is a crisis or potential crisis. Their clients seek counseling for any of a number of reasons: faculty are trained to make referrals, and they refer students who are experiencing distress; counselors do outreach around the campus; students refer other students; students are aware of services provided by the counseling center because there are flyers and brochures; counseling presentations are made in freshmen classes; and counselors become known when they serve as advisors of student clubs.
All of the counselors expressed concerns that they are “incredibly understaffed;” and Brian noted that they are “seeing more students ask for help,” such as “more people of color, more LGBT, and people who don’t have healthcare.” Consequently, the campus offers two unique programs to identify at-risk students: Summer Bridge Program and Starfish. Those programs require at-risk students to attend counseling to address their academic concerns. In essence, the counselors who participated in the study indicated that their role differs from professionals who are “only academic advisors.” They incorporate academic advising techniques into mental health treatment because the holistic approach of a “one-stop shop” provides confidence, builds trust, and empowers personal success by addressing the uniqueness of each student’s needs.

Each participant identified the functions of the counseling center as being a “short term, solutions focused” treatment center. These counselors agreed that they integrate academic advising into mental health counseling using primarily cognitive behavioral treatment but that the incorporation is not always intentional. The counselors probe more deeply into the at-risk students’ issues to uncover if they are using academic problems to avoid more serious issues; and they agreed that it is important to address mental health issues first and then proceed to resolve academic concerns---, as Brian described, not to “disregard a missing piece” of the “person as a whole.”

The counselors identified anxiety as the most common mental health issue that causes academic duress, which is the most common academic issue. Although they do not have formal treatment plans, Brian described their treatment method as being to “stabilize anxiety first,” because “academic stress is related to anxiety.” Brian explained that the counselors used
academic advising as a “tool to build confidence and therapeutic trust,” during treatment. The structure of treatment is to devise “manageable” and “attainable” goals.

The counselors described their strong support for the community college’s mission to provide comprehensive quality learning; consequently, the counselors incorporate academic advising into mental health treatment as an investigative technique to uncover any learning differences and to “develop a plan to ease anxiety” to assist with promoting academic and personal success. Brian noted the common perception of this technique is that it “works for the students emotionally as well as academically” and the counselors will be able to help “keep them in school.” The participants acknowledged that this holistic approach does improve academic success. It was the strong perception of the participants that addressing the students’ academic concerns and mental health issues supports the campus ideology of commitment to encouraging a healthy, accountable, respectful learning environment.

Themes

After the final coding cycle of the interviews, described in Chapter 3, the researcher interpreted deeper meaning from the previous coding processes to form the following conclusions from the data. The data were selected from the interviews, condensed, and then transformed into an organized interpretation of the experiences (Miles, Huberman, & Saldana, 2014). The researcher grouped commonalities into three themes with three subcategories which described the root explanations of the counselors’ lived experiences and summarized if they perceive their roles as counselors who intentionally combine academic advising and if mental health counseling contributes to the academic success of students who seek counseling for mental health concerns. The process is mapped in Table 2 to depict how codes were assigned
based on data from the transcripts and then interpreted by the researcher into a brief summary (Saldana, 2009).

**Table 2: Theme Summarization**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme A: Integrating academic advising into mental health counseling enhances overall treatment approaches of students who have mental health concerns.</td>
<td>1. Integrating academic advising into mental health counseling establishes trust.</td>
</tr>
<tr>
<td></td>
<td>2. Integrating academic advising into mental health counseling improves academic success.</td>
</tr>
<tr>
<td></td>
<td>3. Integrating academic advising into mental health counseling provides a one-stop agency.</td>
</tr>
<tr>
<td>Theme B: Integrating academic advising into mental health counseling is advantageous because mental health issues affect academic performance.</td>
<td>1. Integrating academic advising into mental health counseling address mental health issues that affect academic performance such as stress, anxiety, and depression.</td>
</tr>
<tr>
<td></td>
<td>2. Mental health issues that affect academic performance are intertwined and can be addressed together when integrating academic advising into mental health counseling.</td>
</tr>
<tr>
<td></td>
<td>3. Distress is a common symptom/result of mental health issues that affect academic performance.</td>
</tr>
<tr>
<td>Theme C: Incorporating academic advising into mental health counseling is advantageous for addressing academic and emotional concerns by implementing short-term solutions-focused treatment during academic terms.</td>
<td>1. Counselors who integrate academic advising into mental health counseling provide a holistic approach</td>
</tr>
<tr>
<td></td>
<td>2. Counselors who combine advising and counseling address both academic challenges and psychological symptoms.</td>
</tr>
<tr>
<td></td>
<td>3. Counselors who integrate academic advising into mental health counseling set clear, attainable, and immediate goals to offer short-term solutions-focused treatment.</td>
</tr>
</tbody>
</table>

**Theme A: Integrating Academic Advising and Mental Health Counseling Enhances Overall Treatment Approaches of Students Who Have Mental Health Concerns.**
Integrating Academic Advising and Mental Health Counseling Enhances Overall Treatment Approaches of Students Who Have Mental Health Concerns was generated as a theme, and it came largely as a result of the participants’ responses to questions such as:

“Explain what academic advising techniques you incorporate in your treatment of student clients who suffer from mental health symptoms and are at risk with regard to their academic performance,” “Explain your perspectives on integrating academic advising into mental health treatment (or mental health treatment into academic advising) and whether or not you think this intentional integration of services improves the likelihood of academic success of student clients,” “Do you think there are distinct advantages to having the mental health counseling and the academic advising services combined, as they are at your College?,” and “Can you identify any distinct disadvantages to having mental health counseling and academic advising combined?”

The participants expressed their responses with a lot of passion and emotion more than they did with the other questions. Based on the analysis of their replies, these three subcategories were inferred:

- Integrating academic advising into mental health counseling establishes trust
- Integrating academic advising into mental health counseling improves academic success
- Integrating academic advising into mental health counseling provides a one-stop agency

Intentionally blending mental health counseling with academic advising helps view students using a holistic approach.

Brian noted:
Part of the mental health concerns are academic. Both academic issues and mental health symptoms are equally important, and it is the nature as a mental health professional to be concerned with what is best for the student. The advantages of combining mental health counseling and academic advising are that it creates a safe space, creates a relationship with the student as a whole.

Brian intentionally blends advising and counseling techniques, so he can stabilize “academic stress related to anxiety” and create a success plan while building rapport and therapeutic trust. He refers to this method as a “tool to build confidence.”

Maria noted that counselors “wear a lot of different hats” and can gather insight by combining mental health counseling and academic advising. Students may not confide in academic advisors about more personal issues, so combining the academic advising and mental health counseling roles allows for the counselor to “dig deeper.” Maria was initially “weary” about integrating academic advising into mental health treatment because she was cautious that students may avoid addressing the more serious issues and use academic concerns as a “superficial” problem. Accordingly, once the psychological issues are addressed, she then integrates academic advising because she has established a familiarity with the students and has an understanding of the overall academic and emotional challenges.

Mark was a strong supporter of intentionally blending academic advising with counseling. By integrating these resources, he indicated that he has a better understanding of what issues are barring his student clients from achieving their academic goals and what plan or path will best benefit his clients to balance their academic stress and mental health symptoms. This combined role of academic advisor and mental health counselor allows Mark to establish
comfort with the student and to gain insight to their personal struggles. He refers to their counseling center design as a “one-stop shop.”

Mark does believe this intentional blending of academic advising with mental health counseling improves academic success. He refers to this process as a:

…measuring stick of functioning and I have seen effective results at achieving tangible goals and managing mental health concerns. I integrate resources because it’s a feedback loop. I can measure feedback on how effective they are functioning, it helps them focus, helps them keep the plan, and gives them a purpose.

Mark described how his clients on academic probation often struggle with “everyday self-maintenance” and do not know which positive steps to take towards success in both their personal and academic lives. He uses cognitive behavioral treatment and academic advising to guide his clients with methods to “take care of themselves,” and learn “healthy behaviors;” and he encourages identification of stressors that are affecting patterns in their lifestyle. He then assesses how the students report their perspectives of improvements in balancing their workload with their personal needs and responsibilities.

Eva stated that there is a strong difference in her role as a counselor who intentionally combines mental health counseling with academic advising versus serving only as an academic advisor because she believes advisors are “limited in scope.” She noted there are “distinct lines of responsibility” and she supports identifying personal issues, creating empathy, and offering the “convenience” for student clients of the “one-stop shop.”
I reinforce the need to incorporate mental health counseling into academic advising because one influences the other, because students will not perform well in the classroom if they are not dealing with their mental health issues.

Interestingly, Anne explained that she would integrate mental health counseling with academic advising regardless of the counseling center design because of her background in both education and counseling. She described how students often have academic issues that “transform” into personal problems. If the personal problems are addressed first, then academic concerns will be easier to resolve. Anne considered the integration of these resources as “efficient.” Her insight suggests:

It is faster for students to achieve their goals because as a counselor, I can attend to both emotional and academic challenges, particularly since resources may not be available when students are not enrolled. This one-stop agency is the key to empowering students with mental health issues.

Tom viewed himself as an “interventionist” because he intentionally incorporates mental health counseling with academic advising:

Our role, really, is to help students come up with coping strategies or provide an intervention for them to better manage their stress, anxiety, depression, trauma, whatever the issue might be. I still think there's a listening piece that happens in advising, but I think when it gets to the point of the student looking for coping strategies or looking for interventions, that's the time when it transitions to, like, one of our counselors would be appropriate.
Tom stated that he gained greater context and clarification of issues during the integration of services. He described:

Academic advisors often have students who vent to advisors and there may not be an end point or a full understanding of what’s going on. I intentionally integrate these two because it’s the key to improving student academic success because it is a solutions-focused model that provides confidence, flexibility, and establishes trust.

The participants’ descriptions of how their role differs from professionals in a college setting where they serve only as academic advisors strongly supports the integration of academic advising with mental health counseling. They were aware that there are limitations for straight academic advising of students who have mental illnesses. The participants recognized that their role is more advantageous because they address the root causes first and then assist the students to understand how their untreated psychological symptoms may be hindering school performance.

Brian described the advantages of his combined role of advisor and counselor as “spreading the positive inertia of what we do as a counseling department by touching as many hands as we can.” As a strong advocate of this combined role, he believed this gives the counselors the ability to “back up your advising with some support.” His student clients on academic probation often struggle with time management as much as mental health issues and “if it’s just straight advising, you put the mental health at the back of your mind, so you can get the students in and out.” Brian stated that it is the “nature as a mental health professional to be concerned” and this combined role provides the opportunity to “create some kind of presence so
the students get advice academically and know that the counseling department can answer their questions about why they’re already anxious or going down a rabbit hole.”

Maria indicated that the advantages of her role allowed her to “get to know the student and make suggestions accordingly” because of the “familiarity with having overall knowledge of my students’ needs.” She reported that her student clients “like talking about classes and explaining why their life is really chaotic.” Since there is a mutual feeling of respect and familiarity, she believed this the reason her student clients “don’t have to describe to multiple people several other times why they take certain classes or don’t want to go home. I have all the background information and can understand what decisions can help them.”

Mark is also a strong advocate of the combined role, and he focused on how his role demonstrates an advantage of:

having a balanced expertise. My students value my services more because I can address all of their issues and encourage success at the same time. I think you are seen more by the student as an asset that cannot only help them with their personal mental health concerns, but also can integrate that advising piece because they are so intertwined.

Eva not only described how her role provides “convenience of not needing to make multiple appointments” but she indicated that the “limited scope of advisors” hinders their ability to “problem solve.” Eva suggested that her role promotes:

more self-discovery of the unique mental health issues so it is easier to create empathy and have students feel more comfortable. An academic advisor that doesn’t have the background in counseling, sometimes reaches a crossroad. They feel sometimes they
cannot help the student anymore because of either limited experience or that’s not their training.

Anne viewed the advantages of her role as:

I can do pretty much everything. I love this one-stop agency because I can resolve short-term issues that I might have had to refer for outside services… we do pretty much everything. We don’t have to concentrate on just one thing because we are really good at addressing all needs. Our blended relationship hits all the points.

Tom addressed how his role establishes a “deeper connection as a campus resource.” He uses a “solution-focused model to provide confidence and establish trust.” The advantages of this role allow counselors to “bridge a gap for students and provide them with weekly meetings where they can establish a relationship.” He discussed how the counselors in his campus counseling center differ from other colleges and mentioned how this role:

Opens a door for students because some schools don’t want to talk about anything personal. I think it helps the students feel like they can come to us for a variety of different information.

The participants noted a variety of disadvantages in regard to the combined role of mental health counseling and academic advising. Brian noted the major disadvantage as being “understaffed.”

We need 20 more counselors. We only have so many employees and our budget is not huge. You should be solving problems for people and building their confidence and getting them some stability. When you’re doing all of it, you can only see so many students.
The other disadvantage he discussed was the “diversity of our skills.” Since students are assigned to counselors based on their expertise, Brian described how this can be overwhelming:

It’s spreading us thin because we see students based on our skillset. We hire very specific people here. There’s a certain mentality that they expect to offer a massive support system and because of that, everybody wears all of the hats.

Maria mentioned other disadvantages and described how she thinks the combined role is sometimes used as a “distraction so students can avoid personal issues and throw advising in the middle, so they don’t get assistance for their problems.” She also discussed how “students might take advantage of the counselor/advisor, in some way, shape, or form.” She explained how “students expect us to go to bat for them because we know their background and all of the stuff they are going through.” She described this “manipulative behavior” and how “boundaries are crossed” when students want counselors “to interfere with their professors.”

Initially, Mark did not identify any distinct disadvantages of combining mental health counseling and academic advising. After further thought, he discussed the concern that:

Some students do not access our services if they thought there was a stigma. Someone seeking advising may be concerned with coming into the counseling center to get academic advising even though that’s only a benefit for the students.

Mark explained that:

The structure of our counseling center from an outward perspective may have a negative stigma for those who do not know the real basic one-on-one level interactions that take place when working with students while using a mental health background.”
Similar to Mark, Eva did not initially identify any distinct disadvantages to the combined role of mental health counseling and academic advising. With further contemplation, she described how academic advisers can have more of a “routine” cookie-cutter process:

In terms of problem solving, it’s very specific and it’s very ritual in terms of if you do this, this what you get. With mental health counseling, it’s not that easy. Sometimes students ask for solutions the way they would ask about how many credits I need to graduate. That’s what I find sometimes hard because counseling is hard work and there aren’t very clear solutions like when you are dealing with academic advising. It’s not that clear-cut to say, this is what you need to do in order to graduate; but in order to feel better, the route is not as clear because it’s more of a self-discovery than something that is prescribed.

Tom described the major disadvantage is that students have an “unrealistic expectation” of what can be accomplished in treatment during a short time:

The students have an expectation that they’ll receive long-term therapy, even though they are told that they’re not. Those are some tough conversations to have about what our expectations are.

Tom considered the other significant disadvantage as being understaffed since:

This office is kind of treated almost like a crisis center, where students are walking in throughout the day, like for walk-in counseling, for what they qualify as a crisis, and how that taps our resources to be able to provide services to all of our students. We have over 8,000 students that attend here and with six full-time counselors, that’s a really tough
ratio to develop expectations that students can walk in whenever they say they need to see a counselor. There’s never been a student turned away.

**Theme B: Integrating Academic Advising into Mental Health Counseling Is Advantageous Because Mental Health Issues Affect Academic Performance.**

The theme *Integrating Academic Advising into Mental Health Counseling Is Advantageous Because Mental Health Issues Affect Academic Performance* was formed based on the participants’ responses to questions such as: “Please describe the most common mental health symptoms that your student clients seek your help for” and “Please describe the most common academic issues that your student clients experience.” This theme was deduced because the participants frequently noted that these issues are “intertwined” and that mental health issues should be “stabilized first” or academic issues will be used to “avoid” the more serious concerns.

The participants described how student development and significant life experiences may impact students’ growth and ability to focus on tasks. Based on the analysis of their responses, these three subcategories were inferred:

- Integrating academic advising into mental health counseling address mental health issues that affect academic performance such as stress, anxiety, and depression
- Mental health issues that affect academic performance are intertwined and can be addressed together when integrating academic advising into mental health counseling
- Distress is a common symptom/result of mental health issues that affect academic performance
Most of Brian’s student clients are members of the LGBTQIA community or live in the residence halls. He described the most common mental health symptom as:

Anxiety almost extensively. The main one would be general anxiety. Anxiety is the overwhelming reason that people come to see me. There's nothing close. The major thing that most students come to talk to me about is “I’m anxious because of my partner. I’m anxious because of class. I’m anxious because I’m working six jobs. I’m anxious because my mother’s in the hospital. I’m anxious because my friends are being bullied. I’m anxious because I don’t like living in the residence hall.

As for most common academic issues, students are often “under duress academically” because they have uncertainty about “what they want to do with their life” or what major to study. Brian stated that this indecision increases the stress and “segues into what the real anxiety is underneath the advising need.” He explained that many students do not do their work, but it might be for reasons external, or to lack of understanding, or to laziness.

What my job would be, would be to assess whether or not it’s a learning difference or whether or not it’s just they’re not trying, or they don’t have time, or they’re not managing their time.

Maria indicated that anxiety is the overwhelming mental health symptom but not necessarily specific to one academic issue. She explained that mental health issues and academic concerns are intertwined because students have:

…anxiety about different things. Test anxiety, anxiety because they’re in a very tough program, anxiety over different life stressors. Our students, because we’re a community college, have challenges that maybe other students at other schools do not. Some of our
students are working, not just one job, but two, sometimes three jobs. They have other responsibilities and other issues.

Maria considered the challenges and distress of the Community College’s student population; and, in particular, many of her student clients have alcohol or substance abuse issues. She noted that “our students have challenges maybe other students at other schools do not.” She described multiple examples of students selecting classes or majors based on interest but not skillset:

Students have uncertainty over a major. Just not knowing what they want to do. Maybe the individual students don’t necessarily realize they have unrealistic expectations. Also, not having a good grasp of how difficult it can be for some people to understand the required classes. It’s a real shock.

Since most of Mark’s student clients are on academic probation, he described the most common mental health symptoms as “usually anxiety disorders, and those coping with depression.” He described these symptoms as being “hand-in-hand.” When considering most common academic challenges, he reported that most of his student clients experience “basic self-management stuff” and general motivation issues:

The general motivation piece. I think believing in oneself and understanding that, that could be a process. Believing in yourself, believing that you could be something, finding their own path, I guess, or that understanding that it’s not gonna always hit them like a Mack truck, that they might have to be more deliberate in finding what their purpose is here, and how school can help them achieve the life they want.
To help his students set goals and cope with their mental health symptoms, he addresses both the academic and mental health issues as being “intertwined.” He explained that students may only access these counseling resources if they remain in academic good standing. Many of the student clients do not have health insurance and would not be able to address their mental health issues if they are no longer enrolled:

I mean their success, their ability to be successful is so intertwined between the academic and their personal lives. It's hard to remove one from the other so I think when you're counseling with the perspective of the advising and their academic success being important, in some ways I look at it as like, if you're not being successful academically, you're not even going to be able to access our services.

Similar to Mark’s perceptions, Eva also noted that depression and anxiety are the most common mental health symptoms, but she explained that many of her student clients have diagnoses of “bipolar disorder, suicidal ideation, anxiety disorders” and with a growing student population of LGBT and Latino students, there has been a noticeable increase in anxiety:

I think students are more open to talk about their issues. Because of the national climate, at least I’ve seen a lot of students very anxious about the direction the country is taking. The students on campus are very stressed out about the national environment. Prior to the election, it was more the anxiety about not being eligible for financial aid but now the anxiety is in another direction which is a little bit more pathological because it’s almost like they’ve lost control of their life.

The most common academic issue that she observes is students being “unprepared” for college and adulthood or having financial constraints that escalate their personal life stressors. She
described how her student clients are “not prepared for academic issues, not having the time to be prepared, and not understanding the importance of deadlines and attendance. “She gave the example of having a lot of student clients who are first generation college students, so they lack mentoring on planning for college expectations.

Anne designated anxiety as the most common mental health symptom but noted that many of her student clients have “depression, attention deficit, or PTSD,” especially in relation to student Veterans. She explained how the mental health issues are a result of having “been victimized. In some way, they are victims of not being able to cope with their environment, so they come to me when they need the help.”

Her student clients are considered at-risk and are part of the campus’ Summer Bridge Program that helps identify academic issues. She explained that she often notices that the students have “time management, stress management, some of them have problems with reading comprehension and understanding the task of what’s actually being asked.” Being unable to manage time often spirals into other problems like communicating with faculty, comprehending full requirements of assignments, and life stressors to include affecting personal relationships like roommates. “Some of our students, especially the freshmen, don’t know how to really start conversations when they have problems identifying their issues.”

Comparable to Mark’s experience, Tom counsels and advises students on academic probation. Both of these counselors split a very large caseload but are determined to address the students’ needs individually. Tom had the same perceptions as Mark that depression and anxiety are the most common mental health symptoms that he notices with his student clients. “I think
there are a lot of students experiencing this type of stress and anxiety for the very first time in a very different way and are unaware of how it is affecting all areas of their lives.”

Regarding academic issues, he agreed with Eva that most of his students are “unprepared” but that they also struggle with balancing work responsibilities, family life, and College requirements. Interestingly, Tom also perceived loss of motivation to be commonly associated with students on academic probation:

   We did an assessment study a few years back that was looking at what the main issue, or what some of the main issues are that are preventing students from being successful. It was like, simplistically, it was motivation. Now there's like a thousand different reasons why students lost motivation, but when you'd ask them that one question, what was it that prevented you from being successful, it was just, "I lost motivation." or "I lost my purpose."

This is why he stressed the importance of having students feel empowered when they work on their treatment goals, so they build motivation and find satisfaction in small successes.

   The interpretative analysis is that the participants agreed that mental health issues should be addressed first before tackling academic challenges. All of the participants responded that anxiety is the number one mental health symptom and stress and depression were also frequently mentioned. Depression and anxiety can cause more stress which ultimately affects “every area of life.” The participants indicated that it is necessary to address both mental health issues and academic issues as an interwoven concern. It is their perception that counselors who integrate academic advising into mental health counseling contribute to the academic success of students who have mental health issues.
Theme C: Incorporating Academic Advising into Mental Health Counseling is Advantageous for Addressing Academic and Emotional Concerns by Implementing Short-term Solutions-Focused Treatment During Academic Terms.

Incorporating Academic Advising into Mental Health Counseling is Advantageous for Addressing Academic and Emotional Concerns by Implementing Short-term Solutions-Focused Treatment During Academic Terms theme was created from the participants’ responses to questions such as: “How was the design and/or way the counseling center functions explained to you?” “Describe how you create a treatment plan for students with mental illnesses who are also experiencing academic issues?” and “How do students determine their treatment goals and establish a timeframe to demonstrate progress?”

The three subcategories originated from commonalities and patterns in responses such as:

Academic advising reduces stressors and short-term solutions-focused treatment:

- Counselors who integrate academic advising into mental health counseling provide a holistic approach
- Counselors who combine advising and counseling address both academic challenges and psychological symptoms
- Counselors who integrate academic advising into mental health counseling set clear, attainable, and immediate goals to offer short-term solutions-focused treatment.

Brian, who described the counseling center function and treatment strategies in the most detail, indicated that:

It's that they need some support and some tools to help them manage time, manage anxiety, manage their personal stress, manage relationships and come up with a way to
organize what they're doing. If you're looking at the person as a whole and part of their mental health concerns are academic, then to disregard advising in your treatment of them is missing a piece. My perspective is that doing advising is a part of who they are as a student.

Brian viewed the counseling center function to be “strengths-based, solutions-focused, let’s get people some help with their immediate problems.” He noted the importance of using a “holistic approach” to think of the student in their environment with deeper issues than the academic pressures of not doing well in a class. By considering a whole person, counselors can use primarily cognitive behavioral treatment to devise attainable solutions for the mental health stressors, particularly anxiety:

My background is a clinical background, so the majority of the work given to me is clinical. What happens is advising becomes a piece of what we’re doing because of stressors like “My life is falling apart and I’m going to fail math.” Often, it’s not really that they’re going to fail math, it’s that they need some support and some tools to help them manage their anxiety and stress, so they can stay in their classes.

Maria described the counseling center functions to be a “short-term counseling center.” She stressed importance of “assisting the students” but referring students to outside mental health resources if they require “further, deeper therapy.” Her treatment strategy for advising students with mental health symptoms is to:

Attack different problems and be someone who thinks out of the box. Here we have the great opportunity of really stretching our muscles and taking on different things all with the main goal of assisting the students.
Mark considered the function of the counseling center to be an outlet for students in "academic peril" to discuss personal issues such as "relationships at home, work-life balance, stress, anxiety, depression." Since his specialization is to counsel students who are on academic probation, it is a campus requirement for those at-risk students to "see a counselor before they can register again for a future semester." Therefore, he uses advising and counseling to "identify barriers and other issues that are keeping them from reaching their academic goal." His treatment plans involve "negotiating" realistic and reasonable goals. Through cognitive behavioral treatment and "mutual negotiations," he helps his student clients "prioritize" resolving issues that affect both academic success and personal stressors.

Eva described the counseling center functions as being designed to have counselors act as "jack of all trades:"

"We are not the traditional counseling center where you just deal with mental health issues. Counselors here really do a lot more activities and facilitate students with adapting to college life. We mix diverse tasks including advising, counseling and other campus responsibilities."

Eva has a slightly different treatment approach than the other counselors. In addition to cognitive behavioral treatment, she uses psychoeducation in her treatment plans. By giving her student clients’ weekly homework, she “maps out achievable goals” and “explores how to alleviate anxiety.”

Anne noted the importance of the counseling center function to set “clear expectations.” She works with at-risk students in the Summer Bridge Program, and she addresses their mental health and academic concerns in “small chunks.” She finds the method of goal setting to be
motivating and easily adjustable based on needs. Students in the Summer Bridge Program express “commitment to complete goals” or they might end up on academic probation.

Tom responded to these questions with similar views of the counseling center function. He described the design as:

- We do short-term personal counseling. It’s typically related back to academic concerns, knowing that personal issues get in the way of academic concerns, but there needs to be, in counseling sessions, a focus on how their experience is impacting their success as a student.

By relating the personal issues to academic concerns, Tom uses the treatment strategy of “empowering” students to determine “what do you want to be different in your life?” He uses cognitive behavioral treatment to “set realistic goals” and to establish “what is the intended outcome?”

The analysis of these two codes as a theme is that these counselors acknowledged the function of the counseling center was to address both academic and mental health concerns. All of the participants indicated that academic advising segues into identifying personal stressors when cognitive behavioral treatment is used. The counselors only see their clients for 6-12 weeks so they want to make sure they address short-term goals with clear expectations. The counselors identified short-term solutions to resolve underlying themes to empower students so that they can accomplish objectives and reduce stress.

**Conclusion**

The overall analysis is that these participants have a strong sense of loyalty and dedication to the success of students with mental illnesses. The participants acknowledge
barriers in their counseling center design. Their cognitive behavioral treatment approach includes incorporating academic advising into their mental health counseling. However, the combination is not always intentional. Some of the participants were advocates of treating mental health issues first because academic issues might be a result of these untreated psychological symptoms. In particular, stress and anxiety increase when the deep-rooted causes of these symptoms remain unresolved.

The participants, all of whom were counselors in the counseling center, expressed strong dedication to the academic success of their students. The main goal of the campus is to provide quality learning and the main goal of the counselors is for students to have a healthy well-being, which can result in academic success. Students with mental illnesses who are enrolled at the Community College benefit from the “one-stop shop” to build a trusting rapport with a counselor who has insight about their personal life stressors, mental health symptoms, academic challenges, and solutions for all of these. Evidence contained in these data supports the ideology that incorporating mental health counseling with academic advising correlates with improving academic success of students with mental health symptoms.

The analysis of the counselors’ phenomenological experience proposes a “holistic approach” to using advising as a “tool to build confidence and therapeutic trust” and then counseling to reduce the deep-rooted causes of academic stress. This “one-stop agency” that offers “short-term, solutions-focused treatment” intertwines the techniques because it is the perception of the counselors that this method improves academic success, even though the counseling center does not calculate and maintain statistical data to support this idea.
The role of these counselors includes a diverse knowledge of services, which is evident in their “connection” with their student clients. These counselors have general understanding and experience with academic advising and mental health counseling and they also have individual expertise that helps them identify with the needs of their clients. Developing treatment plans of realistic, attainable goals in a short time alleviates stress and builds self-confidence. These counselors indicate high rates of depression and anxiety in their student client population, which necessitate “clear expectations” in problem-solving techniques.

It is the phenomenological experience of these counselors that incorporating this blended model of academic advising and various mental health techniques builds motivation and improves academic success by balancing personal stressors and academic challenges. The participants took this notion a step further and assisted students with setting short-term attainable goals, so their decision-making skills are enhanced to understand the deeper emotional problems that cause academic barriers.

The counselors recognized that their student population is not composed of traditional college students and that adult learners have unique problems that require distinct attention to understand their needs to cope effectively with their personal circumstances. Intentionally blending mental health counseling with academic advising offers a unique approach rarely seen in campus counseling centers. Significant insight has been gathered from the phenomenological experience of these counselors because they use this holistic approach to identify the necessities to resolve all obstacles rather than just provide a temporary solution for some academic challenges.
Chapter 5 will further cover implications of this research study and recommendations for future studies.
Chapter 5: Discussion and Implications for Professional Practice

The purpose of this phenomenological study was to explore how campus counselors describe their role as both academic advisors and mental health professionals and how that combined role affects academic success of students with mental health issues. This final chapter will discuss the findings and implications of this phenomenological study, supported by scholarly literature focused on college mental health counseling and academic advising. Recommendations for professional practice in higher education and for future research studies will also be presented.

Finding One: Integrating Academic Advising and Mental Health Counseling Enhances Overall Treatment Approaches of Students Who Have Mental Health Concerns.

The first theme was Integrating Academic Advising and Mental Health Counseling Enhances Overall Treatment Approaches of Students Who Have Mental Health Concerns. Incorporating academic advising techniques into mental health counseling helped participants to establish trust. Participants explained that students feel more comfortable discussing their personal issues with one person rather than having to see multiple staff members such as a counselor, academic advisor, faculty member, and possibly even a career advisor. The counselors expressed pride in the structure of their counseling center design, which integrates academic advising into mental health treatment. They referred to their counseling center as a “one-stop shop.”

Although the Community College does not calculate and maintain any quantitative statistics to support that this method is effective in improving student academic success, the counselors strongly supported this treatment structure and indicated that it does improve
academic success of students with mental illnesses. Campus mental health professionals have a unique role to implement more than just counseling to effectively address the needs of at-risk students with mental health issues (Macleod Weeks, 2004). This centralized approach is “critical” for this combined role to uncover academic and emotional challenges and to expand the services provided for students who have mental health concerns (Kot, 2013).

The participants stressed the need for students to feel empowered. They should be empowered to resolve their academic/mental health issues and empowered to remain enrolled in college. By integrating academic advising techniques into mental health counseling, the participants are strong advocates that this process does enhance their overall counseling approach. The participants perceived that this integration does improve academic success because of the established trusting and mentoring relationship, which was described by Bernier, Larose, & Soucy (2005) who suggested the importance for counselors and advisors to build a mentoring connection.

Participants in the research study described how creating an academic plan for students with mental health symptoms helps set goals, empowers students to feel they are on a successful path in many aspects of life, and monitors whether or not they are going to earn their degrees. Students with mental health issues who feel challenged and encouraged to succeed will respond to the stimulation of growth (Sanford, 1967). Students who are coping with both academic challenges and mental health symptoms demonstrate enhanced academic progress when accomplishing achievable goals (Kranke, Jackson, Floersch, & Townsend, 2013). The perspectives of these counselors are supported by Chickering’s (1969) psychosocial perspective on student development, which describes seven vectors: developing and interpersonal skills,
managing and awareness of emotions, recognition and acceptance of independence, establishing a self-identity, increase trust, clarification of life purposes, and developing integrity.

Greenwood (1984) and Raushi (1993) suggested that both student and advisor development is fostered when quality advising promotes a caring and positive student experience. The participants perceived academic advising as an enhancement to mental health counseling and described their role as assisting students with mental illnesses to develop coping strategies that better manage stress, anxiety, and depression. The incorporation of academic advising into counseling is a method to clarify various issues and to resolve the matters and provide resources.

The participants described that their counseling approach is enhanced by academic advising because it provides a connectedness to the students on many levels. Similar perspectives have been noted by Raushi (1993), because willingness to explore and address academic, social, and emotional learning enhances student development. The counselors were aware of how academics and emotional needs are entwined, and they understand how their student clients will respond to treatment approaches, as well as the positive effects it will have on their academic performance and college experience (Raushi, 1993).

Academic advisors are limited in their knowledge and employment responsibility to address school and possibly career issues only. In most cases, standard academic advisors refer their students to mental health counselors if they suspect that deeper issues are affecting students’ school performance.

This notion supports Raushi’s (1993) theory that developmental academic advising is a process of uncovering the development of personality, human growth, and cognitive
development through further discussion with students regarding the status of their mental health after establishing that school performance will not necessarily improve just because attendance increases, or tutoring is attended to prepare for homework or tests.

**Finding Two: Integrating Academic Advising into Mental Health Counseling Is Advantageous Because Mental Health Issues Affect Academic Performance.**

The next theme is *Integrating Academic Advising into Mental Health Counseling Is Advantageous Because Mental Health Issues Affect Academic Performance.* The most common mental health symptoms and academic concerns described in the interviews were anxiety, depression, and stress management. Because stress will increase if the causes of anxiety and/or depression remain unresolved, the counselors considered this distressful situation to be best resolved if they view academic issues and psychological symptoms as being intertwined. The participants described how personal issues impact academic concerns and suggested the importance of initially identifying which personal stressors were affecting academic performance.

The participants of this study detailed the importance of stabilizing anxiety first to decrease mental distress. Untreated or unresolved mental health issues can have adverse effects on academic performance. The two most commonly reported psychological symptoms by students who attend campus mental health counseling are depression and anxiety (Nelson & Liebel, 2016). Nelson and Liebel (2016) indicated that symptoms from depression and anxiety can affect academic performance, particularly with lack of concentration and limited motivation. The participants described their role as investigators who uncover learning differences and causes of anxiety and/or depression, so they can develop treatment goals to enhance student
well-being. By considering academic concerns and emotional issues to be intertwined, participants explained how they dig deep so they can focus on the many challenges that students are experiencing. Anxiety over different stressors can affect several areas of life and feeling overwhelmed may lead to more depressive symptoms.

Participants perceived that the identification of academic and emotional barriers will help students set realistic goals to improve basic self-management, motivation, and academic commitments. This perception supports the notion that counselors who have a full comprehension of the numerous aspects affecting student clients will be able to identify the “whys of problems and rationale for intervention” (Reid & Smith, 1989, p. 46).

The participants expressed the importance of using a flexible holistic approach to concentrate on resolving the related academic and mental health issues. They consider their student clients to have unique problems and deep self-discovery can reveal interventions. Mental duress may be the result of undecided feelings, unpreparedness, or unclear expectations. During counseling, the participants used primarily cognitive behavioral treatment to address how underlying mental health symptoms are impacting academic goals.

Cognitive behavioral treatment has been viewed by some counselors as a successful therapy approach to reduce stress and worry and increase mood (Rezvan, Baghban, Bahrami, & Abedi, 2008). Cognitive behavioral treatment concentrates on exploring and resolving “environmental stressors and psychological factors” (Ramsay & Rostain, 2006, p. 11). Student growth develops as positive changes occur (Sanford, 1967). Student clients’ perceptions, interactions, and experiences will stabilize as their stressors are reduced.
Finding Three: Incorporating Academic Advising into Mental Health Counseling is Advantageous for Addressing Academic and Emotional Concerns by Implementing Short-term Solutions-Focused Treatment During Academic Terms.

The third theme was Incorporating Academic Advising into Mental Health Counseling is Advantageous for Addressing Academic and Emotional Concerns by Implementing Short-term Solutions-Focused Treatment During AcademicTerms. The counselors described how they have approximately 6-12 weeks to counsel their student clients, so they take a holistic approach of combining academic advising and counseling, and they make sure to set clear, attainable goals. Participants viewed the counseling center function as offering “short-term, solutions-focused treatment.” Their perspective of this design allowed counselors to address immediate concerns and set short and long-term goals. However, if it is assessed that student clients have more serious long-term needs, they are referred to off-campus mental health options.

Offering short-term, solutions-focused quality advising in conjunction with mental health counseling impacts both students and the campus community (Raushi, 1993). Developmental academic advising supports the notion of being “goal-centered and student-ownership based” (Raushi, 1993, p. 8). A healthy campus environment stems from students who demonstrate healthy well-being, “academic success, satisfaction, and persistence” (Greenwood, 1984, p. 64). Each counselor at the Community College counseling center is trained in mental health counseling and academic advising, but also has their own specific expertise so they can meet the needs of a diverse student population. The participants acknowledged that their student population could not be described as consisting of “traditional” college students and instead they
perceive the student body as having unique adult learners who struggle with managing the balance of work, school, and other life responsibilities.

The participants considered that their primary responsibility as counselors and advisors is to reduce stress so their student clients could effectively manage their time, anxiety, personal stressors, and other concerns. Similar to the process of developmental academic advising, the participants recognized that each student client has individualized problems reacting to their interpretation of their surroundings, and it is the obligation of the counselors to set clear, attainable goals to quickly resolve the internal and external environmental and emotional stressors (Raushi, 1993). Using the holistic approach to address immediate academic and emotional concerns supports the “developmental needs of individuals” and allows for student clients to remain enrolled in school while they take steps to resolve these issues (Egan & Cowan, 1979, p. 13).

Limitations

After completing analysis of the research, there were some noted limitations to this research study. Four of the six of the participants have spent their entire careers at this particular community college. Some started in other positions and then transferred to the counseling center after earning their Master’s degrees. Others were hired directly into the counseling center. Because there was limited experience working with students at other higher education institutions or in other mental health environments, there may have been a degree of bias in the perceptions of participants. Counselors are hired at the Community College’s counseling center because they support the school mission of putting students first and some may only have
counseling experience in a setting that integrates mental health counseling and academic advising.

Another limitation of this research study was that interviews were conducted using audio and video technology. For future research studies, it is recommended that interviews be conducted in person with recording capabilities. Even with technological advances to conduct long distance interviews, it is not the most ideal option and there may be unanticipated challenges that could be overcome when adjustments can be made face-to-face.

The small sample size could be deemed as a limitation of this study. For this phenomenological study, a small sample size was chosen in order to gain in-depth viewpoints. The responses from the six participants revealed their perceptions regarding the central research question:

Do campus mental health professionals who intentionally combine academic advising and mental health counseling perceive that it contributes to the academic success of students who seek counseling for mental health concerns?

Although in-depth viewpoints were gained; they could be more exhaustive with a larger sample size.

The transferability of findings is considered another limitation of this study. This phenomenological study was conducted at one particular type of higher education institution. Findings may differ if the study was conducted at another type of academic institution. Additionally, this particular research site was selected because there are few colleges and universities that intentionally combine academic advising and mental health counseling. Therefore, there were limited opportunities for choice of research site.
Implications for Professional Practice

Higher education institutions that choose to separate academic advising and counseling could benefit from examining the ideas in this research study as resources and as a viable foundation for addressing student academic success needs. The basis for successful academic advising has similar characteristics to effective mental health treatment. By interlinking these processes, at-risk students benefit from the “one-stop shop” experience by building trusting, empathic, non-judgmental relationships in a comfortable environment; they will be empowered to choose their own direction; they will increase self-awareness; and they will develop stronger communication skills (Macleod Weeks, 2004).

It was noted in Raushi’s (1993) theory of developmental academic advising that staff members reflect the image of the institution’s philosophy (p. 8). The participants in this study are counselors who are supportive role models and have established therapeutic trust. According to Winston and Sander (1984), advisors support students but allow them freedom to make their own decisions.

There are important distinctions between academic advising and counseling. The advantages of interweaving these approaches are to offer on-site professionals who provide “process-oriented, active listening, empathetic” techniques used to encourage “long-term growth, maturation, self-esteem, and promotion of self-discovery” (Macleod Weeks, 2004, p.26). All of these key features combined can lead to improved academic success and decrease in anxiety and depression. Advising alone seeks quick resolution and closure whereas counseling by itself can promote long-term changes that may not be feasible when dealing with an at-risk student during a school semester. It is the combination of both techniques that is efficient because both
emotional and academic concerns can be addressed to find the appropriately-balanced solution for each student client.

The lived experiences of these counselors suggested a strong support of the counseling center structure. There is value in this counselor/advisor/mentor role that can be modeled to other campus counseling centers to demonstrate how this prototype empowers emotional well-being and a stronger connection with campus resources to improve academic performance (Pearson, 2012). The counselors who participated in this study described how their interpersonal relationships with their student clients empowers students to “develop self-understanding and to make changes in their lives” (Pearson, 2012, p. 188).

The participants as counselors are advocates of how their roles differ from professionals who are “only” academic advisors because they view advisors as having a limited scope of assessing concerns and as lacking investigative tools to probe more deeply for underlying emotional causes that affect academic performance. If more higher education institutions implement this model of incorporating academic advising into mental health counseling, they may see greater student satisfaction, higher student academic success, and an overall enhanced school image (Pearson, 2012).

The counselors’ perspectives of offering this “one-stop agency” suggests support for building quality relationships with their student clients, which still theoretically reduces budgetary burdens on the campus because the resources are combined. More higher education institutions could restructure their campus counseling centers to adopt to the Community College’s counseling design by re-allocating resources to enhance the counselors’ roles (Pearson, 2012).
All of the participants were asked to describe their ideal mental health counseling services and their ideal academic advising services. Interestingly, the participants maintained support for combining these methods and focused more on strategies to enhance these approaches. They would like to see a diverse staff to include having a psychiatrist on duty regarding medical and crisis issues. These counselors would like to be even more proactive when they meet newly-enrolled students, so they could offer intake services before the students are identified as at-risk. There was a common thread that the counselors would like to add more counselors; and they would like to have a more private office location so students would feel comfortable and secure, compared to their current location, which is highly visible because it is located in the center of the campus near the cafeteria. Higher education institutions that move towards this blended model may want to consider these suggestions, so they develop a well-staffed counseling center adequate to assist students in need and positioned in a location that is convenient and comfortable for students.

**Recommendations for Future Research**

Considering that students with mental illnesses face unique academic challenges that often intensify their emotional distresses, it would be beneficial for college or university counseling centers to provide mental health services that include academic advising and mentoring in their treatment techniques. “Mental health is a foundation for the well-being and academic success of students” (Cleary, et al., 2011, p.253). Research is limited on college counseling centers that are structured to incorporate academic advising into mental health counseling. Additional research studies are recommended to explore the combination of academic advising and mental health counseling at other higher education institutions. The
studies could provide insight on how the combined resources are structured and how effectiveness is measured.

**Conclusion**

By using psychoeducational perspectives similar to Chickering’s (1969) theory on vectors of student identity development in higher education, the participants explained how they support the ideology of the College to provide quality learning and how their role is a big part of helping to improve academic success of their student clients because they do address both academic and personal issues.

The National Academic Advising Association has established that there are different roles in advising which include counselors. The most important characteristics of advising are determining what academic advising looks like for each campus and who performs best at advising the student population (Beatty, 1991). The Community College in this study is not unique at merging the role of advisors and counselors; however, currently, this is still a rare combination in higher education. When researching an appropriate site for this study, it was evident that the campus officials support combining these roles because they see the benefits of having counselors provide mental health treatment and academic advising to at-risk students.

Based on the student population, the participants in this study, who are counselors at the Community College, described students with mental illnesses as being a significant portion of the identified at-risk students. The counselors are well-known on campus because in addition to counseling, they participate in new student orientation, they teach freshman courses, they run extracurricular student activities, and they lead the student Summer Bridge program for at-risk students. Tuttle (2000) noted that academic advising is enhanced by knowledge of teaching and
counseling and an expertise regarding the campus experiences. The counselors who participated in the research study understood that their role encompasses individualized treatment plans to help students develop by incorporating “firefighting, problem solving, and prescribing” suitable advice to students on their path to academic success (Strommer, 1994, p. 92).

The counselors support the notion that their hard work and dedication to incorporating academic advising into mental health counseling does have a positive effect (Gordon and Grites, 1998). The student-centered holistic approach fostered a sense of trust, confidence, motivation, and empowerment for their student clients to address their issues that impact academic performance (Macleod Weeks, 2004).

This research study examined the role of the college mental health professionals and the value that could be realized through combining academic advising and mental health treatment into the dedicated counselor position in order to effectively assist at-risk students with mental health issues. The participants indicated that academic performance is affected by both internal and external factors. Students may have academic issues that are completely unrelated to comprehension of course topics. The participants perceived that academic advisors historically have been limited in their knowledge of how to resolve issues that are not academic, due to their training and their position descriptions. Because students may be referred to mental health professionals, it was seen as beneficial to include academic advising in the treatment plans.

The participants’ perspectives described how students mature and develop through a process of achieving academic and personal goals. The counselors who participated in this study advocated that students who have mental health concerns emotionally mature through a progression (Kadar, 2001). This perspective of empowerment supports the notion that students
are accountable for their own academic success. Academic advising integrated with mental health counseling promotes the ideology that individuals have to choose to change their behaviors so they can improve their well-being, which includes academic success (Kadar, 2001).
References


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Appendix A

Sample Interview Protocol Questions

1. How long have you been employed at this counseling center? When you began working as a counselor, what type of orientation or training did you receive? At that time, how was the design and/or way the counseling center functions explained to you? Has that changed over time?

2. Approximately, how many student clients are in your caseload? Are the students generally referred or do they more often seek your services on their own? Do many of them have outside primary mental health providers, as well, or do they seek your help as their only mental health professional? How often do you meet with your clients? Do your student clients attend individual counseling, group counseling, or both? Do you intentionally blend academic advising services with counseling services as a general way of working with students? How does this occur?

3. What information/correspondence is provided to students so that they know about your services and so that they can anticipate what to expect when they schedule a meeting with you as either their academic advisor or their counselor?

4. Please describe the most common mental health symptoms that your student clients seek your help for? What are the most frequent mental health diagnoses?

5. Please describe the most common academic issues that your student clients experience. Do they generally make an appointment for academic advising, or do they understand that both counseling and advising can occur within a single appointment?
6. Please describe how your role differs from professionals in a college setting where they serve only as academic advisors.

7. Explain what academic advising techniques you incorporate in your treatment of student clients who suffer from mental health symptoms and are at risk with regard to their academic performance.

8. Describe how you create a treatment plan for students with mental illnesses who are also experiencing academic issues. How do students determine their treatment goals and establish a timeframe to demonstrate progress?

9. Explain your perspectives on integrating academic advising into mental health treatment (or mental health treatment into academic advising) and whether or not you think this intentional integration of services improves the likelihood of academic success of student clients.

10. Do you think there are distinct advantages to having the mental health counseling and the academic advising services combined, as they are at your college? If so, what are the advantages, from your perspective? Have you heard of other advantages, either from the students or from colleagues?

11. What about disadvantages? Can you identify any distinct disadvantages to having mental health counseling and academic advising combined?

12. If you were designing the “ideal” mental health counseling services and the “ideal” academic advising services, what would they look like? What changes would you make, based on your experiences as a professional in the field?
13. Is there anything else you would like to share with me to help me better understand your perspectives on merging academic advising and mental health counseling for students with mental health symptoms?