Students with Emotional Disabilities: Responding to Advisors' Concerns and Questions

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Students with emotional disabilities are attending institutions of higher education in increasing numbers. Professionals considering appropriate postsecondary classroom accommodations and support may face advising challenges. However, most advisors have little training in responding to the needs of students with emotional disabilities. Answers to eight questions that advisors frequently ask about working with students with emotional disabilities, practical guidelines, and experience-based examples and resolutions are offered.

KEY WORDS: Americans with Disabilities Act (ADA), counseling, high-risk students, mental health issues, student privacy rights

Introduction

Despite the increasing numbers of students with emotional disabilities attending colleges and universities (Gibson, 2000; Harris & Robertson, 2001), academic advisors find themselves with limited information on how best to accommodate these students (Beilke & Yssel, 1999; "Promote Mental Disabilities Awareness," 2003). Because of this limitation, we prepared this article to provide academic advisors and university professionals with background information related to working with students with emotional disabilities. Eight questions advisors may ask about working with these students guide the discussion. The questions and their answers are not intended to be comprehensive and are certainly not a substitute for legal counsel; however, the discussion provides advisors with a basic grounding on the topic.

Warning Signs

What are the warning signs that a student may be struggling with an emotional disorder? Although not typically having the expertise or responsibility to diagnose emotional problems in students, advisors are often the first to recognize changes in students' well-being (Berman, Strauss, & Verhage, 2000). The key to emotional disorder recognition is sensitivity to changes in student behaviors: loss of interest, unexpected absences or tardiness, heightened emotional reactions, social withdrawal, unexpected changes in mood (rapidly angry or sad), or limited/excessive verbalizations. Students may report problems with sleep, appetite, or energy. In some instances, students will overtly express their sadness by communicating a loss of hope or becoming tearful.

If a student is new to an advisor, the identification may be particularly challenging; nevertheless, sensitivity to a student's actions or words will provide a means to recognize a troubled emotional state. An emotional reaction that seems unexpected, extreme, or prolonged for the circumstances may be a warning sign of an emotional disorder. Although such behaviors may also suggest developmental or maturity issues, an advisor should not assume that the student simply needs to grow up. In fact, if the behaviors represent a significant change from those the advisor has previously experienced with the individual, the advisor should be alert to other signs of an emotional disorder.

Inquiries about a Diagnosis

If I suspect that a student has an emotional disorder, should I ask him or her about it? The answer to the "should I ask" question often depends on the advisor-student relationship and their individual comfort levels. *What if the student says, "yes"?* In our experience, gentle offers about resources available to help one cope with stressors are usually well received.

If a student is receptive and a referral appropriate, refer the student to a specific person. When possible, walk the student to the counseling or student disability center so that the daunting prospect of making an appointment seems easier to her or him. If the situation is an emergency (e.g., the student admits to being a danger to self or others), contact the counseling center or the campus police immediately. This is not a time for advisors to go it alone. Advisors and faculty members should know university policy for providing psychological and emergency services.

Students may decline mental health services, which is within their rights. However, this should not stop an advisor from taking immediate action by contacting the appropriate campus resource if a student is a danger to self or others (Amada, 1995).

Reluctant Disclosure

If a student has an emotional disorder, why doesn't the student just tell me what is happening? Students' reluctance to discuss emotional concerns with advisors and faculty members may come from a fear of discrimination and stigmatization, and their fear may be well-founded (Chaffin, 1998; Werner, 2001). Their reluctance may reflect prior experiences with advisors and faculty members who have been intolerant of students with emotional disorders (Granello & Granello, 2000). Educators, as well as members of the general population, may succumb to media's representation of people with emotional disorders as dangerous (Granello, Pauley, & Carmichael, 1999). According to Mowbray and Megivern (1999), 13% of faculty members sampled reported that they would feel unsafe leading a class attended by a student with mental illness. However, the Mental Illness Research Association (2004) has reported little risk of violence from casual contact with a person with an emotional disorder, and the American Psychiatric Association (2003) reported that most violent people do not have mental illnesses.

Because students with mental disorders may perceive society as unsympathetic and apprehensive about them, they would benefit from a supportive academic advisor who is aware of their challenges. Without the trust cultivated by an advisor's initiative, students may be uncertain of the advisor's reaction and reluctant to disclose their diagnosis.

Relationship Building

What disorder-related concerns or impediments should I keep in mind when trying to build a relationship with a student who has an emotional disorder? A student is greater than a diagnostic description, and each has unique limitations and concerns as well as strengths and assets. Despite this caution about individual differences, certain characteristics of emotional disorders may, in general, present challenges for advisors trying to develop relationships with students.

Students with major depression may have difficulty keeping an early morning appointment, struggle with focus or concentration, or have problems managing a large number of tasks from an advising session. During a manic phase, students with bipolar disorder, an illness in which a person experiences periods of elevated energy or elation followed by significant depression, may seek an advisor's support to register for far more hours than they can realistically complete. Students with agoraphobia (fear of public places) or panic disorders may experience episodes when attending classes in person may be nearly impossible, which may mean they will face challenges in meetings at a very public or open advising center.

Advisors may encounter even greater difficulty in establishing relationships with students with severe emotional disabilities, such as those who exhibit heightened suspiciousness, extreme confusion, or distorted perceptions. The thought patterns of students with severe emotional disorders can be difficult to follow. Some students may have poor interpersonal skills and may express no emotion while talking to their advisors.

When a Disorder is a Disability

When is an emotional disorder a disability? What is the college's responsibility to accommodate a student who has an emotional disability? The decision regarding the presence of a disability is typically the function of personnel in the disability services office. At their own expense, students are required to provide documentation from a qualified professional about the disability. In the case of an emotional disability, students may provide documentation from a psychologist or psychiatrist (or other physician). In a newsletter to higher educators, Dawn Meza-Soufleris, assistant to the vice president and Director of Student Conduct and Conflict Management Services at Rochester Institute of Technology, is quoted as follows: "We may think that the students are mentally ill and they may say that they are mentally ill, but unless it is documented by disability services, it is not a disability" ("Evaluation Becoming Part," p. 7).

If a student qualifies for accommodation, an institution is prohibited from discriminating against the student in the areas of recruitment, application to programs, testing, interviewing, or acceptance (Chaffin, 1998). In sum, this means a student is to have access to programs and services of an institution regardless of the disability and is to be provided accommodations, as appropriate, to have access. Institutions, however, are not required to provide accommodations that fundamentally alter the essential qualities of a course or program.

In accommodating a student, an advisor should receive a letter from the disability office identifying the student, verifying a disability, describing the

limitations the student may have, and recommending accommodations. Neither the student nor the disability office is required to disclose the specifics of one's disability (Angle, 1999). Questions about providing accommodations should be directed to the disability office and through consultation with the student.

Accommodations versus Requirements

How far must my college go to accommodate a student's emotional disability, especially if the college considers certain requirements of its programs essential? Disability law is not intended to give a student an unfair advantage or to weaken academic requirements. Under the Americans with Disabilities Act (1990) and §504 of the Rehabilitation Act of 1973, a college need not waive a course or other academic requirement essential to obtaining a degree ("Denial of Math Accommodations," 2003). However, the definitions of essential courses or assignments must not be arbitrary. Personnel in charge of accommodation decisions must give serious consideration, which may involve a panel of professionals inside and outside the college, when determining if a course or task is essential to the degree or program.

For example, a student undergoing chemotherapy missed more than 20% of her classes and asked for a waiver from the college attendance policy. The student handbook stipulated that students would not pass a course if absent for more than 20% of the class periods. The student filed a complaint with the Office of Civil Rights (OCR). OCR found in favor of the college, which had proven the attendance policy was essential to the degree, mandatory for all students, and applied nondiscriminately ("You Don't Have To Change," 2001).

Inappropriate Behavior

If a student with an identified emotional disability becomes disruptive or threatening, does the college have to tolerate or accommodate this behavior? "Just because someone has a documented disability doesn't give him (her) permission to make threats or send inappropriate e-mails . . . if their behavior is unacceptable (i.e., violates the conduct code)" ("Evaluation Becoming a Part," 2002, p. 7). This quote points to the inherent necessity for advisors to know due process procedures at their schools (Amada, 1995); they need to understand how to inform the threatening student that her or his behavior is not appropriate and to know where and how to document the interaction with the student. Students should not be dismissed from the university based on hearsay or unsubstantiated rumors about alleged dangerous behavior but on facts based on a school's due process procedure ("Have a Legitimate Reason," 2003). By communicating and developing a supportive relationship with campus police, the institution's general counsel, and counselors from a mental health center and the disability services office, the advisor further facilitates effective management of disruptive students.

When a student filed a complaint with OCR because a university restricted his use of the library's technical resource room, OCR discovered that the student had made loud outbursts and had sexually harassed employees while using the resource room and that he had been notified that his behavior had violated the published *University's Code of Conduct*. OCR found in favor of the university ("OCR Watch," 2003).

Medications

May an institution require a student to stay on his or her medication for an emotional disability? Not all students with psychological difficulties take medications, and those who have been prescribed medications may choose to remain unmedicated. Unless students are a danger to themselves or others, college professionals can do little to ensure that students take their prescriptions.

Students may resist taking prescribed medication if side effects disrupt their lives. The effects of medication may range from relatively minor inconveniences or medical irritations, such as diarrhea, constipation, nausea, rashes, blurred vision, weight gain, sexual dysfunctions, and hair loss, to more severe reactions, such as seizures, or in rare cases, death (Sifton, 2002). Some students feel frustrated that they are dependent on a drug to feel good or "normal." Some medications affect concentration and memory, which may, in fact, be considered disabling and require accommodations (Berman et al., 2000). Advisors may also feel frustrated as students struggle with issues that could be ameliorated by medication.

Conclusion

The sheer number of students with emotional disorders that may be attending institutions of higher education and the magnitude of the challenges these students may experience strongly suggest that advisors, faculty members, and staff of colleges and universities need enhanced training to work with these students. Such training of college professionals may include the means of developing a keener sensitivity to the signs of emotional disor-

ders and engaging students with disorders. It should include suggestions on appropriate responses to direct students to the necessary support or advising services.

Because some students with emotional disorders may also qualify as students with disabilities, professionals should be aware of institutional policies regarding the acquisition and application of disability-related accommodations. In meeting the needs of students with emotional disabilities, however, the college need not compromise essential elements of its programs nor tolerate inappropriate or threatening behaviors.

This article is a primer for use by college professionals to address the needs of students with emotional disorders and should be recognized as a beginning point in their exploration of the issues. Advisors and faculty members must consider many issues that they may encounter in working with students with emotional disabilities. Our hope is that this article provides at least a basic framework, based on the questions and concerns we often hear, in helping students with disabilities achieve equal access. However, there are no fail-proof answers. We encourage advisors and faculty members to learn as much as they can about disability issues, but it is always best to consult with individual students about their specific needs for accommodation.

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