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Faculty Facilitation of Help-Seeking on Campus: A Phenomenological Study

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Abstract

An ever-increasing number of students on college campuses are experiencing distress, and not all students in need of care are being reached (Kitzrow, 2009, LeViness, et al., 2019). Faculty are one of the most valuable resources for identifying and connecting students to care (Kitzrow, 2009). Despite this, we know very little about the experiences of faculty working with students in distress. This study sought to understand those experiences, as well as identify the barriers to connecting students to care. A qualitative study using an Interpretive Phenomenology framework was conducted (Smith & Osborn, 2007, Moustakas, 1994). Four themes were interpreted from the interviews: Shepherding, Armoring, Drifting, and Anchoring. These findings indicate that, for those studied, effective interventions for supporting faculty on college campuses would be to create opportunities to support faculty members' work by sharing teaching values and supporting the development of "anchors". By creating better interventions for faculty, more students struggling with their mental health can get connected to the resources they need.

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ABSTRACT

An ever-increasing number of students on college campuses are experiencing distress, and not all students in need of care are being reached (Kitzrow, 2009, LeViness, et al., 2019). Faculty are one of the most valuable resources for identifying and connecting students to care (Kitzrow, 2009). Despite this, we know very little about the experiences of faculty working with students in distress. This study sought to understand those experiences, as well as identify the barriers to connecting students to care. A qualitative study using an Interpretive Phenomenology framework was conducted (Smith & Osborn, 2007, Moustakas, 1994). Four themes were interpreted from the interviews: Shepherding, Armoring, Drifting, and Anchoring. These findings indicate that, for those studied, effective interventions for supporting faculty on college campuses would be to create opportunities to support faculty members' work by sharing teaching values and supporting the development of "anchors". By creating better interventions for faculty, more students struggling with their mental health can get connected to the resources they need.

ACKNOWLEDGEMENTS

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CHAPTER ONE: INTRODUCTION

Students on college campuses in the United States are reporting more frequent and more severe mental health issues than ever before (Kitzrow, 2009). College students are more likely than any other population to develop a mental health issue (Substance Abuse and Mental Health Services Administration, 2018). College presidents, directors of counseling centers and other stakeholders on campus have made it clear that not all students who require services are being reached (LeViness, et al., 2019). This is due in part to how help-seeking behaviors function. Often individuals seek the support of someone else in order to access services (Vogel, Wade, Wester, Larson & Hackler, 2007). One source of support that has been overlooked is the role of faculty in facilitating access to mental health services on campus. The purpose of this study is to better understand the experience of faculty supporting students in distress. By better understanding the role of faculty and the barriers they face to referring students in distress, services on campus can be improved, and the vital role that faculty play can be highlighted.

Mental Health Issues on Campus

Mental health issues are highly prevalent in the United States. According to the National Institute of Mental Health, nearly one in five adults in the US will experience some kind of mental health issue during their lifetimes (Substance Abuse and Mental

Health Services Administration, 2018). Young adults, aged 18-25 years, have the highest prevalence of any mental health issue, with 25.8% of these adults surveyed reporting a mental illness (Substance Abuse and Mental Health Services Administration, 2018). However, in 2017, only 42.6% of adults reporting a mental health issue received mental health treatment of any kind in the past year (Substance Abuse and Mental Health Services Administration, 2018). Adults aged 18-25 years were the population least likely to receive mental health services, with only 38.4% of such adults who reported a mental illness receiving services in 2017 (Substance Abuse and Mental Health Services Administration, 2018). Many long-term and severe mental health issues have an onset age in the early twenties for men and women (Kessler et al, 2007). It is alarming that young adults, the population most likely to populate college campuses, are the most likely to experience some kind of mental health issue and are the least likely to have received treatment for a mental health issue.

Additionally, the severity of mental health issues on campus is increasing (Levine, & Dean, 2012). According to the Association for University and College Counseling Center Directors Annual Survey, 28.4% of clients at college counseling centers are on psychiatric medication, up from 9% in 1994 (LeViness, et al., 2019). In the 2010 survey, counseling center directors were asked about severity of presentation in their clients and ninety-one percent of directors reported a trend of growing severity, noting increases in crisis issues requiring immediate response, psychiatric medication issues, alcohol abuse, illicit drug use, and self-injury, among other issues (Gallagher, 2011). It has been suggested that students are arriving on campus more prepared to respond to their own severe mental health issues than ever before, since counseling center

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usage is up nationally, but not all students who need services are receiving them (Kwai, 2016). While all students on college campuses are at risk of experiencing a mental health issue of any kind, different populations of students tend to have a different prevalence of mental health issues. Graduate students, particularly law and medical students tend to report the highest levels of anxiety and depression on campus (Lipson et al, 2016, Tyssen, 2001).

Among undergraduates, prevalence of mental health concerns is not equally distributed among majors. Business students were more likely to experience anxiety, depression, or a substance use disorder than pre-medical students (Dahlin, et al, 2011). Perceived stress, and low engagement, coupled with a culture that encourages drinking have been cited as reasons that business students report high anxiety, depression and dangerous drinking behaviors (Dahlin, et al, 2011).

Despite the fact that many institutions have formal, online referral systems for faculty to use when working with a student who may be struggling, such as the PioneerCares reporting system at The University of Denver, major surveys about mental health on campus do not address the frequency of referrals made by faculty, or how many student appointments are made at counseling centers because of an outside referral or due to students seeking help on their own. To increase efficacy, more must be understood about how students who are in distress end up accessing mental health care on campus and what role faculty may play in this process.

Barriers to Mental Health Care

There are a wide variety of factors that keep individuals from seeking help on their own. According to one systematic review, the three most important barriers in seeking help were perceived stigma, poor mental health literacy, and a preference for self-reliance (Gulliver, Griffiths, & Christensen, 2010). These barriers will be explored in-depth below.

Stigma

Stigma is defined as a "mark of disgrace associated with a particular circumstance, quality, or person" ("stigma", 2019). Stigma can prevent mental health service utilization in a variety of ways. There may be stigma attached to the help-seeking process (Vogel & Wade, 2009). There may be internalized self-stigma, leaving the individual to believe that there is something wrong with them if they have a mental health issue (Vogel, Wade & Haake, 2006 and Lanin et al 2015). There may be perceived public stigma that prevents an individual from seeking help due to stigma held by the community they are in, or internalized public-stigma that prevents an individual from seeking treatment because they hold stigma against people who publicly seek help (Vogel, Bitman, Hammer & Wade, 2009, Tucker et al., 2013).

Stigma is not just an internal process – it is deeply affected by media portrayals of psychological services (Maier, Gentile, Vogel & Kaplan, 2014). Perceptions of both persons seeking treatment as well as psychologists are shaped by their media portrayals (Maier, Gentile, Vogel & Kaplan, 2014). Media portrayals predict psychological service

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usage (Vogel, Gentile, and Kaplan, 2008). Specifically, if media negatively portrays those with mental health issues, a person is much less likely to seek treatment and much more likely to have negative attitudes about the possible outcomes of therapy (Maier et al, 2014; Vogel et al 2008).

The amount of perceived control that an individual has over their mental health also plays a role in how individuals attribute blame and perpetuate stigma (Boysen & Vogel 2008). People will generally attribute less blame to individuals they perceive as having less control over their mental health issue, particularly when mental health concerns are presented as biological or genetically heritable, and thus are more likely to seek help because the internal stigma is reduced (Boysen & Vogel, 2008). Interestingly, this does not hold when psychosocial issues are taught through educational interventions to college students. Based on reports from classroom activities, students are more likely to assign blame to the individual experiencing a mental health issue, regardless of perceived control over the diagnosis (Boysen & Vogel, 2008).

Attachment may also play a role in a person's ability to seek help. A study done by Vogel and Wei (2005) showed that individuals with anxious attachment styles were more likely to acknowledge distress and seek help than those with avoidant attachment styles.

Because stigma, whether related to self, perceived control, or attachment style, plays such an important role in whether an individual seeks help for a mental health issue, it is imperative that other mechanisms for connecting individuals in distress with help are examined.

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Preference for Self-Reliance

One barrier that is particularly pervasive for adolescents is the sense that they should be independent and handle problems on their own (Wilson, Deane & Ciarrochi, 2005). In Australia, 38% of adolescents reported that they wished to solve their mental health problems on their own, without professional help (Andrews, Hall, Teesson & Henderson, 1999). A study in the United States showed similar results, even among a population of adolescents who were experiencing serious suicidal ideation, depression, and substance use problems (Gould, Velting, Kleinman, et al., 2004). One Australian study showed that young people prefer to speak with someone they know and trust, either family or friends, instead of seeking professional help (Booth, et al, 2004). Despite having access to mental health services on campus, college students are likely to try to repair their mental health without the aid of a professional. It appears that there are no studies conducted in the United States that address this issue for adolescents but they suggest results from other countries are generalizable to a US population.

Because students are less likely to request help for a mental health issue, it is imperative to identify other ways that students can be connected with mental health professionals. Faculty often already play this role by recognizing and responding to students who appear to be in distress, but little is known about the efficacy of their work, or the experience that faculty members have when working with a student in distress.

Mental Health Literacy

Mental health literacy is defined as the public's knowledge of how to prevent mental disorders, recognition of the symptoms of when a disorder is developing, knowledge of help-seeking options and treatments that are available, and first-aid skill to

help support others (Jorm, 2012). Lack of knowledge about what symptoms are considered mental health issues, how to seek or give help, and what treatments are appropriate is considered one of the largest barriers to help-seeking.

The first aspect of mental health literacy is the ability to recognize disorders, both for oneself and others. Young people are much more likely to seek help if they can recognize the symptoms they are experiencing as a mental health issue (Rickwood, Deane & Wilson, 2007). If young people are not able to assess their level of mental distress, they will not seek mental health care (Rickwood, Deane, Wilson, Ciarrochi, 2005). Further, if they are aware of their distress, but are not able to articulate this distress to others, or are unwilling to disclose, they will likewise not be able to access help (Rickwood et al, 2005). A study of 1,751 individuals, representative of the general population in England, found that age, better knowledge of mental illness, tolerance, and support for community care of mental illness predicted intentions to seek help (Rüsch, Evans-Lacko, Henderson, Flach & Thornicroft, 2011).

Rickwood et al. describe the process of help-seeking as translating "the personal domain of psychological distress to the interpersonal domain of seeking help" (p. 3, 2005). If a student is unable to recognize their distress or articulate it, particularly due to low mental health literacy, they will not seek help. If an individual has enough literacy to recognize that they are in distress, they can then communicate it to someone in their community. Adolescents are most likely to share their distress with someone in their social network in order to preserve their autonomy and sense of self-reliance (Wilson, Deane & Ciarrochi, 2005). However, if the person they reach out to does not have good

mental health literacy themselves, there is a lower likelihood that they will be connected with mental health services.

Lauber, Nordt, Falcato, and Rössler (2003) found that the recognition of mental health issues by laypeople was highly correlated with the severity of the symptoms presented in a vignette, with more severe vignettes promoting higher rates of recognition of mental illness, as well as previous contact with individuals exhibiting psychological distress. Curiously, though, having experienced a mental health issue oneself did not predict mental health literacy; people who had been depressed were no more likely than people who had not been depressed to recognize depression in a vignette (Goldney et al, 2001). One study conducted in a small town in the United States found that mental health literacy was low across the population. In this study, participants were given brief vignettes describing a person's behavior. Some vignettes included identifiable symptoms. Participants were then asked to describe what they perceived as a mental health issue, and then how they might respond. Only 27% of respondents correctly identified anxiety, and only 42% identified depression as a mental health problem or illness (Olsson & Kennedy, 2010). Participants who did correctly identify a mental health disorder were three to four times more likely to take some sort of helping action, like telling an adult, but very few reported remembering information from mandatory classes that addressed mental health (Olsson & Kennedy, 2010).

In general, laypeople have been shown to have limited knowledge about mental health issues and possess beliefs that mental health issues are the fault of the people experiencing them (Jorm, 2000). Among laypeople, many standard treatments for mental health issues such as antidepressants have been rated as harmful, and vitamins and special

diets have been more often rated as helpful (Jorm, et al, 1997). Even when mental health issues are correctly identified by people not trained in mental health (people who are not trained as therapists, psychologists, psychiatrists, and medical doctors), and help is suggested, effective treatments are not typically recommended (Jorm, et al, 1997). Laypeople tend to suggest supplements, exercise, or shame the individual experiencing symptoms (Jorm, et al, 1997). Faculty who have not had any mental health training on their campus, which may be a significant portion of faculty members (Morrison, 2016), are likely to have attitudes similar to lay-people when identifying and referring students in distress. Faculty members are likely to be key players in helping a student in distress, but most likely do not have access to resources or information that would help them support a student in distress who needs to take action.

Identity-Based Barriers

The identity of an individual who is seeking help plays a role in whether or not that person will seek formal mental health services. On college campuses, white women are the population most likely to seek help when they are experiencing distress (Vogel, Wester & Larson, 2007). Women are three times more likely than men to seek help for suicidal ideation (Angst and Ernst, 1990; as cited in Möller-Leimkühler, 2002). As will be discussed extensively below, students of color, veterans, and international students are among the least likely to seek professional help.

Gender

College men are likely to know that they are experiencing a mental health issue but are reluctant to seek help for it (Davies et al, 2000). This is likely connected to

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socialization to be autonomous and conceal vulnerability (Davies et al, 2000). Hammer,

Vogel, and Heimerdinger-Edwards found that across all male subgroups, masculine

norms were correlated with self-stigma, and negative attitudes toward counseling (2013).

One study, by Pederson and Vogel (2007), found that willingness to seek help was

greatly affected by gender role conflict. That is, men who experience greater

consequences of their socialized gender, such as feeling restricted in their ability to

express themselves, or devaluation of themselves due to their role (O'Neil, 2008), will

have more self-stigma, less tendency to disclose distress, and worse attitudes toward

seeking counseling (Pederson & Vogel, 2007). The more men are likely to endorse

masculine norms, the less likely they are to have positive help-seeking attitudes across

racial backgrounds (Vogel, Heimerdinger-Edwards, Hammer &Hubbard, 2011).

However, men are much more likely to seek help if their romantic partner

suggests and encourages help-seeking (Cusack, Deane, Wilson, & Ciarrochi, 2004).

Collateral material that is "male-sensitive," including information about current

knowledge of psychology as well as marketing techniques targeted toward young men

have had efficacious results in improving attitudes and reducing self-stigma toward help-

seeking (Hammer & Vogel, 2010).

Race & Ethnicity

White students are more likely than students of color to seek help when they

experience distress, though the rates of usage change based on specific racial identities

(Cheng, Kwan, Kwong-Liem, Sevig, 2013). This may have to do with perceived

discrimination, as well as self-stigma, which are both related to underutilization of mental health services (Cheng, et al., 2013). In a study examining help-seeking among African American, Asian American, and Latinx American students, higher levels of perceived distress and perceived discrimination predicted higher levels of perceived stigmatization of others seeking psychological help, which in turn predicted greater self-stigma for seeking help (Cheng, Kwan, Kwong-Liem, Sevig, 2013). The more racial discrimination a student perceived, the less likely they were to seek help for psychological distress (Cheng et al., 2013). In another study, students of color who reported experiences of discrimination and racism had higher levels of shame, anxiety, and guilt, and expressed that they would be much more likely to seek help from friends and family than from mental health professionals (Carter & Forsyth, 2010).

While greater perceived racism and reported experiences of racism decreased the likelihood of seeking help across all sub-groups of students of color, the underlying reasons for not seeking help differed across groups. Three racial groups that are highly likely to experience the effects of racism and are less likely to seek help are Asian American, Black or African American, and Arab-American students.

Asian American students are among the least likely of all groups to either seek help from a mental health professional or speak to a friend or family member (Sun, Hoyt, Brockberg, Lam & Tiwari, 2016). It is also important to note that there is limited information about Asian American's help-seeking behaviors, in part due to the fact that Asian Americans are an incredibly ethnically diverse group (Mecano, 2016), and the factors that affect help-seeking for this group differ widely across both ethnicity and generational status (Miller, Yang, Hui, Choi, & Lim, 2011). It seems that for Asian

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Americans in particular, acculturation has a significant association with help-seeking attitudes and that the more acculturated an Asian American individual is, the more positive help-seeking attitudes they may hold (Sun, Hoyt, Brockberg, Lam & Tiwari, 2016). Cultural values, including emotional self-control, conformity to social norms, and collectivism showed especially high negative associations with help-seeking attitudes (Sun, Hoyt, Brockberg, Lam & Tiwari, 2016). This was also shown in a study conducted by Choi and Miller (2014), which found Asian Americans were more likely to seek support from friends or family, as opposed to seeking professional help. Kim and Lee (2014), also found that an internalized belief in the "Model Minority Myth," or the belief that Asian Americans are a "good minority," who work harder than other marginalized racial groups, and are more likely to achieve a higher socioeconomic status than the rest of the population, predicted unfavorable help-seeking attitudes. When Asian American clients do seek help at university counseling centers, they are much more likely to report vocational or educational concerns than white clients (Tracey, Leong & Glidden, 1986).

Cheng et al, (2013), found that African Americans are equally likely to be affected by perceived racism and experiences of discrimination, but that a stronger ethnic identity predicted lower levels of self-stigma of psychological help-seeking. Wallace and Constantine (2005) found that having more Afrocentric values, such as communalism, harmony, spirituality, and authenticity, correlated strongly with greater perceived counseling stigma, and more self-concealment. African American students have been shown to hold less favorable attitudes toward help-seeking than white students but were more likely to know someone who had been diagnosed with a mental health issue (Masuda et al, 2009). African American students are also more likely to seek help via

informal sources such as family, friends, or through a spiritual community (Miller &Weisz, 1996). That being said, this could be related to the smaller population of Black counselors (11% of counseling center staff are black, compared to 72% of staff that are white, LeViness, et al., 2019), as counseling service utilization is related to the availability of culturally-similar counselors (Atkinson, Jennings, & Liongson, 1990).

Like Asian American students, Arab American students are a highly diverse subpopulation of college students, and thus factors that affect help-seeking and predict self-stigma are not uniform across all the ethnic subgroups. That being said, differences in cultural values that Arab and Arab American students may hold have some common factors. Students from the United Arab Emirates report resorting to professional treatment of psychological issues as a last resort, primarily because of values related to loss of face, the stigma associated with seeking help, and discouragement of self-disclosure outside of the family (Heath, Vogel & Al-Darmaki, 2016). Muslim Americans, one subgroup of Arab Americans, are underserved in counseling, but it is not clear what role stigma plays in their underutilization of counseling services (Al-Krenawi, 2005).

Regardless of race or ethnicity, students of color utilize services on campus at lower rates than white students, though the barriers are different. Moderating factors are also different for different populations. For example, strong social support predicts more willingness to seek help for Black students, but not for Latinx students (Constantine, Wilton & Caldwell, 2003). For Asian Americans, more acculturation led to more positive attitudes toward help-seeking (Sun et al, 2016), but for Mexican American students, more acculturation and less familial support were conditions necessary to predict more favorable attitudes toward help-seeking (Miville & Constantine, 2006). Treating race as a

monolith ignores the complexity of the factors that determine attitudes toward help-seeking.

International Students

As with Asian- and Arab- American students, acculturation plays a large role in predicting help-seeking attitudes among international students (Li, Marbley, Bradley & Lan, 2016). In addition to acculturation, English proficiency is also a strong predictor of stigma and attitudes toward seeking professional help (Li et al, 2016). International students are also under other external pressures, including accommodating food that is not familiar, changing social interaction styles to accommodate their domestic student classmates, negotiating visa constraints, and dealing with heightened xenophobia (Kadison and DiGeronimo, 2004). All of these factors contribute to higher rates of stress and distress. Despite this distress, international students are still less likely than domestic students to seek help or hold positive help-seeking attitudes (Li et al, 2016). When international students do utilize counseling services, they do so for very brief periods (Yakushko, Davidson & Sanford-Martens, 2008).

Veterans

For veteran students, the barriers that increase self-stigma and reduce positive attitudes toward help-seeking are related to socialized masculine norms, as well as higher levels of distress than what is typical for civilian samples (Health, Seidman, Vogel, Cornish & Wade, 2017). Similarly to what the general population of men experience, masculine norms that restrict emotionality and prioritize non-disclosure are common among male veteran student samples (Heath et al, 2017). Veteran students, however, have

higher rates of depression, post-traumatic stress disorder, and suicidal ideation than other students of their same age (Fortney, et al, 2016).

There is a significant amount of research on how the social identity of the student in distress affects their ability to seek help. Some studies examine the role of family and acculturation in the help-seeking process, but none examine how students' help-seeking behaviors are affected by support from their campus community, specifically faculty members. A huge amount of information is available about how different college students access help, but none examine the role of faculty in help-seeking. By examining the role of faculty, there is a potential to reduce barriers to care among underserved groups. Faculty may provide those students with marginalized identities the information, trust, and insight that encourages them to have confidence that they will be well served by the counseling center.

Other Barriers

Beyond stigma, poor mental health literacy, and a preference for self-reliance, there are several individual and structural barriers for seeking help. Low self-esteem is a significant barrier that keeps people from speaking with their doctor about distress they may be experiencing or seeking therapy (Lannin et al, 2015). Discomfort expressing feelings is also a significant barrier that keeps individuals from seeking help (Vogel, Wade & Hackler, 2008). Unless the anticipated benefits of seeking help are high, individuals who do not normally express their emotions are very unlikely to seek help on their own (Vogel, Wade & Hackler, 2008). If individuals tend to have negative stereotypes associated with health care in general, they report a much lower likelihood to

seek help, adhere less to treatment if they are connected with help, and reported less satisfaction with help if they did seek it (Bogart et al, 2004). Cost and availability of services is also a structural barrier, as 13% of counseling centers still charge a fee for services, 44% of counseling centers limit the number of sessions per student, and 41% refer to off-campus resources which generally require insurance coverage and require travel (Kitzrow, 2009). Understanding the role that faculty can play to mitigate these barriers is critical to removing barriers to care. Faculty may be able to correct negative stereotypes associated with health care or mental health care or concerns about cost and availability by providing information about services available on campus.

Positive Predictors of Help-Seeking

Despite barriers, there are several factors which positively predict use of formal help services among college students. One positive predictor of intentions to seek help is hope. If a student has hope that they will have a positive experience utilizing either formal or informal sources of help, they are much more likely to seek help (McDermott et al, 2017). Students who expect a positive outcome from therapy are much more likely to have positive attitudes toward counselors and seek help (Vogel, Wester, Wei & Boysen, 2005).

Another positive predictor of help-seeking is one's social network. Of people who have sought psychological help, 75% reported having someone in their network recommend that they seek help, and 94% of people who sought help knew someone who had sought help previously (Vogel, Wade, Wester, Larson & Hackler, 2007). Because most adolescents prefer to speak to someone in their social network before they seek professional help (Booth et al, 2004), it is then even more critical that people within their

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social network have good mental health literacy, and recommend that they seek formal help, ideally by someone who has sought treatment themselves. For men, it has been shown that their romantic partner has a great deal of influence on whether they seek formal psychological help (Cusack, Deane, Wilson, & Ciarrochi, 2004).

Considering that positive help-seeking behaviors among college students are highly influenced by the mental health literacy of the people around them, it is even more critical to examine the role that faculty play when supporting students in distress. If faculty can provide accurate information, inspire hope, and potentially utilize their own knowledge of seeking mental health services, they can be a powerful partner in increasing utilization of mental health services. This makes the need for a study examining faculty's role in connecting students to mental health care all the more critical.

Increasing Help-Seeking Behaviors Among College Students

Barriers to seeking help are complex and heavily influenced by both internal and structural issues that students face. However, extant research suggests the best predictor of help-seeking behavior among college students is having someone in their network who has recommended that they seek therapy and has sought therapy themselves. Because others are needed to facilitate connections to help, it is important to examine who can make those connections, and what we know about populations a student may encounter when they are experiencing distress. Unfortunately, very little is known about the experiences of those facilitating help, and the barriers they face in supporting students in distress. This section will explore what is known about each group and their ability to encourage students in distress to seek formal help.

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Friends

Most students report reaching out to a peer before seeking formal mental health services, but unfortunately, peers are often not equipped to recognize a mental illness or hold negative beliefs about those who are struggling with a mental health issue (Burns & Rapee, 2006). In a study surveying Australian 16-year-olds, girls were more likely than boys to correctly identify "depressed" characters in vignettes. Participants showed concern for characters in "depressed" vignettes regardless of gender, and they frequently recommended that characters in the "depressed" vignettes meet with a counselor or speak with a family member. Other studies have shown that mental health literacy tends to vary across the lifespan, and adults aged 18-24 tend to misidentify depressive symptoms, and are less likely to believe that working with a treating professional would be helpful (Farrer et al, 2008). Without mental health literacy training, it can be difficult for students to refer a friend in distress to a mental health professional.

Beyond general mental health literacy, there are also differences between levels of self-reported empathy that affect a student's ability to utilize basic helping skills. In one study examining the efficacy of helping skills training, it was found that self-rated empathy skills and facilitative interpersonal skills predicted end-of-semester efficacy in helping skills (Hill et al, 2016). While training on how to help other students in distress increased efficacy, inherent interpersonal styles of each participant were better predictors of helping ability (Hill et al, 2016). Students who self-reported empathy, reported prior experiences of helping others, showed high Facilitative Interpersonal Skills (FIS; Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009), and were able to recognize emotional states from other's eyes (using the Reading of Mind in Eyes Test, RMET;

Baron-Cohen, Wheelwright, Hill, Raste, & Plumb, 2001), and demonstrated better helping skills (Hill, et al., 2016). It may be the case that only certain individuals are capable of supporting a friend in distress, even if they are well trained. Because peers cannot be universally relied upon to identify and refer a friend in distress, other individuals must be able to recognize and refer.

Family

Family is one of the most commonly cited resources that individuals in distress turn to in place of seeking help from a professional source (Vogel, Wade, Wester, Larson & Hackler, 2007). Most parents believe that children should not make their health-related appointments until age 17, and so college students may have very limited experience seeking professional mental health care (Zwaanswijk, Verhaak, Bensing, Van der Ende, & Verhulst, 2003). Despite this, most students in the United States move out of their parent's homes to attend college and may limit their contact with family in an attempt to individuate (Wintre & Crowley, 1993). It is also clear that parental attitudes toward counseling strongly correlate with encouragement of help-seeking behavior (Zwaanswijk, Verhaak, Bensing, Van der Ende, & Verhulst, 2003). If a family member holds negative attitudes toward help-seeking, they may discourage a student in distress from seeking help. Again, not all family members can be relied upon to either prepare their child to seek support, or to encourage their child to seek mental health care once the student arrives at college. Additionally, students may have limited contact with their parents, making it less possible for parents to support their children in distress. It follows that faculty may have more contact with students in distress than parents have. Faculty are also in a unique position of having significantly more information about a student's

attendance and activity in school than do parents, which may give them more ability to detect mental health issues than parents.

Faculty

Faculty are among the first to notice when a student may be in distress and are often the people on campus burdened with needing to provide extra time, attention and care to students who are in distress (Kitzrow, 2009). Some colleges have programs that are designed to train faculty and staff to recognize students in distress, and then provide training for faculty to be advocates and sources of non-clinical support to students (Mier, Boone & Shropshire, 2009, Kaslow, Garcia, et al, 2012, and Nolan et al, 2005), but these are few and far between. Most campuses provide limited training on the mental health care that is available for students on campus and what the role of faculty can be to connect students to that care. These training sessions are often provided by the on-campus counseling center, which cannot be tasked with training the entire campus, especially since their services are often already strained by the high numbers of students in need of psychological services on campus (Kitzrow, 2009).

Unfortunately, there is little data about what faculty experience when they are in the role of supporting a student in distress. In a study from Australia, secondary school teachers were surveyed about their ability to recognize and refer a student with poor mental health (Trudgen & Lawn, 2011). Trudgen and Lawn (2011) found that teachers did not have a clear set of criteria they use to determine when they might refer a student. Teachers described the process as subjective and intuitive, and highly dependent on the resources and time available to the teacher to refer the student. This is likely the case for US faculty as well; that the ability to support a student in distress would be highly related

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to how much extra time and resources faculty have for such support. Faculty resources, knowledge and time can vary greatly by institution type, field, and adjunct versus full-time status, so the ability of an individual faculty member to attend to the needs of a student in distress may be highly variable.

Another Australian study showed that most faculty provided first aid behaviors, including listening to the student, and offering support, and recommending mental health services, but the study did not examine the experiences of the faculty or the barriers that faculty faced when providing first aid (Reavley, McCann & Jorm, 2012). Faculty appear to hold similar views about mental health as laypeople, and so can listen, provide emotional support, and encourage the student to speak to someone, but may not have specific information about services offered on their campus, or how to access those services. There was no indication in this study that faculty were able to identify a student in distress, only that they were able to provide basic mental health first aid when a student identified themselves as needing support.

Morrison (2016) investigated the ability of faculty to identify mental illness on campus and found that many faculty members can correctly identify depression but will not refer a student they perceive as depressed unless the depression is perceived as serious. Additionally, it was found that faculty who did not attend a training session designed to increase awareness of students in distress were much more likely to under-identify students with severe depression (Morrison, 2016). This suggests that trainings offered for faculty, when attended, are effective at helping faculty identify distress in students. Unfortunately, because of the strain on college counseling services, it may be impossible for college counseling centers to effectively train all faculty members.

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Adjunct versus full-time status may determine which faculty members even have access to training on how to identify and support a student in distress. Years spent as faculty likely has an effect on the experience for a faculty member of supporting a student in distress in terms of familiarity of resources on campus.

Overall, there is very little literature that explores the process and quality of faculty supporting students in distress, despite being a critical component of the help-seeking mechanism for college students in distress. Faculty members have high contact and often build strong relationships with their students. Faculty are in a unique position to recognize distress, as well as provide conditions that support positive help-seeking behaviors (Booth et al, 2004). This is the case despite the fact that there are several factors that may make the experience of supporting a student in distress more difficult, including lack of access to training (Morrison, 2016), or poor mental health literacy (Jorm, 2012).

Purpose of the Present Study

The purpose of this study is to better understand the role that faculty play on college campuses in facilitating help-seeking for undergraduate students. Faculty are some of the most likely individuals to encounter students in distress and have access to a wealth of information about attendance, productivity, and wellbeing of their students. Despite this, faculty have very low access to training regarding mental health services on campus and may not have high mental health literacy, depending on their background and department (Morrison, 2016, Reavley, McCann & Jorm, 2012). Faculty who do not have a background in psychological or social sciences likely have attitudes about mental

illness that mirror the general public given the vast majority of faculty do not receive training in mental health (Morrison, 2016).

While some research has examined whether faculty can recognize students in distress, this study aimed to understand the lived experiences of faculty who have identified a student in distress, and understand some of the barriers, both internal and systemic, that faculty face as they work with a student in distress. My study was guided by the following research questions to better understand the experience of faculty members who have worked with students in distress:

1. What is the essence of the experience of faculty working with students who are experiencing psychological distress?

2. What are the barriers that exist for faculty members who refer students experiencing psychological distress?

This study is an opportunity to both better understand the barriers that faculty face as they identify and refer students in distress, but also to highlight the strengths of faculty as they support some of the campus's most vulnerable students. Additionally, this study provides insight on how to improve services on college campuses and, in doing so, better support faculty members. Clearly, faculty members are a crucial component of making sure that students who need mental health care are connected with the support they need, and it is critical that more be understood about faculty experiences in supporting vulnerable students on campus.

CHAPTER TWO: METHOD

Due to the dearth of research investigating how faculty facilitate the help-seeking process for college students in crisis, it is ideal to use qualitative methods to begin to investigate this topic (Creswell, 2018). This provides an opportunity to learn about a previously unexamined topic, as well as gather rich information that can be used to inform future quantitative studies (Creswell, 2018). The complexity of what faculty face when assisting a student is apparent; there are legal, ethical, and personal resource considerations for each faculty member. An in-depth exploration of this experience will provide important information about a relatively common experience among faculty.

Interpretive Phenomenological Analysis & Philosophical Assumptions

Phenomenology focuses on capturing the essence of an everyday experience, to understand the lived experience of individuals (Heppner et al, 2015). Phenomenology was selected as the research approach to better understand the lived experiences of faculty members who have worked with students in crisis. As I have discussed my research question with faculty members, several have remarked that they had not thought about their work with students in distress but were curious about their experiences. By using a phenomenological approach, participants will be able to explore an experience that is commonplace but impactful (Moustakas, 1994). This process can be confusing for the participants, making Interpretive Phenomenological Analysis (IPA) an ideal approach, because of its focus on allowing the researcher to assist the participant in

making sense of their experience while the participant goes through an interpretive process as well (Smith & Osborn, 2007). IPA is a useful methodology for understanding topics that are complex, ambiguous and emotionally laden (Smith & Osborn, 2015).

Interpretive Phenomenological Analysis (IPA) focuses on a process of double hermeneutics, or a two-stage process of interpretation (Smith & Osborn, 2007). The two processes are the meaning making on the part of the participant, and the meaning making on the part of the researcher (Smith & Osborn, 2007). IPA attempts to understand a phenomenon from the point of view of the participant, while still acknowledging that because it is difficult to express emotions and process difficult experiences, the researcher must interpret the data to understand each participant's mental and emotional state (Smith & Osborn, 2007).

There are three primary theoretical underpinnings for IPA (Smith & Osborn, 2015). IPA has deep roots in philosophy, resting on the work of Edmund Husserl (Smith & Osborn, 2015; Heppner et al, 2015). Husserl was invested in understanding one's perceptions of what happened (Smith & Osborn 2007). Second, IPA is interpretive— there is an expectation that "the researcher is trying to make sense of the participant trying to make sense of what happened to them" (Smith & Osborn, 2015, p. 41). This is the process of double hermeneutics, where interpretation is occurring on two levels. Lastly, IPA is ideographic, meaning that before attempting to understand that essence of an experience, the researcher must understand each person's experience (Smith & Osborn, 2015).

IPA is ideal to explore the experience of faculty working with students in crisis because it allows an understanding of the lived experience of faculty, while also allowing

a more robust understanding and presentation of the "totality of the person, warts and all" (Smith & Osborn, 2007, p. 54). While this phenomenon may seem ordinary or confusing to the participants, IPA provides a framework for extracting meaning and assisting faculty members in making sense of their own experiences working with students in crisis.

This study will assist universities as they improve systems that allow students who are experiencing psychological distress to seek help. By examining the experiences of faculty, we can better understand the nuances of navigating a complex university system and the gaps in knowledge that might exist for faculty members who are often the first to notice a student in crisis. There is also an opportunity to highlight the strengths of the faculty as they work with students in crisis. This information can be used by university administration to create and provide enhanced training for faculty and remove institutional barriers to care for students.

Positionality Statement

Prior to beginning the doctoral program at the University of Denver, I worked as a student affairs officer at six different institutions of higher education in the United States and Canada over the course of ten years. In my last role, I was the Assistant Director of Student Services for a College of Business. In these positions, I had varying degrees of separation from faculty members and students. Through all these experiences, however, I frequently acted as the link between faculty who had identified a student in crisis and the formal resources available to students. Each year I interacted with, at minimum, three to five students who were experiencing severe mental health concerns. With rare exceptions, faculty members were the people who brought these students to my attention.

Putting it in these terms feels clinical and distant. Even with a background in counseling, this was tiring and difficult work, particularly at institutions where the counseling center was highly impacted or where there were few resources on campus. For the faculty members, however, it was even more difficult. I have seen the incredible concern faculty members have when working with students in crisis, and the toll that these interactions took on faculty, particularly those who were new to campus or not tenured. It is not the case that faculty always acted from a place of care and concern for the student, but even when they did not, it made an important difference in the life of the struggling student. This is one source of my curiosity around this topic and is part of the reason I find it important to help lift the voices of faculty members who are likely under-prepared and under-resourced to support students in acute crisis. Qualitative research is a unique platform to use; one where it is possible to amplify and begin to make sense of those experiences.

I have been interested in help-seeking behaviors among undergraduates since I was a college student. While in college, several close friends faced serious mental health issues that uniformly made them unable to complete their studies. It felt as if the institution was both unable to help and unaccountable to the ways in which it had failed these students. As a former student affairs practitioner, I believe that students who are admitted to an institution have the right to resources that will allow them to graduate, including mental health care. This is a significant aspect of my own bias on this topic, but also one that drives this research question. By better understanding the role of faculty in help-seeking, perhaps pathways to care for students can be more readily identified,

faculty members may be spared some of the toll of caring for people within an inadequate system, and more students can complete their degrees.

With my experience in higher education, working closely with faculty and students in crisis, it will be important for me to be aware of my own assumptions about what the experience of faculty has been, and bracket these. As is suggested by Moustakas, I will attempt to perceive the data "freshly, as if for the first time" (1994, cited in Creswell, 2018, p. 291).

Additionally, it is important to note that I am a highly educated, white, heterosexual, cis-gender, upper-middle class woman. I have benefitted greatly from formal education systems and have worked within them for many years. Due to this, I have benefitted from the privileges of these identities and membership in these systems, so it will be important for me to consider this as I engage in this research. I plan to particularly attend to my bias toward utilizing formal systems, such as therapy provided on campus, over informal networks of support. I will also attend to my bias toward completing higher education, and that completing one's degree constitutes a positive outcome. It will be highly important for me to be attuned to systems in which faculty participate; I may find that I am unaware of aspects that may affect a faculty members' ability to facilitate help-seeking, such as the tenure process, or racism and sexism within the academy.

Participants

I interviewed seven (*n*=7) faculty members who have worked with a student in crisis within the past three years (Creswell, 2018). This preserved the richness of data but did not create an overwhelming and unmanageable data set (Smith & Osborn, 2007). I

interviewed Business faculty members from two universities in the United States of America. One on the west coast that is a public masters-level institution, and one private, research institution in the west. Students in colleges of business have equal rates of usage of counseling centers, but higher rates of depression and harmful substance use (Lipson, Zhou, Wagner III, Beck, & Eisenberg, 2016; Dahlin, Nilsson, Stotzer, & Runeson, 2011). This population was ideal because faculty members who do not have mental health training tend to under-identify depressive symptoms (Morrison, 2016), and the majority of faculty within colleges of Business are unlikely to have had formal mental health training. These faculty were targeted because they are likely to under-identify students in distress but will have had experience working with students in crisis. They are a good population to use to understand what faculty members do even when they are facing the highest barriers to recognition of distress.

By interviewing faculty members in the college of business, there was a higher likelihood of finding faculty members who have referred a college student to counseling because of the prevalence of anxiety, depression and substance use among business major undergraduates (Dahlin, et al, 2011). This has the added benefit of providing information about how to improve the referral process in a high-need department on a college campus. These two campuses were identified because I have connections to both and could more readily identify faculty members who meet criteria, as well as leverage existing relationships in order to facilitate deeper interviews.

Faculty in these colleges were solicited using a variety of methods. An email was sent out to all faculty seeking participants for interviews. I also communicated via email

with the Department Chairs and Dean to solicit participants in each college. Please see appendix for templates of the emails sent to Deans, as well as justification for the study.

I targeted faculty members who have worked with a student in distress in the last three years. Distress is defined as a student who was, at the time, experiencing depression, anxiety, suicidal ideations, odd or perplexing behaviors or any other type of distress that impacted their schoolwork and who the faculty believed needed to be referred to counseling.

The faculty members I recruited were all currently employed at an institution, teaching within one of the subfields of Business, including but not limited to: accounting, finance, marketing, data analytics, human resources, economics, industrial technology or information technology. Faculty could be of any gender, rank, tenure status, race, or marital status. All faculty members recruited were full-time employees of the university, to ensure that all participants had similar access to training about mental health resources on campus. I recruited participants who part of clinical, tenure track, and full-time lecturer faculty groups. I implemented snowball sampling in order to identify additional faculty members who met criteria for the study.

One participant, upon interviewing, did not meet criteria for the study; namely the participant did not have a clear story about a student in distress that they had worked with, and thus the interview was not included in the final analysis. The total number of participants who were included in the study was six (n=6).

Demographic Questionnaire

Participants completed a demographic questionnaire prior to being interviewed. The demographic questionnaire included questions about their positions within the

university, tenure status, and other demographic information. This information ensured that the participants met the criteria for the study, and that the sample was appropriately heterogeneous, so that the common experience being explored was the experience of being a faculty member who has worked with a student in crisis, as is suggested by Creswell (2018).

Procedure

Phenomenological research, generally, is geared toward answering the questions "What have you experienced in terms of this phenomenon" and "What contexts or situations have typically influenced or affected your experience of this phenomenon" (Moustakas, 1994). With this in mind, broad questions were developed to guide each interview. A pilot interview using these questions was conducted with a faculty member from a non-business and non-helping-focused field to test the ability of this protocol to elicit rich data.

The interview protocol consisted of 8-10 semi-structured questions, starting with more general background information, allowing the researcher to build rapport with the participant. I asked for follow up, clarification, and more information as necessary to elicit rich data. The questions were ordered from most general, to most specific (Smith & Osborn, 2007). After each interview, I debriefed each participant, and provided them with resources for student referrals and mental health care in case they were in need of more support. The interview protocol was as follows:

1. Can you tell me about your current role at [Institution faculty works at]?

   Possible follow ups: How long have you worked here? Where have you worked previously? How did you come to faculty work?

2. I mentioned I'm interested in your experience working with a student in distress, meaning a student who was depressed, anxious, suicidal, or who you were generally concerned about. Is there a time you worked with a student like this you can recall? **What happened?** *Possible prompts: how long ago was this? What made you concerned about the student? What did you notice that put this student on your radar?*

3. What contact did you have with the student? *Possible prompts: Did you start to become concerned in class? During office hours? While reading students assignments? After an email interaction? Do you have record of this interaction?*

4. What knowledge did you have about working with people in distress? *Possible prompts: did you have outside knowledge? Did you attend a university training? Were there other experiences you have had that prepared you for this? Was your knowledge informed by instinct?*

5. What were some of your thoughts and emotions while working with the student? *Possible prompts: Did you feel overwhelmed? Nervous? Did you feel you needed to prepare yourself, if you had initial contact over email, or did you feel you needed to respond in a particular way? Did it remind you of any other experiences you've had personally or professionally?*

6. What did you do to support the student? *Possible prompts: How did you follow up or handle the situation? What were some of the courses of action you considered?*

7. What resources, if any, did you use to support this student or yourself?

   Possible prompts: Did you use a campus reporting system (Name appropriate campus system)? Did you reach out to the counseling center? Did you use any other resources from the city or county? Did you speak with other faculty? What was this like?

8. What were some of the legal or ethical concerns you had while working with this student? *Possible prompts: Was there anything that caused you to worry while you were working with this student? Were there any potential threats or dangers you perceived for yourself while working with this student?*

9. What is your sense of how your department supported both yourself and the student? *Possible prompts: Do you feel like the situation was resolved? Do you feel like you were supported? What might you wish had been handled differently either by you or by the department? What is the culture of the department like regarding mental health? How did this affect your experience?*

10. How did this experience affect you personally? *Possible prompts: Is there more you wish you could do? Do you have a sense of pride? Do other feelings come up when you think about this situation?*

11. Is there anything you would like to add that you think is important for me to know about this situation or your experience working with this student?

Debriefing Questions

1. How was it talking about this experience?

2. How are you feeling now, having talked about this?

3. Do you have any questions for me?

4. Is there anything you would like to talk about?

5. Here are some resources in case you feel you would like more support following this conversation (researcher will hand participant a handout including local crisis line numbers, referrals to a counselor, and information about support).

Transcription

Interviews took place in June and July of 2020, after the first term of a swift transition online due to the COVID-19 pandemic. The ongoing prevalence of the virus and lack of a vaccine necessitated only online interviews. All interviews occurred via Zoom. Zoom interviews were audio recorded and transcribed verbatim. All identifying information about participants, colleagues and students mentioned in interviews was removed. All participants and individuals mentioned in interviews received a pseudonym. Transcriptions, recordings, and any other data sources are being kept in password protected and encrypted files to protect the information of the participants.

Data Analysis

Analysis of the data followed the process outlined in Creswell (2018); first, after collecting the data and transcribing it, I immersed myself in the data, reading and rereading the interviews. Preliminary jotting occurred as data was organized and transcribed (Saldaña, 2016). Smith & Osborn (2007) suggest jotting by using the right margin of each transcript to take notes for each reading of the data, with no objective, as new insights will emerge with each reading. After immersion and jotting, codes were identified, otherwise known as horizonalization (Creswell, 2018, p. 79). Smith and

Osborn (2007) suggest using the left margin to identify themes related to the jottings and use a higher level of abstraction and invoke more psychological concepts. Themes are similar to codes, "a word or short phrase that assigns a summative, salient, essence capturing, and/or evocative attribute for a portion of language" (Saldaña, 2016, pg 4). I used the program Dedoose to organize data into themes.

I used the following questions to interrogate the data beyond what is explicitly said by the participants in order to access emotional states that are not explicitly discussed by the participant: "What is the person trying to achieve here? Is something leaking out here that wasn't intended? Do I have a sense of something going on here that maybe the participants themselves are less aware of?" (Smith & Osborn, 2007, p. 53). A copy of my research questions and goals of the study was kept in front of me while data was coded in order to help keep coding focused (Auerbach & Silverstein, 2003).

Once I identified themes, I organized them into clusters. Clusters were checked using the transcripts, to ensure trustworthiness of the data (Smith & Osborn, 2007). After analyzing the data and identifying theme clusters for each participant, I constructed a narrative exploring the essence of the experience of faculty members who are working with students in crisis (Creswell, 2018, p. 80). This narrative explored both the textural (the "what" of the experience) and structural (the "how" of the experience) aspects of referring a student in crisis to help (Creswell, 2018, p. 80).

Trustworthiness

In order to ensure that this research is trustworthy, I used the framework suggested by Morrow (2005) to evaluate the results and process of this study: (a) social

validity, (b) subjectivity and self-reflexivity, (c) adequacy of the data, and (d) adequacy of the interactions. Below I outline the ways in which I addressed each of these domains.

Social validity is based on the value the research has to other practitioners and the possibility of creating social change (Lather, 1993). This study has the possibility to shed light onto the structural weaknesses of university referral processes, and gaps within the systems that leave students unsupported. To ensure rigor, it was imperative that I continually focus on the value of the study to ultimately improve the lives of students.

Subjectivity and self-reflectivity can be achieved using member checks (Heppner et al, 2015). The population being studied gives a unique opportunity for member checks because all the participants are likely to be researchers themselves and can provide expert feedback not only on their own experience but also the quality of the interpretations. Member checks were also used to ensure the domain or adequacy of the interactions will be trustworthy. I shared preliminary themes and narratives with members and received several additional observations via member checking. This feedback given was incorporated into the results. I engaged in bracketing, and continually check my own biases about the data while coding and interpreting the data, as suggested by (Heppner et al, 2015).

Adequacy of data is defined as having sufficient data to have rich and complex findings (Heppner et al, 2015). After 6 interviews, there was rich enough data for sufficient findings, so I did not engage in seeking additional participants and interviews.

By using this framework to evaluate my research process and interpretation, I was able to evaluate the trustworthiness of my research and make appropriate changes as

necessary to ensure that this research is reliable and valid over time and across contexts

(Heppner et al, 2015).

CHAPTER THREE: RESULTS

The primary aim of this study was to understand the essence of the experiences of faculty in colleges of business as they support students experiencing distress, as well as explore the barriers that faculty encounter when working with these students. This chapter will present findings from the semi-structured interviews. Transcript excerpts will be included to provide examples of each theme and sub-theme.

Participants

Six current faculty members ($n = 6$) were interviewed for this study. All participants, at the time of the interview, were currently working as professors, teaching undergraduates in a college of business and self-identified as having worked with a student in distress within the past three years. Half of the participants worked at a mid-sized, public, master's level university on the west coast, and half of the participants worked at a mid-sized, private, research institution in the West. One participant identified as adjunct faculty, and the remaining participants were full time, either teaching or tenured faculty. Two also identified as administrators. Table 1 includes a selection of participant demographics.

Table 1: Participant Demographics

Participant Name[1]	Tenure Status	Gender	Race/Ethnicity	Years as Faculty
Dr. Hernandez	Full Professor	Man	Hispanic	10-20
Dr. Williams	Full Professor of Practice	Man	White	10-20
Dr. Petrova	Assistant Professor	Woman	White	0-3
Dr. Davis	Administrator & Associate Professor	Man	White	20+
Dr. Harding	Full Teaching Professor	Woman	White	10-20
Dr. Green	Full Time Adjunct Faculty	Woman	White	10-20

Themes

Four themes organized along two axes were interpreted through qualitative analysis. The four themes that were interpreted were *Shepherding*, *Armoring*, *Anchoring* and *Drifting*. All four themes relate to the essence of the experience of faculty members supporting students in distress, while only *Armoring* and *Drifting* represent barriers experienced by faculty members while supporting students in distress. Eleven subordinate themes were interpreted.

The following section will provide a description of each theme along with transcript excerpts, summaries and analytic commentary that will provide a rich understanding of the experience of these faculty members.

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[1] All names have been changed

Figure 1: Themes
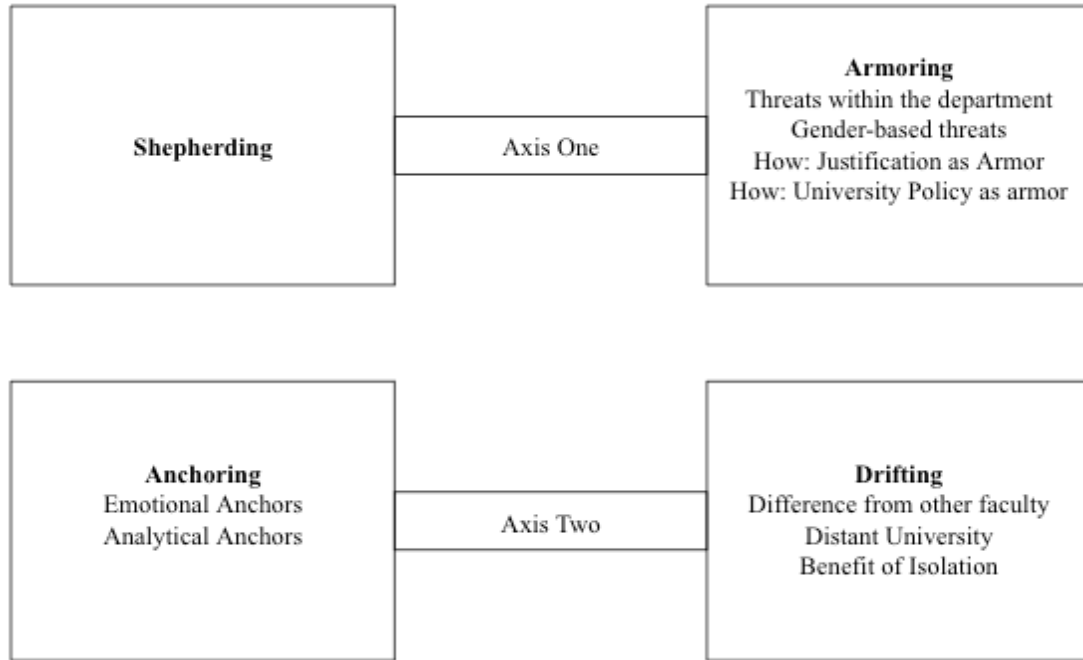
Axis One: Shepherding vs Armoring

The first two themes I will discuss below are *shepherding* and *armoring*. It appeared that faculty had conflicting views about their role as educators, and where their responsibilities lie. In fact, this was not the case - faculty passionately described their understanding of the impact they can and do make on a student's life, particularly when that student is in distress. I describe this as *Shepherding*. However, the ability to support students was challenged by a need to armor oneself, either protecting from legal issues, physical harm, or reputational harm. These two themes, *shepherding* and *armoring*, are discussed in depth below. Both are part of the essence of the experience of supporting a student in distress, while only *armoring* is a barrier to supporting students.

Theme One: Shepherding

Participants described a very strong sense of their role as educators. They saw their work as guiding students from emerging adulthood toward more developed adulthood in a gentle, warm, lead-from-behind way. While they did not use the term student centered, they appear to operate from that perspective. Dr. Harding, a tenured teaching faculty member who had been a member of her department for 19 years, said this about the importance of her work with students:

> "The concepts of care framed my understanding, as far as my role and responsibility beyond taking attendance and preparing for class. You know the role is, is more important than that or can be more important than that, if you make the effort."

They see their work partially as guides, partially as guard rails, and partially as leaders. They displayed deep respect for their students and are fiercely committed to their role. Dr. Petrova, a new assistant professor who has been teaching for less than four years, mentioned, "I was very persistent. I want you to succeed. I'm here to help you. On and on up through the very end."

There was a sense of warmth from every person interviewed, though never cloying or too saccharine. There was a deep responsibility that was communicated about their responsibility to young people. Dr. Harding said:

> "Young people are so precious in that way. You know, as you get older, things don't stick as much. But when you're young, it's really, really important. I saw it with my own kids, they had a great teacher, and it changed their life. It changed

their perspective. All of a sudden, my son was reading voluminous amounts of great literature because he was inspired. So, with young people in distress, I think people think, "oh, they're young, they're resilient," you know, whatever. But they're going through stuff just like the rest of us."

There was a universal sentiment that the developmental needs of undergraduates were unique, and so faculty considered their role to help guide students from emerging adulthood to young adulthood, regardless of age. Several faculty members said that they were responsible for more than just the material they were providing, but also to help students learn how to be in the world effectively. Sometimes, this was not only giving students positive feedback, but also helping them learn in ways that the student might experience as frustrating. Dr. Davis, a full professor who was currently a department head, described this process, saying, "It's my responsibility to let them flounder and find their way and be incredibly frustrated and figure out that they have responsibility for their own learning."

For several participants, there was a parallel to parenting, either because the faculty member interviewed wasn't a parent and wanted an outlet for caring behaviors, or because they acted in ways that they wished their children were treated. Dr. Green, a full-time lecturer who has been teaching for over 20 years, said:

"I like to see myself, not only as an academic coach, but as a life coach, because I'm 55 and I've been through many situations like they have already. You know, including so many times, they'll come into the office asking a question about an assignment, and it turns into 'I just broke up with my boyfriend' and you know in

that situation, I have too, and I thought it was the end of the world and I know the

passage of time heals all wounds.... But remember I've never had children. And so

being an instructor is fulfilling my maternal instincts."

There was an understanding that there is much more going on for a student than

school, and so faculty use classrooms as vehicles to help these developmental processes

along, without discussing this in terms of student development. It appears that this

allowed them to take risks while supporting a student in distress. Dr. Williams, who is not

tenured but had been at the university teaching undergraduate full time for ten years and

managed an academic program at the time of the interview, said:

> "For a young undergraduate it's different. For a young undergraduate, you know,
>
> they're not fully formed. And when they're having trouble, you know. And
>
> sometimes okay, this kid's just a slug, this kid's not going to get it done. But, in
>
> other times, if you see someone...you need to get them help."

This stance of *shepherding* allowed these faculty to check in on students because

of attendance, broaden their scope when checking in on students, and refer them to

appropriate resources. Dr. Harding described her use of a strict attendance policy as an

intervention to ensure that students are supported well. She is tender in describing the

way she approached students she is concerned about.

> "I'll probably, you know, I'll usually go up to somebody, just one on one. I'll
>
> kneel down next to them and say, [softens voice] "hey, is everything okay? You

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know, I noticed you." I have a pretty strict attendance policy, especially with my in-person classes, mostly because I enjoy them. And I want [the student] there."

Dr. Hernandez, a full professor who had been teaching for over 20 years, described the questions he asks himself when he is working with a student in distress. This was significantly broader than just whether a student was attending class and understanding the material. Here is what he described assessing and encouraging for students:

"I don't tell them to go to therapy first. The other things that I might do is I might inquire into "What are your tools for working with your emotions? Do you work out? Are you sleeping well?" Then basically [I encourage them to] eat well, sleep well, exercise and then from that point on ask if they have a meditation practice or yoga or whatever. But we sometimes... we discover that there's like a mental block and so then they're sabotaging themselves a little bit. And then it's like, "what is it that you could do to address that also?"

Overall, there was a belief that a core role of faculty is to remove barriers between a student and their education by providing resources and being curious about the student, beyond just their work in class. There was also a clear understanding of the limits of the *shepherding* role, and a commitment to connecting students to resources they need. Dr. Green said:

"Well, I just kind of know my limitations. I know I'm not a trained professional. I wish we had more training so that I would be able to deal with situations, but I

also don't want to get into any legal issues, not being a trained professional. You know, mental health issues. They need to see somebody who has training."

The faculty discussed having done a lot of personal work that allowed them to take this stance, whether it is their own therapy, reflection on their own experiences in school, or time in other professions. Dr. Davis described how he valued his work in therapy to be able to encourage students in distress to seek help, and how it related to his understanding of supporting students in their development toward independent adulthood:

"I've been in therapy so that concept's not foreign to me. And, you know, I'm not shy about sharing that with a student either. That there's no stigma, that this is about you being well. And you don't have to be unwell to seek therapy. I was not unwell. I was not the best me which is another reason to seek therapy. And so, I've shared things, you know, I've shared things from my own exploration that…. moments that occurred in therapy that enabled me to sort of be an adult."

Overall, faculty who are supporting students in distress tap into a much larger understanding of themselves as educators, which provided great value for them personally. Dr. Green, when describing her reasons for teaching, said, "Oh, well, it's an incredible reward. I don't teach for the money. I teach for the good feeling of making a difference."

Their understanding of their role as a shepherd allowed them to take a hands-on approach to "catch" students who might be struggling. It appeared that this belief is used

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to care for all their students but is highly activated when working with a student they are concerned about. Despite this *shepherding* stance, faculty still feel at risk when they work with a student in distress, which prompts the behavior of *armoring*, as discussed below.

Theme Two: Armoring

While the stance of *shepherding* was strong among faculty members, there appeared to be a barrier that prevented them from accessing this role consistently. Participants implicitly and explicitly discussed need to protect themselves. It appeared that participants perceived an inherent risk from being warm. Dr. Petrova shared:

> "It's the fear that, like, you know, this comes on you and that somehow, you'll be like… What if that student went and found a lawyer and sued me for something? I have no idea how it would be to be implicated in something like that, even if it's 1,000% not true you have to be kind of like dragged through all of that... Sometimes it just feels like, especially right now, professors are on edge about what they do and don't do in the classroom and what they say and don't say."

Faculty armored themselves because of a sense that they were the only one in the department who shepherded students. Others discussed the need to armor because of their gender. Actions that constituted *armoring* included justifying their work with previous careers, as well as utilizing university policy to protect themselves.

Why: Threats within the department

There was a sense that even though the faculty interviewed believe strongly in *shepherding*, they are in the minority within their department regarding their stance to

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shepherding, and in turn, toward working with students in distress. Dr. Harding

mentioned:

> "The undergraduates are kind, educated, thoughtful young people and I really hate
>
> when people, colleagues of mine disparage them and treat them like, oh, you
>
> know, [uses mocking voice] 'blah blah blah'. I just think they're wrong. I think
>
> the world of [the students] and I feel honored that I get to have them in my class.
>
> We have good students here and it's hard to get into [this college] generally and so
>
> anyway I think that's my starting philosophy and not everybody shares that tone,
>
> for sure."

There is a sense that other faculty do not respect the extent to which they are

unprepared to teach and to support struggling students, and do not respect their role as

shepherds. Dr. Green talked about how some faculty members are unprepared to teach

beyond being subject matter experts, and the risk faculty face when they are not trained

well:

> "I mean you'll be trained in [your field] because of your profession, but someone
>
> teaching business, they're experts in their specialties. They have no clue how to
>
> interact with students. It is so much time with the students. We are not elementary
>
> school teachers or junior high, high school teachers… it's even more. We're a big
>
> part of their lives and we can really make a difference if we're trained well."

One faculty member described the extent to which he has gone to challenge other

faculty members to care for students in distress. Dr. Davis said:

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"I went bat shit crazy at a faculty meeting where, I honestly can't remember her name, the women who is working on the community for those who have substance issues, came in to talk about the work that they're doing and the resources that are available and how to recognize what's going on. And there were faculty on their computers! I just raised my hand to get attention and then I reminded everybody. [Laughs] I said 'shut your damn computers and pay attention. This is not a joke. This is real, you should care about this more than grading a paper.'"

Some faculty mentioned not wanting to stray too far from their areas of expertise, not just because of other faculty in their departments, but also because they were worried about pushback from students if they were to take too much of a *shepherding* stance. Dr. Green mentioned, "What if they think you're being too nosy? [imitating student] 'You're here to teach me finance and marketing. If I wanted advice on life I, you know, talk to my friends or my parents.' I don't want to be too motherly."

Why: Gender-based threat

The instinct to armor was particularly salient for the women who were interviewed. These faculty members put great thought into how they structured their classes as well as their demeanor in order to protect themselves. Dr. Green said, "Well, I just don't ever want to appear weak because they [students] can, if they see your weakness, then they can take advantage of that, you know, throughout the quarter."

The women interviewed also all discussed the need to find ways to justify their own expertise to protect themselves to ensure that they would be taken seriously. Teaching evaluations and disparities based on gender were mentioned, along with how this impacts the way they prepared their classes. Dr. Petrova said:

"And so, there is that aspect of laying the groundwork. But then I also do this thing once a week where I do like a check in with the class. Because there's a balance between, like, "hey, I'm in charge and you got to do a lot of work" versus like "I am approachable still...." You also have to have an authoritative look and stance... you know, let's just all forget that I'm a woman."

Dr. Petrova mentioned that there was even a sense of needing to protect herself from physical harm, particularly when working with a particular student in distress, saying:

"I actually felt very insecure physically. I thought, because it was such an irrational email, that it kind of signaled to me like this person is not connecting the dots in a clear way. Like, what if he does something erratic or physical or…? I was really scared for a few days."

How: Justification as armor

It seemed that most faculty felt the need to justify their stance as shepherds, either to themselves or to their departments. Some faculty discussed academic resources as reasons they took a *shepherding* stance. Dr. Williams said, "You know, and in, um, I know there's articles and education journals often that say, "oh, by the way, you have a

responsibility beyond just teaching." These are people in our charge, and we have got to look after them.""

One common way of justifying their *shepherding* was to discuss previous lives outside of academia. These previous careers were mentioned to say that other fields cared for teams differently, and that the faculty who were interviewed were simply pulling from another culture, so to speak. Dr. Davis mentioned:

> "Well, it's an extension of why I became an academic. I left my restaurant to pursue graduate education because I realized that the most important thing that I was doing as a restaurant owner/operator was that I created a safe place for people to come to work, to bring their whole selves, and to earn a living wage, and that was more important than anything I did for a customer, but it made everything we did for customers possible. "

In a similar vein, Dr. Green described how her previous career informed her *shepherding* with students, saying, "You know, I ran the opera company for 20 plus years. And so that's in the community and face to face with people and I just found ways.... I walk in their shoes and try to think about what's important to them and patient and kind to them."

How: University policy as armor

Another tool that faculty used in order to armor themselves was the "rules." Several faculty members discussed how relaxing or comforting it was to be aware of policies and procedures that would create guardrails for themselves to move within. Dr. Hernandez said:

"Another clear case of rules that apply to all of us is the executive order about harassment, retaliation, and discrimination. I mean, I LOVE knowing that I have read those because then I'm clear what pervasive and persistent means. And so, that doesn't mean that if I say something and somebody didn't like it, that it means that I'm going to be fired... So, knowing the rules helps me relax and then it simplifies a lot of things."

That being said, several participants discussed the difficulty of even finding policy to help themselves feel safe and secure. Dr. Green discussed the difficulty in understanding changes in policy, or the limits of their role, and how sometimes the rules limited their ability to *shepherd* in the way they would prefer:

"Do we reach out to students? Are we allowed to talk to Disability Resources? I don't really know. You know, every year or every quarter [we get an email] reminding us what we can and can't do. We're told 'keep your office door open, you can't hug a student.' Well, they're sitting there crying in your office and you can't! [shrugs] Or they want to close the door, saying, "Oh professor, can I talk to you about something? It's a personal matter, can I close the door?" I can't close the door."

Axis Interaction

Overall, there were many reasons why faculty members did not feel entirely comfortable remaining in a *Shepherding* stance, and so would need to develop strategies to protect themselves, (i.e. *Armoring*). Further, the extent to which a faculty member is

able to engage in *shepherding* appears to be mediated by the amount they are *armoring*. Faculty members who described the most *armoring* had the fewest statements related to *shepherding*, while the faculty members who described most passionately a *shepherding* stance were the individuals who described *armoring* with the least fear, and with more levity. It appeared that gender-specific armoring did not preclude comments about shepherding from participants who identified as women, and that number of years working as faculty was a much better indicators of the interaction between *shepherding* and *armoring*.

Axis Two: Drifting vs Anchoring

Just as with the first axis of themes, both of the following are part of the essence of the experience of faculty supporting a student in distress, but only *Drifting* is considered a barrier. In fact, the process of *Anchoring* appears to help ameliorate the experience of *Drifting*. These two themes are connected to one another and exist on a spectrum. Specifically, if the balance of *drifting* to *anchoring* is too high, faculty do not feel efficacious supporting students in distress. Below I will discuss these themes in detail.

Theme Three: Drifting

Among nearly all the faculty interviewed, there was a profound sense of loneliness. This loneliness included their position in the department, but also related to working with students in distress. It appears that for many faculty there is pressure to go

it alone. This felt was especially palpable for those who were new and for those who are not tenured or in administrative roles.

Dr. Harding discussed her experience, despite having been a part of the department for many years, of never feeling like she was part of a community and contrasted that with the great support she had felt as a part of the corporate world:

"I'm not a tenure track faculty. [laughs] I think from a chair's perspective, generally speaking, as long as people aren't complaining about you and your teaching scores are good, nobody cares. Nobody's come into my office as a mentor or anything or even talked to me in any kind of friendship way or said "hey, what can I do to support you?" I think there's platitudes now because of the pandemic. Those words are being used a lot, but generally speaking in the 19 years I've been here, as long as nobody files a complaint against you and your teaching scores are good, they've got other fires to put out so just do your job."

This isolation was not unique to individuals, a participant who managed a department, Dr. Davis, who is in an administrative role, described how he also experiences isolation on the department level from the rest of the college. The idea that being left alone is "good," was mentioned several times.

"So, I mostly get left alone. Which is because my unit is not the problem child and it hasn't been since I've been to [institution]. I just have to let the Dean know what's coming so that he's not blindsided and as long as I do that, we're good."

This isolation was particularly heightened when working with a student in distress. Dr. Petrova described the difficulty of feeling isolated and being in a decentralized system even after having made a referral for a student in distress to a Student Services office. She described feelings of concern because she was not sure how to operate in a decentralized system:

"Because it was really decentralized. It was like me doing my thing over here, checking in with Student Services. Then Student Services was checking in with my chair. And I felt like nobody really wanted to take a centralized position in it and I don't… [The student in distress] was in other classes. And also, as I understand, creating some concern for other professors. So, I feel like somebody should have taken a hold of the situation and gotten everybody in the loop. I think that would have set us on a better path in this like one off where I find the students services counselor some days and not others and you know other days I talked to [the student]. It was not ideal."

This was echoed by several participants, that even when they believed they had made the appropriate referral for a student in distress, there was no follow up, and the sense of feeling isolated was heightened. When working with a student in distress, this sense of isolation left faculty feeling very vulnerable and exposed. Dr. Green discussed using all the resources she had available to her, including information from the Disability Resources Center, colleagues she trusted in the counseling center, and yet still feeling as if she did not know what to do. She said, "I felt kind of helpless. Because you can't pry into what's going on."

Difference from other Faculty

There was also a distinct feeling among participants that they were "different" from their colleagues, either because of their *Shepherding* stance, or that they had a different level of care for their student, which contributed to a feeling of loneliness and isolation. Many participants mentioned that they felt as if they were different from others in their department or college because of the care they take with other students. Dr. Davis and Dr. Harding stated this resulted in negative feelings toward other faculty members, either distrusting them or confronting them in faculty meetings.

Distant University

Even though many universities provide programming to try to help faculty feel connected, often these were described as ineffective. The university as an organization was often discussed in vague terms, as an element that did not help but rather imposed ineffective requirements that only served to increase isolation. Dr. Hernandez talked about how the training is biased, felt political, or inconsequential. He said:

> "To speak bluntly, it's too ideologized. I'm all for what works, and so I don't care how beautiful that sounds, I don't think it works. I think it has to start from offering training where humility comes first. And institutional humility is like an oxymoron. So that's difficult. University training either feels like 'check a box' or they feel like somebody is trying to turn you into…. 'Why don't you join this one, my little political party over here?'... It doesn't seem to be solving the problem."

Some faculty interviewed discussed helpful training but noted that it was difficult to keep resources available or top of mind. Even when the resources were available,

faculty members described the resources as being less useful than had been hoped for. Dr. Harding said, "Yeah, so, I get that folder from [the university] every year. It's kind of outdated. I have that pinned to my wall, then I forget about it. But it's behind my door, so, I'm like, okay, this is the number to call."

Benefit of Isolation

Despite the feeling of isolation, faculty were often quick to describe the benefits of the experience of being "left alone." Even among faculty members who really struggled with not having had the community they had hoped for really enjoyed the autonomy of the role. Dr. Harding described:

> "It's also liberating in that you know you're independently forging your way. So, I appreciate that aspect too, but it's very different.... Teaching is very isolating compared to working in a company, with a team of people trying to get something done... So, there's a whole different feeling in academia, but there's also a lot of flexibility and so I like that autonomy. I like the independence and I feel comfortable with that."

It appears that independence was experienced as both a challenge and a benefit to the faculty.

Reduction in isolation via telling one's story

It was also telling to see how faculty members reacted to the experience of being interviewed about their experience working with students in distress. The majority of participants were thankful for the opportunity to reflect on their work with students in distress. Dr. Williams said that he felt relief knowing that he had done the right thing for

the student he had supported. Dr. Harding said that it was enjoyable, and an honor to get to discuss her work. Dr. Hernandez said that he felt a sense of gratitude for the chance to reflect. Participants implied that it is rare to get the opportunity to discuss this work, and its impact on them.

Overall, despite the benefits of autonomy, it appeared that participants felt an incredible amount of isolation that contributed to the difficulty of supporting students in distress. Even discussing their work supporting students briefly with a stranger lessened this feeling of isolation. Below, I will discuss the final theme, *Anchoring*, which appeared to be an important tool used to significantly reduce the feelings of *Drifting*.

Theme Four: Anchoring

There were a variety of strategies that faculty used to combat the loneliness and isolation they experienced, and to bolster their strategies for supporting students. I refer to these strategies as anchors. There were two broad types of anchors, emotional anchors and analytic anchors. Emotional anchors were memories or tokens that faculty kept to remind them of the importance of their approach. Analytic anchors were more systematic approaches to assessing students that supported the faculty. Regardless of anchor type, these were discussed as deeply meaningful to each speaker. New faculty appeared to be seeking this type of guide. I refer to all of these as anchors.

Emotional Anchors

The types of anchors faculty employed were varied. One type, as mentioned above, was keeping physical tokens. Two faculty members kept letters from former students. They described keeping the letter or card in a place where it was visible, so that

they could be frequently reminded of the impact they had made when they had intervened for a student in distress. Dr. Williams said:

"And one time [student and I] were talking about something, and she went back, and she said, you know, way back when… I was just getting too much pressure from my mom. And basically, without saying it directly, she all but admitted that that spring break, [when the faculty intervened] she was going to commit suicide. And, you know, I said, well, you know, I'm really glad you're here. And about six months to a year after she graduated, I got a letter from Hong Kong, which is where she was working. And it basically said, you know, I wouldn't be here without you. Thank you. [becomes tearful] And like, of all the hundreds of letters I have from students, that's my favorite one."

Dr. Harding also recalled a letter that a student had written to her that she had kept. This letter had a profound impact on her, and she also became tearful describing her experience:

"I still have the letter. He wrote to me probably eight or ten years after he graduated. This letter was about the stuff that was going on with him while he was in college. And he just wanted me to know. I had just spent some time with him really advising him and I think I wrote him a letter of recommendation for grad school. He's an adult, full grown adult now and he works in [city] and he wrote me this long letter and the stuff that he was going through at the time that I had him, I had him for two classes, was just huge. And I had no idea, but I think I was just kind to him. We weren't talking about those topics, but he was somewhat of a

vulnerable type of individual and I just connected with him and we talked about

advising, normal stuff, and then I wrote him a letter of recommendation. So, I

really had no idea until I got this letter. I wrote him back, because it just impacted

me so much."

These physical tokens were incredibly precious and meaningful for faculty and

justified the interventions they had made when working with students, even if the

participants had been unsure at the time they had worked with the student. Other faculty

did not have physical anchors, but kept memories of working with students, which were

no less meaningful. For some, it was a recollection of a hug at graduation, or an off-hand

comment which had revealed the depth to which an impact had been made. Dr.

Hernandez described a moment at graduation where a student thanked him for his work

supporting her:

> "One of the students in that class was graduating and she pulled me aside on
>
> graduation day and she looked at me and said, you know, don't quit this job, your
>
> presence here is important. You know, it just brings tears to my eyes just to think
>
> about it."

For one faculty member, the anchor that was created was the process of serving

his former self. He described re-creating an experience he needed for a student in distress,

and how that informed the way that he supported students in distress. He was anchored

by the knowledge of what he needed in order to be able to succeed in college.

"I also am ready to share my own experience, which includes drug use; marijuana in college and my own checkered past as an undergrad as a result, and how I grew out of that, how I handled that situation. So, I'm not uncomfortable with tough love or with calling people on their shit."

Analytical Anchors

Beyond memories of impactful experiences, faculty also developed analytic tools to support their self-trust while intervening with students in distress. Every faculty member mentioned attendance and grades as a metric for measuring how students are doing. Dr. Green said:

"I feel like performance is a good one, where you start. If they start not coming to class or they start doing really well and all of a sudden there is a total change of behavior, that's a sign... If they start the class with high grades and then all of a sudden, they start turning assignments in late or not showing up to class and then I have the opportunity because they come into office hours because they're not doing well. And then they have the conversation. And then I have the opportunity to give them those resources."

The faculty also used themselves as a metric for measuring how students are doing. Most faculty members described a series of questions they asked themselves to assess whether they needed to intervene when they were concerned about a student. Dr. Green described using her "gut" to assess whether a student was in distress or not. She

said, "Just the body language and years of, you know, kind of listening to your gut that I'm not making any inroads and making this student feel better."

One faculty member, Dr. Williams, discussed his use of assessment of feelings to see how severe the distress was for the student he was concerned about. "It was just, it was you know…. just despair. That level of despair that I saw was, you know, I was like I know I'm not gonna sit here and talk to you for five minutes while the final is going on and fix all your problems."

Dr. Hernandez discussed how difficult the transition from in-person classes to online classes due to COVID was because it made it significantly more difficult for him to use this form of clinical data to assess how his students were. He said:

"The new lockdown creates challenges because it's easier for people to disappear. And we don't know if they're just checked out asleep or checked out because they're having a hard time. Even towards the end the students don't show their face on the zoom meetings. And I say, "Are you there?" And they don't even respond. And again, they may just be burned out and when you're in the classroom you can pick up a lot of these vibes along the way."

There was a complex and nuanced decision-making strategy for how to support students that was rooted in each faculty member's experiences. Dr. Harding described using her experience as a parent to both assess her own response to students, and whether her response met her standards. She said:

"So sometimes I'm like, "oh my gosh, there's another student at my door! I can't!"

But I think to myself, okay, if my son were standing at a professor's door, how

would I want them to act? So, I think there is a little sense of motherly accountability in that."

Dr. Davis discussed a "decision tree" to work with students to assess whether or not they were in distress and the level to which he needed to intervene. This was based directly on his own experiences with substances and the impact they had on his life. He said:

> "And then I guess there's sort of a decision tree. So, the next step is, okay, does this involve some form of substance abuse or not? If it does, then we go down that road. Because that substance abuse road is going to lead to them getting care beyond just handling the substance. So, either way, they get care. If it's not that, then it's how potentially immediately dangerous this situation is to this person and maybe others?"

Lost without Anchors

Dr. Petrova, who is still new in her role, seemed to be seeking anchors– and felt lost and anxious without them. When asked if there was anything that she would want that would lessen her feeling of anxiousness and concern about her "fit" as a faculty member she said, "If someone just said you're doing everything right. We've got your back. [laughs]."

Not an anchor: awareness of resources

Many trainings that are designed to support faculty in their work with students in distress are designed to help faculty understand resources on campus. Every faculty member who I spoke to was aware of resources on campus but did not have a strong

sense of what the resources were. Almost everyone used outdated names for offices on campus and expressed discomfort with the fact that they were not aware of the resources. Dr. Williams said, "and so, you know, I just happened to know student life really well [back then], and I hope it doesn't happen again because I've got no clue what it's called."

Not knowing the name of an office or the finer points of the role of a staff member on campus was not a barrier for faculty members who were supporting a student in distress. They were able to describe the function of the office and were aware of the types of resources available. Deep understanding of available resources was not necessary for faculty to feel anchored. Lack of knowledge about specific anchors did not contribute to a feeling of *drifting*, and specific knowledge about resources were not considered an anchor for students. Dr. Harding said, "The university obviously has resources and there's times that there's been students that I know are in distress, and I call those resources for a wellness check."

The specificity of the resources was not what was impactful for faculty working with a student in distress. If a faculty felt sufficiently anchored, it appeared that knowledge of the resources was a given.

Axis Interaction

It appears that, as with the first axis, there is a clear interaction between the feeling of *drifting* and the presence of *anchors*. For faculty who had well-developed and explicitly stated *anchors*, there was less discussion of the feeling of *drifting*. Faculty who had fewer anchors to rely on, or who second guessed them, discussed more experiences related to *drifting*.

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CHAPTER FOUR: DISCUSSION

This study sought to understand the experiences of faculty who are supporting students in distress. Previous literature has focused on assessment of knowledge of resources, rather than challenges faculty members face. This study explored this experience among faculty at colleges of business, as they typically do not have extensive helping skills training, and have a high likelihood of interacting with students in distress given the incidence of distress among the population of Business students. An Interpretive Phenomenological framework was used, and two research questions anchored the study: What is the essence of the experiences of faculty supporting students in distress? And what barriers exist for faculty supporting students in distress? Four core themes were interpreted, *Shepherding, Armoring, Drifting* and *Anchoring* to describe the essence of the experience for faculty. *Armoring* and *Drifting* were considered significant barriers. Tensions between themes were organized into axes. The first axis was between *Shepherding* and *Armoring*, and the second axis was between *Drifting* and *Anchoring*.

Shepherding and Armoring

Despite a deeply held set of individual values related to caring for students, faculty seemed ill at ease with this Shepherding stance, which is the core of the first axis, between *Shepherding* and *Armoring*. Participants described a deep and robust understanding of their own role in supporting students broadly and when students were in

distress. This stance is a *Shepherding* stance and is built on their desire to help college students develop, graduate college, and ultimately live successful lives. Faculty discussed beautiful, warm and deeply held values of being "there for" students, supporting students beyond the material they were providing, and even going so far as to note the opportunity to make substantial changes in a student's life. Faculty described being intentional about providing experiences for students that would allow them to grow and develop themselves from emerging adults into young adults. There was an incredible passion and conviction regarding this stance.

It appears, however, that faculty experienced this stance as risky, and so protected themselves through a variety of behaviors, (i.e., *Armoring*). Faculty felt like they were at risk if they were too student centered, either from a legal perspective, for fear of being taken advantage of by students, or that their reputations in their department would suffer. Women described some of the concrete risks from students, either via student evaluations or potential physical harm, while men discussed risks of being seen as an outsider in their department. Faculty members described the experience of finding strategies to keep themselves safe, including relying heavily on published rules and regulations, as well as using experiences from previous careers to justify their stance as shepherds. Recent study of institutions of higher education and the experience of faculty affirm this finding. New faculty experience intense scrutiny, have low job stability, and face higher standards of excellence than ever before, which makes obtaining tenure elusive and a high stress proposition (Trower, 2010).

It appeared that the more *Armored* a faculty member was, the more difficult it was to access the *Shepherding* stance. When discussing the barriers to care for students, the

deep investment in these students' lives was mentioned in the same breath as the ways

that faculty behaved in order to keep themselves safe. This first axis, a tension between

the deep desire to shepherd students and the need to protect oneself via armoring,

characterizes the inherent tension that exists for faculty as they are supporting a student in

distress. The more a faculty member felt the need to *Armor*, the more difficult

Shepherding a student became. The more strongly held the values of *Shepherding* were

for a faculty, the less they discussed *Armoring* behaviors in their own practice.

Drifting and Anchoring

The second tension appeared with regard participants' relationship to themselves

and their work. Every faculty member interviewed felt some amount of isolation. This

phenomenon has been well documented previously. Faculty have very independent roles,

and are often autonomous, even when they work on teams within the university, (Smith

& Calasanti, 2005). This is particularly true for online faculty, adjunct faculty, and

faculty who hold marginalized identities (Dolan, 2011; Patitu & Hinton, 2003, Smith &

Calasanti, 2005). It can be difficult for non-faculty colleagues to understand how

different the environment is for full-time faculty, their work may be perceived in a very

different way than faculty intended (McGrath, 2003) that they are not required to have

regular social contact with colleagues, and that communication is often diffuse in

academic departments (Smith & Calasanti, 2005).

It appears that the isolation experienced by faculty members was related to the

sense that they were the only ones who wished to support students in a *Shepherding* way.

They discussed how their department did not understand and felt the only way to survive

within the department was as someone who was "left alone" and not a "problem child."

When working with a student in distress, they often felt lost, unsupported, and unable to ask for what they needed from the department and university.

Training provided by the university was viewed with skepticism and did not appear to ameliorate the *Drifting* feeling. While there are benefits to autonomy, faculty described wishing others were on the same page as them, and that they could receive more support. This became a barrier for faculty in supporting students because of the challenge of going it on their own. The tension between desiring more support and the desire to remain autonomous is reflected in the literature, particularly with regard to the ways that non-white, non-male faculty experience academic culture. Women in academia report high levels of ostracism which has significant effects on their mental health, productivity, and ability to effectively work (Zimmerman, Carter-Sowell & Xu, 2016). It appears that regardless of identity, all faculty members who were interviewed experienced some level of isolation that may be akin to experiences of ostracism. This was particularly salient for women who were interviewed. Although several benefits of autonomy were mentioned by participants, there was also consensus that the institution has a moral responsibility to support its employees. This is an ethical imperative because, according to Wilcox and Ebbs, faculty have highly influential roles supporting students and creating knowledge to improve society and the world (1992).

To address feelings of *Drifting*, faculty created their own "anchors" in order to support their work with students in distress. The discussion of these anchors was moving - faculty had created a robust collection of both emotional anchors to remind them of the importance of their work, and analytical anchors, assessment tools to help them evaluate how best to help a student in distress. The emotional anchors were often gifts from

students or memories of students they had worked with who were in distress. The analytical anchors were very much akin to tools that those in helping professions use to support their clients, such as decision trees, clinical data, and attendance and performance data to support their decisions (Hill, 2020). All participants appeared to have developed this system independently, suggesting that there is not a culture among faculty members that would allow *Anchoring* as a process to support students in distress. In fact, the experience of Anchoring reduced the negative effects of *Drifting* for faculty members.

This tension, between the feeling of *drifting*, alone, unsupported by your department or the university, and the comfort and safety of *anchoring*, was palpable. It appears that for faculty members who have strong anchors, particularly those who had significant experiences with students that created meaning around the urgency of their work supporting students in distress, experienced less *drifting* than those who did not have strong anchors, or who had not yet developed a system of *anchoring*.

The experience of a faculty member working with a student in distress is complex. There is a deeply rooted sense of responsibility toward the student, and an understanding that this could be a critical experience in the student's life that has lasting consequences. There is also an understanding that the faculty are at risk and must protect themselves from reputational or physical harm. Faculty struggle to balance their need to protect themselves with their need to be aligned with their values as educators. Additionally, faculty are managing this within an environment that is lonely and isolating. Many managed this by creating anchors that allowed them to feel a sense of safety. The extent to which the faculty managed these tensions greatly influenced their experience supporting a student in distress.

Implications for Practice

There are many interventions on college campuses aimed at encouraging faculty to reach out to students of concern. Typically, these interventions are centered around increasing mental health literacy and delivering information about services available on campus (Mier, Boone & Shropshire, 2009, Kaslow, Garcia, et al, 2012, and Nolan et al, 2005). Findings from this study suggest these interventions do not address the core barriers of *Drifting* and *Armoring*. Staff members designing trainings are likely unaware of the experiences of isolation and the barriers that exist for faculty. Organizational culture can preclude this understanding from being developed due to lack of communication between faculty and staff, superiority from the faculty and a potential for souring of relationships (Florenthal, Talstikov-Mast & Nazil, 2009). With this information in mind, very different interventions are necessary to support faculty, and have the potential to create broader well-being for faculty and therefore for students in distress.

Opportunities for connection amongst faculty members and the development of department or campus-wide anchors might encourage more faculty to support students in distress. Perhaps greater understanding can be created through opportunities for faculty to come together and collectively agree about which assessment strategies to use to monitor student engagement, or by collectively deciding on a group of values that support their work as faculty. Creating opportunities for faculty to connect would have two advantages. It would help faculty normalize their profound care for students, as well as reduce the isolation that arises from a perception that they are the only ones who operate from a student-centered perspective. Additionally, department or campus-wide anchors

would be significantly more impactful than the current information-based interventions that are in place. Faculty who have a strong shepherding stance are able to access resources because they are motivated. Supporting faculty in cultivating a shepherding stance would go much farther toward creating an environment where faculty feel agency when intervening with a student who is struggling.

This recommendation is supported by comments from faculty during the member check stage of the study. Upon reading the initial analysis, faculty participants expressed surprise at the strength of the shepherding stance, and pride that other faculty felt the same way they did. Several participants in the study remarked that they wished they had known that others felt like they did. Faculty participants in the study said that they planned to reach out to more junior faculty members to support them and wished that they themselves had received more Shepherding in developing their professional identity as faculty. Creating a stronger and more explicit culture among faculty would reduce the sensation of *drifting* and would prevent the need for *armoring*.

Limitations and Direction for Future Research

Findings from this study are limited first by the design of the study. Qualitative research does not seek to find generalizable claims, and as such the experiences described in the results are not meant to be universal across all faculty members. Future research is needed in order to further understand and assess this phenomenon.

Due to the small n, the sample also was relatively homogeneous. This is expected in IPA designs in order to access nuanced experiences. The sample had some heterogeneity in terms of years of experience, gender, age, and tenure status. This

allowed the researcher to explore the essence of the experience of working with a student in distress in the context of a more diverse set of individuals. Faculty of color are likely to experience their institution very differently than their white colleagues, which would influence their response to supporting a student in distress, as well as their understanding of institutional barriers to doing so (Smith & Calasanti, 2005). For faculty members outside of a college of business, different institutional supports, or differences in their background may provide a different experience of working with a student in crisis. Faculty in counseling psychology, clinical psychology and social work, for example, have all received extensive clinical training and may not experience the same levels of distress as faculty from non-helping fields. Faculty in a college of education may be actively engaged in scholarship related to supporting students in distress, or best pedagogical practices generally, and so working with a student who is struggling may be a comfortable area of personal advocacy, as opposed to the experiences reported by those studied. If this study were to be expanded in the future, however, more diversity in terms of race, ethnicity, and academic discipline would likely help capture the influence at the intersection of identities in supporting distressed undergraduates.

There was an element of the *shepherding* stance that closely aligned with concepts of whiteness that are often taken for granted and upheld as norms in institutions of higher education, including meritocracy and individualism (Gusa, 2010). Participants described "allowing students to fail" and discerning which students were "just slugs," meaning lazy and not in need of assistance. This seemed to interact with *armoring,* perhaps indicating that faculty who betrayed standards of whiteness by providing individual care for students felt at risk of professional or personal consequences. There is

good evidence of the prevalence of standards of whiteness enforced in the academy (Gusa, 2010, Lewis, 2004, McIntyre, 1997), and it would follow that there was trepidation on the part of those who benefit from those systems to go against that standard.

In future research, the interaction between whiteness, *Shepherding* and *Armoring* would be a fertile area of study. Because race and other aspects of identity were not specifically explored in this study, only inferences can be made about the role played by the enforcement of standards of whiteness, and the resulting vulnerability when faculty flaunt those standards. These standards of whiteness may have a much more widespread interaction with all four themes but was not explicitly explored in this study. Using a lens of critical whiteness to examine student development, as developed by Irwin and Foste, would be useful in better understanding the interaction of power, privilege and the process of supporting a student in distress (2020).

Another limitation of this study is the selection of participants. The faculty who volunteered to participate in this study self-selected. While this allowed me to gain a nuanced understanding of participants' experiences, the voices of those who have not worked with a student in distress, or those who do not yet feel comfortable sharing their experiences were missed. Faculty who do not value supporting students in distress, if those faculty exist, were not represented in this study. In the future, it would be ideal to capture a broader selection of faculty members to better understand the experiences of those who do not identify as having had an impactful experience working with a student in distress. Additionally, the experiences of faculty working with students in distress are likely highly tied to academic discipline. For faculty working in helping fields, the

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experiences and needs are likely very different. These faculty have expertise in working with individuals in distress but may experience different institutional and internal barriers.

This study was conducted during the initial stages of the COVID-19 pandemic in 2020. Data was collected roughly three months into the pandemic where the experiences of teaching online and, to a certain extent, the saliency of one's role as a professor were heightened for participants. It would be beneficial to continue to explore the effects of teaching online as COVID continues to shape the educational experience for students and faculty. The core experiences shared by faculty occurred prior to the COVID-19 pandemic, but participants contrasted those experiences with anecdotes that highlighted the additional struggles that an online environment posed. This was particularly salient when anchors were discussed, and participants shared that the analytical anchors that they relied on were not as effective in a virtual classroom. The myriad of difficulties in transitioning from in-person to online teaching will continue to be explored in the wake of COVID-19, and the absence of typical conversational and behavioral cues have been noted as a difference (Rapanta et al, 2020). Additionally, data was collected shortly after the beginning of the widespread demonstrations in response to the murder of George Floyd. These current events potentially impacted participants' understanding of themselves as advocates and increased the saliency of understanding of the lives students hold when they are not in the classroom.

Further research into the relationships between *shepherding*, *armoring*, *drifting* and *anchoring* is critical to understand the experience of faculty supporting students in distress. The solidification of these constructs as levels that affect a faculty member's

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sense of efficacy and choice in their roles is critical to designing effective interventions. The better understood these concepts are, the more likely we can both create a supportive environment for faculty, as well as increase the odds that students in distress will receive the support they need.

Another area of further research is a final theme that did not relate to the core research questions. It appeared as if some faculty practiced outside of their scope when supporting students. Some provided suicide and substance use assessments, despite not reporting any mental health treatment training or licensure that would prepare an individual for effectively supporting either of those severe mental health concerns. Additionally, faculty described providing meditation training, encouraging communication between students and possibly estranged family members, and covering other potentially sensitive topics, despite those topics not being related to the faculty's area of expertise. While these skills do not require licensure, significant ethical issues arise when engaging students in these topics. Further research exploring the extent to which this occurs and whether faculty are working in alignment with best practices is critical.

Researcher's Reflections

As a former student affairs staff member, my interactions with faculty supporting students in distress were varied. There were some faculty members who appeared highly attuned and committed to their students, while others appeared indifferent to the myriad of barriers that students face that affect their academics. My interest in this study derived directly from my role as an intermediary between faculty and struggling students.

While my professional and clinical experiences gave me the necessary context to collect and code data, there was so much missing in my understanding of the experience of faculty supporting students in distress. I feel honored to have been brought more into the world of faculty. Conducting this study allowed me to challenge my understanding of the needs, experiences, and pressures faced by faculty, much in the same way staff hope to raise awareness among some faculty as to the needs of distressed students.

My initial hunches were very different from my findings, which I believe reflects the disconnect that can commonly occur on college campuses. Staff who are developing and providing training related to mental health crises and other student issues typically have a limited understanding of the experiences for faculty in general. Staff may be completely unaware of the experience faculty have when in a high-stress and challenging situation with a student. My hope is that this study provides an opportunity for staff to develop empathy, as well as more effective interventions on campus for faculty. I also hope that faculty may feel seen in their efforts to provide a holistic, supportive and engaging experience for their students, and that leads to a deeper connection with their colleagues to further enhance that support.

What became clear throughout this study is that faculty yearn for an outlet to connect and to find meaning in their work, as do we all. In Psychology of Working Theory, if social connection needs are not met, well-being and work fulfillment both suffer (Duffy, et al, 2016). The absence of this meaning and connection is critical to correct in order to retain faculty members and create a supportive environment for students.

Conclusion

      This is the first study to explore not just the mental health literacy of faculty, but to create a nuanced understanding of the experience of faculty who are supporting students in distress. In spite of its limitations, this study produced a rich understanding of challenges present for faculty supporting students in distress and made explicit the deep care and responsibility faculty feel toward their students. Faculty participants described a moving conception of their understanding of their role in a student's life, as well as a profound loneliness and need to protect themselves while doing so. The strategies that faculty use to keep them connected to their values are critical to their ability to feel grounded in their work and continue to support students in distress. There are many possibilities for practical applications of this work to create more explicit cultures of care among faculty, to reduce experiences of isolation and disconnection, and to ultimately improve the experience for both faculty and students on campus.

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Appendix A: Demographic questionnaire

https://udenver.qualtrics.com/jfe/form/SV_3UBQ00JcZIPBpQx

Demographics Screener - Clark Dissertation

Q1
Faculty Facilitation of Help Seeking on Campus: Demographic Questionnaire

Hello! Thank you for your interest in participating in this study. The purpose of this study is to learn more about the faculty's experience supporting students in distress. To see if you are qualified to be a part of the study, I first need to ask you a few general questions. You will then be invited for a one-hour zoom interview if you meet inclusion criteria for the study. In the interview, you will be asked 11 semi-structured questions to better understand your experience. Your responses will be kept completely confidential.

 The demographic questionnaire should take you around three minutes to complete. Your participation in this research is voluntary. You have the right to withdraw at any point during the study. The Principal Investigator of this study, Lily Clark, can be contacted at lily.clark@du.edu.

 By clicking the button below, you acknowledge: Your participation in the study is voluntary. You are 18 years of age. You are aware that you may choose to terminate your participation at any time for any reason.

○ I consent, begin the questionnaire

○ I do not consent, I do not wish to participate

Skip To: End of Survey If Faculty Facilitation of Help Seeking on Campus: Demographic Questionnaire Hello! Thank you for... = I do not consent, I do not wish to participate

End of Block: Informed Consent

Start of Block: Block 1

Q13 The following questions are asked in order to determine eligibility for the study

Q3 Have you ever worked with a student in distress?

Distress is defined as depression, anxiety, suicidal thoughts, odd or perplexing behaviors, or anything else that might impact a student's schoolwork, and may need a referral to counseling or mental health support. The definition of distress is intentionally left broad to capture a variety of experiences.

○ Yes

○ No

Q4 Was this experience within the last three years at your current institution?

○ Yes

○ No

Q6 How long have you worked as a faculty member?

○ 0-3 Years

○ 3-7 Years

○ 7-10 Year

○ 10-20 Years

○ 20+ years

Q14 Please select your current job title and tenure status, if applicable:

○ Assistant Professor

○ Associate Professor

○ Full Professor

○ Full-Time Lecturer

○ Part-Time Lecturer

○ Adjunct Faculty

○ Clinical Faculty

○ Other _____

Q8 What department do you teach in, and at which college?

_____

Q22 Please list the degrees you've earned (please do not include institution)

_____

Q18 Please indicate your race and/or ethnicity

_____

Q19 Please list your gender

_____

Q12 The following questions are asked in order to schedule the Zoom interview once eligibility has been determined for the study.

Q9 Full Name

_____

Q10 Phone Number

_____

Q11 Email Address

_____

Q15 May I contact you regarding this study by phone?

○ Yes

○ No

Q16 May I contact you regarding this study by email?

○ Yes

○ No

Q23 Optional: Please provide name and contact information of other faculty members that you think may be interested and eligible for this study. If you choose not to nominate another faculty member, please leave these fields blank.

Q24 Name of Additional Participants

_____

Q25 Email for above participants

_____

Q26 Thank you very much for your interest in participating in this study! The primary investigator, Lily Clark, will reach out regarding participation shortly. If you have any questions, you may contact her at lily.clark@du.edu

Appendix B: Interview Protocol

1. *Can you tell me about your current role at [Institution faculty works at]? Possible follow ups: How long have you worked here? Where have you worked previously? How did you come to faculty work?*
2. I mentioned I'm interested in your experience working with a student in distress, meaning a student who was depressed, anxious, suicidal, or who you were generally concerned about. Is there a time you worked with a student

like this you can recall? **What happened?** *Possible prompts: how long ago was this? What made you concerned about the student? What did you notice that put this student on your radar?*

3. What contact did you have with the student? *Possible prompts: Did you start to become concerned in class? During office hours? While reading students assignments? After an email interaction? Do you have record of this interaction?*

4. What knowledge did you have about working with people in distress? *Possible prompts: did you have outside knowledge? Did you attend a university training? Were there other experiences you have had that prepared you for this? Was your knowledge informed by instinct?*

5. What were some of your thoughts and emotions while working with the student? *Possible prompts: Did you feel overwhelmed? Nervous? Did you feel you needed to prepare yourself, if you had initial contact over email, or did you feel you needed to respond in a particular way? Did it remind you of any other experiences you've had personally or professionally?*

6. What did you do to support the student? *Possible prompts: How did you follow up or handle the situation? What were some of the courses of action you considered?*

7. What resources, if any, did you use to support this student or yourself? *Possible prompts: Did you use a campus reporting system (Name appropriate campus system)? Did you reach out to the counseling center? Did you use any other resources from the city or county? Did you speak with other faculty? What was this like?*

8. What were some of the legal or ethical concerns you had while working with this student? *Possible prompts: Was there anything that caused you to worry while you were working with this student? Were there any potential threats or dangers you perceived for yourself while working with this student?*

9. What is your sense of how your department supported both yourself and the student? *Possible prompts: Do you feel like the situation was resolved? Do you feel like you were supported? What might you wish had been handled differently either by you or by the department? What is the culture of the department like regarding mental health? How did this affect your experience?*

10. How did this experience affect you personally? *Possible prompts: Is there more you wish you could do? Do you have a sense of pride? Do other feelings come up when you think about this situation?*

11. Is there anything you would like to add that you think is important for me to know about this situation or your experience working with this student?

Debriefing Questions
1. How was it talking about this experience?
2. How are you feeling now, having talked about this?
3. Do you have any questions for me?
4. Is there anything you would like to talk about?

5. Here are some resources in case you feel you would like more support following this conversation (researcher will hand participant a handout including local crisis line numbers, referrals to a counselor, and information about support).

Appendix C: Emails to Deans, Soliciting interviews & Advertising Study

Dear Dean _____,

I hope this email finds you well! My name is Lillian Clark and I am a current Doctoral Student at the University of Denver. Prior to this, I was the Assistant Director of Advising at Cal Poly's College of Business. I am currently working on my dissertation, studying the experience of faculty supporting students in distress. I know the faculty at the [Orfalea College of Business/Daniels College of Business] are deeply committed to the success of their students and take a high-touch approach. I am curious if it would be possible for me to speak to faculty members via the [Fall Conference/Department Meeting] to see if any would be interested in sharing their experience in a one-hour interview. Please find attached a flyer with more information about the study, and a link to a demographic questionnaire where individuals may sign up for interview.

Thank you,

Lillian Clark, M.Ed.
Doctoral Candidate, Counseling Psychology
Morgridge College of Education
University of Denver

Appendix D: Email to Faculty Soliciting Interviews

Dear [College] Faculty,

Hello! My name is Lily Clark and I am a current Doctoral Student at the University of Denver. Prior to this, I was the Assistant Director of Advising at Orfalea Student Services. I am currently working on my dissertation, studying the experience of faculty supporting students in distress. I know the faculty at the [Orfalea College of Business/Daniel's College of Business] are deeply committed to the success of their students and take a high-touch approach.

I am seeking individuals to interview about their experience working with a student in distress. If you have worked with a student who you were concerned about generally, or worried about them being depressed, anxious, suicidal, I would love to hear about how you handled that situation. If you are interested in participating, please take a moment to fill out this questionnaire, and I can set up a time for us to meet via zoom. Participants will receive a $15 gift card as compensation for their participation in this interview.

Thank you for your consideration,

Lily Clark, M.Ed.
Doctoral Candidate, Counseling Psychology
Morgridge College of Education
University of Denver

Appendix E: Demographic Table

Participant Name[2]	Tenure Status	Gender	Race/Ethnicity	Years as Faculty
Dr. Hernandez	Full Professor	Man	Hispanic	10-20
Dr. Williams	Full Professor of Practice	Man	White	10-20
Dr. Petrova	Assistant Professor	Woman	White	0-3
Dr. Davis	Administrator & Associate Professor	Man	White	20+
Dr. Harding	Full Teaching Professor	Woman	White	10-20
Dr. Green	Full Time Adjunct Faculty	Woman	White	10-20

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[2] Names changed

Appendix F: Exempt Research Information Sheet

Consent Version: 6/29/20

Exempt Research Information Sheet

Title of Research Study: Faculty Facilitation of Help-Seeking on Campus: A Phenomenological Study

Principal Investigator: Lillian Clark, M.Ed., University of Denver, Morgridge College of Education

Faculty Sponsor: Patton Garriott, PhD, University of Denver, Morgridge College of Education

IRBNet Protocol #: 1605990-1

You are being asked to participate in a research study. Your participation in this research study is voluntary and you do not have to participate. Even if you decide to participate now, you may change your mind and stop at any time. This document contains important information about this study and what to expect if you decide to participate. Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate.

<u>**Study Purpose:**</u>
If you participate in this research study, you will be invited to share your experiences working with a student in distress. The purpose of this study is to better understand the experience of faculty members supporting a student in distress, and connecting them to mental health resources, to highlight the work faculty do to support students in distress and identify barriers students face when seeking mental health care. You will be asked to participate in one interview via zoom that will last approximately one hour, and answer questions about a specific experience where you supported a student in distress. You will also be given the opportunity to check preliminary findings before the study has concluded.

You may choose not to answer any interview question or continue with the interview for any reason without penalty.

Potential risks and/or discomforts of participation may include discomfort as a result of discussing a difficult professional situation.

You will not benefit directly from participating in this study.

This study will only require an hour of your time for a zoom interview. If you wish, you may spend an additional hour reviewing preliminary findings.

After interviews, recordings will be transcribed, and all identifying information will be removed, including information related to yourself, the student you worked with, and any other people that are mentioned in the interview.

You will receive a $20 gift certificate for participating in this research project immediately after participating in the interview.

Procedures: If you agree to be a part of the research study, you will be asked to take part in a zoom interview that will last approximately 1 hour. You will be asked to answer ten questions.

You will be audio/video recorded via Zoom in order for the interview to be transcribed verbatim at a later date. If you do not want to be audio/video recorded, please inform the researcher.

Data Sharing
De-identified data from this study may be shared with the research community at large to advance science and health. We will remove or code any personal information that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data.

Questions: If you have any questions about this project or your participation, please feel free to ask questions now or contact Lillian Clark at 805-801-2535 or lily.clark@du,edu at any time. You may also contact Dr. Patton Garriott, faculty sponsor, at pat.garriott@du.edu.

If you have any questions or concerns about your research participation or rights as a participant, you may contact the University of Denver's Human Research Protections Program (HRPP) by emailing IRBAdmin@du.edu or calling (303) 871-2121 to speak to someone other than the researchers.

The University of Denver Institutional Review Board has determined that this study is minimal risk and is exempt from full IRB oversight.

Please take all the time you need to read through this document and decide whether you would like to participate in this research study.

If you agree to participate in this research study, please sign below. You will be given a copy of this form for your records.

_____   _____
Participant Signature   Date

Appendix G: Clustered Themes

Themes and Sub-Themes:
- Axis 1 Shepherding v Armoring
    - Shepherding
    - Armoring
        - Why people armor
            - Protection within Department
            - Gendered Concerns
        - How People Armor
            - Justification as Armor
            - University Policy as Armor
- Axis 2 Drifting v Anchoring
    - Drifting
        - Loneliness on Campus
        - Difference from Other Faculty
        - University is Distant
        - Isolation Benefits
        - Reduction in Isolation - Telling One's Story
    - Anchoring
        - Emotional Anchors
        - Analytic Anchors
        - Lost without Anchors
        - Not an Anchor: Awareness of Resources