

TASK FORCE ON TRAUMA & RESILIENCE

FINAL REPORT

BEREA COLLEGE | JUNE 2019



Table of Contents

| | |
|--|----|
| Introduction | 3 |
| Charge & Membership | 4 |
| Committee Plan of Action | 6 |
| Recommendations | 7 |
| 1. Overview and Emergent Themes | 7 |
| 2. Institutional Structures and Systems that Impact Students and Resilience Subgroup | 8 |
| 3. Strategies for Positively Influencing Student Resilience Subgroup..... | 12 |
| 4. Strategies for Educating Faculty Staff about Trauma and Resilience Subgroup | 14 |
| Appendices | 19 |
| Appendix A – Higher Education Research Institute CIRP Survey (2016) | 19 |
| Appendix B – Information Gathering – Review of Trips & Interviews | 20 |
| Appendix C – Complete Report from Subgroup on Institutional Structures & Systems..... | 21 |
| Appendix D – Complete Report from Subgroup on Influencing Student Resilience | 29 |
| Appendix E – Complete Report from Subgroup on Educating Faculty & Staff | 46 |
| References | 53 |

A. INTRODUCTION

Colleges and universities across the country have found themselves facing an epidemic of student mental health concerns which appear to be increasing in both frequency and severity (Lipson et al., 2015; Yorgason, Lincille, & Zitzman, 2008). Increasingly high numbers of students are arriving on campus with a history of anxiety, depression, and poor mental health treatment, and rates of students exhibiting characteristics classified as “threat-to-self” (non-suicidal self-injury, serious suicidal ideation, and suicide attempts) is also on the rise (2017 Annual Report from the Center for Collegiate Mental Health). First-year college students are particularly susceptible to feelings of stress, anxiety, and psychological distress than their upper-division student peers (Bayram & Bilgel, 2008). Their ability to adjust to and cope with the stresses of their first-year have important implications for everything from emotional well-being to academic achievement and persistence, and the failure to make adequate adjustments can put students at risk of academic distress or worsening social-emotional well-being (Andrews & Wilding, 2004; Leary, 2012; Pritchard & Wilson, 2003; Zajacova, Lynch, & Espenshade, 2005).

One longstanding and significant influencer of an individual’s mental health is poverty (WHO, 2014). Unfavorable economic conditions are associated with lower school achievement, increased depression and anxiety, and other related mental health concerns; symptoms which are particularly severe for individuals who experience poverty early in life (Simon, Beder, & Manseau, 2018). Likewise, first-generation students report a lower sense of belonging and on college campuses than their non-first-generation peers, which is associated with increased levels of depression and stress (Stebleton, 2015). Additionally, students who grow up in poverty are also more likely to be exposed to adverse childhood experiences (ACEs), which have been associated with a range of physical health issues and poor mental health (Mersky, 2013; Edwards, 2003). Higher ACE scores have been linked with depression, substance abuse, and increased suicidal ideation and other serious health concerns among college students and other adults (Forster, Grigsby, Rogers & Benjamin, 2018; Horan & Widom, 2015; Smyth et al., 2008), as well as decreased academic performance (Shonk & Cicchetti, 2001).

In the most recent administration of the Higher Education Research Institute’s CIRP freshmen survey (2016), students from across the country were asked to rate their emotional health in comparison with the average person his or her age. Only 37% percent of Berea College students rated themselves “above average” or in the “highest 10%” compared to their peers, as opposed to 47% at all other participating institutions. Similarly, when asked whether or not they had felt depressed in the past year, 18% of Berea College students indicated they had “frequently” felt depressed, compared to 12% at other participating institutions; a difference that has existed for more than a decade (Appendix A).

All of this points to the urgent need for Berea College to take up the conversation on how to create the most holistic and proactive approach possible to responding to student trauma and increasing student resilience. Our hope is that the work of this Task Force will provide a starting point for a conversation on creating a campus that can help put students on the path toward optimal health and wellbeing.

CHARGE & MEMBERSHIP

THE CHARGE

The Task Force on Trauma & Resilience was convened by President Lyle Roelofs and Academic Vice-President Chad Berry in the Fall 2018 and began their work in the Spring 2019. The charge to the Task Force was outlined by President Roelofs in the following:

“The rising prevalence of mental health issues among students entering higher education is prompting some institutions to consider the causes of and possible interventions for this challenge. They are inquiring into the traumas that some students bring to campus and ways that higher education can facilitate and support engagement and healing. Increasingly, colleges and universities around the country are thinking more about meeting students where they are, as they are, when they matriculate and begin their higher education journey. Doing so means considering the kinds of experiences that have affected students’ lives prior to enrolling in higher education as well as experiences that occur as they are students. Some institutions are grappling with the range of Adverse Childhood Experiences (ACEs) to which students have been subjected, including domestic and sexual abuse, food insecurity, the effects of addiction, suicide, or even economic impoverishment. While students often are quite resilient amid the challenges that they have faced, institutions are nevertheless seeking ways to leverage and build from that resilience. As you know, we face these issues at Berea College, too, and for that reason the Academic Vice President and I, along with the Administrative Committee, are convening a Task Force on Trauma and Resilience. We would like to invite you to be part of this effort.”

“The Task Force on Trauma & Resilience is charged with examining several questions:

- How do the traumas experienced by Berea students compare to those of students at other institutions? Is, for example, the problem more acute here? If so, what kinds of programs and support might Berea consider to better equip students to begin to transcend and heal?
- Are there ways to assess the prior experiences of our applicant students to shed light on the likelihood of success in the challenging environment of Berea College and to be more intentional in supporting them when they arrive?
- How can the Task Force help the Students of Concern Committee to be more proactive in its work?
- Indeed, how can the Task Force assist the College as a whole in being more proactive with students who have suffered acute traumatic experiences prior to coming to Berea or even once they are students at Berea?
- How can the Task Force help faculty and staff know more about the range of traumas that students have experienced and how faculty and staff might respond?
- How can wider knowledge of students’ contexts enhance learning and living environment at Berea?

The Task Force will convene its work in November 2018 and complete a report in May 2019.”

TASK FORCE MEMBERS

Channell Barbour, Associate Dean, Student Life, *Co-Chair*

Chris Lakes, Director, Office of First-Year Initiatives, *Co-Chair*

Jill Bouma, Associate Professor, Sociology

Kathy Bullock, Professor, Music

Keith Bullock, Coordinator, Black Male Leadership Initiatives

Richard Childers, Appalachian Male Advocate and Mentor

Jill Gurtatowski, Director, Health & Wellness Programming

Monica Jones, Director, Black Cultural Center

Monica Kennison, Chair, Nursing

Richard Meadows, Associate Professor, French

Sue Reimondo, Director, Counseling Services

Loretta Reynolds, Dean of the Chapel, Campus Christian Center

Willow Rodriguez, Student

Judith Weckman, Director, Institutional Research and Assessment

Stephanie Woodie, Associate Professor, Health and Human Performance

Amanda Wyrick, Assistant Professor, Psychology

B. COMMITTEE PLAN OF ACTION TO ACCOMPLISH THE CHARGE

In approaching this work, the Task Force established a three phase process for accomplishing their charge:

- **Phase 1: Conduct a Current State Analysis** – Examine what is currently happening on Berea College’s campus, at institutions across the country who are leading in this work, and in the national literature.
- **Phase 2: Exploration of Ideas** – Review new ideas based on best practices and literature that could be implemented. Review current institutional programs and initiatives that could be elevated or restructured.
- **Phase 3: Campus Recommendations** – Produce recommendations for the campus community related to programs, policies, institutional structures, committees, living and learning environments, etc.

Early in the process it became evident that only so much work could be completed by the entire sixteen member team as a large group. Through preliminary conversations, three specific areas of focus emerged and the Task Force divided much of the work into subgroups to conduct the exploration and idea generation regarding potential campus recommendations. The three subgroups and the members of each were:

- **Institutional Structures and Systems that Impact Students and Resilience**
 - *Chris Lakes, Rick Meadows, Sue Reimondo, Loretta Reynolds*
- **Strategies for Positively Influencing Student Resilience**
 - *Channell Barbour, Keith Bullock, Rick Childers, Jill Gurtatowski, Monica Kennison, Willow Rodriguez*
- **Strategies for Educating Faculty Staff about Trauma and Resilience**
 - *Jill Bouma, Kathy Bullock, Judith Weckman, Stephanie Woodie, Amanda Wyrick*

C. RECOMMENDATIONS

OVERVIEW & EMERGENT THEMES

This report contains recommendations from each of the three subgroups of the Task Force on Trauma and Resilience. The following pages contain a summary of each recommendation, including the specific recommendation language, the rationale for its inclusion, action steps for implementation, and any current progress that may have been made toward implementation when applicable. The appendices contain more detailed information on the recommendations of each subgroup, including additional supporting documentation and implementation information as available.

Reading this you may recognize that, at times, each subgroup provides recommendations that identify similar areas of need. With more time, the Task Force's next step would have been to synthesize the recommendations from each of the subgroups into a more concise list that would pull together these strands. However, given the charge to complete the work in May the Task Force leaders chose to move forward with submitted a report to the administrators who provided the charge, and ask that as this work is potentially handed off to another group that they take on that work of synthesis. With that being said, five particular themes do emerge from a review of the recommendations:

- 1. Increasing Resilience and Reducing Stress on Campus**
 - *Recommendations 3, 8, 9, 15, 16, 21*
- 2. Professional Development for Faculty and Staff**
 - *Recommendations 1, 10, 13, 20*
- 3. Increased Campus Awareness on Trauma, ACEs, and Resilience**
 - *Recommendations 14, 17, 18*
- 4. Structural or Positional Changes**
 - *Recommendations 2, 4, 12*
- 5. Continued Oversight, Review, and Data Sharing**
 - *Recommendations 5, 6, 7, 11, 19*

While the work of this Task Force ended with each individual subgroup submitting the recommendations summarized below, these five categories may provide a starting point for the next phase of conversation and implementation. The work of responding to past traumas of students and increasing their resilience to persist through challenges is complex and multifaceted, and this report only begins that very important conversation. However, we believe that with a commitment from the community, Berea College can truly transform the experiences of these students and provide them the kind of support they need to be successful.

**RECOMMENDATIONS FROM THE SUBGROUP ON:
INSTITUTIONAL STRUCTURES AND SYSTEMS THAT IMPACT
STUDENT RESILIENCE**

Chris Lakes, Rick Meadows, Sue Reimondo, Loretta Reynolds

RECOMMENDATION 1 – Gatekeeper Training for Natural Helpers: We recommend that the college identify ‘natural helpers’ on campus (e.g. academic advisors, labor supervisors, residence hall staff, etc.) and provide them with a form of Gatekeeper Training. Providing this training to faculty and staff on campus is proven to be effective in the early identification of persons struggling with depression, anxiety, and/or suicidal ideation.

Rationale: Research suggests that institutions identifying and creating “natural helpers” – defined by Wyman (2008) as those “who already have close communication with students either through their ongoing job role or by virtue of personal qualities...and are trained to recognize students at-risk of suicide and respond” – on campus increases the likelihood that students receive the appropriate support. Dr. Julie Cerel, a professor and psychologist at the University of Kentucky and past president of the American Association of Suicidology recommended gatekeeper trainings as one of the most important measures for suicide prevention. Training Berea College faculty and staff to better identify and respond to students experiencing emotional distress such as depression, anxiety, and/or suicidal ideation can positively impact our campus’ response to students experiencing the impacts of previous trauma.

Action Steps for Implementation: Develop and implement gatekeeper training in new faculty and staff orientations and labor supervisor trainings.

Current Progress: A team of representatives from the Task Force (Loretta Reynolds, Sue Reimondo, Amanda Wyrick, and Chris Lakes) will be meeting in July for a two-day retreat to analyze past trainings and create an improved gatekeeper training module that can be implemented for faculty and staff across campus.

RECOMMENDATION 2 – Create a Student Care Coordinator Position(s) and a Student Care Network: A Student Care Coordinator will serve as an access point and kind of case manager for students seeking assistance with a variety of issues and provide formal communication and coordination of services between resources. This position(s) would serve as the core personnel in a new Student Care Network that would bring together the varied services that attend to the needs of students, including medical (White House Clinic), psychological (Counseling Services), physical (Wellness), Academic Success (First-Year Initiatives & Academic Services), engagement (Student Life) and Spiritual (Campus Christian Center).

Rationale: Students often struggle to identify the underlying problems that prevent them from performing successfully at Berea College. This confusion often results in minimizing or misidentifying the problem, a reluctance to seek assistance and/or not knowing the campus resources available to best address the problem. Providing a centralized hub that serves as an entry point for students can reduce the obstacles that often lead to students not receiving the best

treatment in the appropriate time. These Student Care Coordinators would provide early coordination of the student’s care needs and the ability to track student care to ensure appropriate follow-up and communication between areas. The concept of a Student Care Network, potentially housed under the Provost, creates a stronger network of student support services allowing for greater coordination, collaborative programming, and a more integrated approach to comprehensive student health and wellbeing. Members of our Task Force explored this model deeply during a visit to Vanderbilt University, where professional staff cited increased benefits in their ability to care for and respond to their student’s needs.

Action Steps for Implementation: Create a Student Care Coordinator position (possibly multiple) to serve as a centralized case manager for student care. Identify units of the college to comprise a Student Care Network to provide more holistic approach to student health and wellbeing. **Note – The recommendation of a Student Care Coordinator position is similar to the language in Recommendation 12 regarding the creation of a social worker position and case management model. While using different language, the two recommendations are addressing the same need and should be considered together.*

RECOMMENDATION 3 – An Online Resilience Module for Incoming Students: Provide students with a customized Berea College version of the online toolkit “Student Resilience Project” originated at Florida State University. First-Year students would be required to engage with portions of the online toolkit prior to their arrival, and all students would have access to the module to provide continued support for students on issues related to college stress, burnout, homesickness, decisions about drugs and alcohol, and other topics.

Rationale: The Florida State University Resilience Project, created by professional staff in the College of Social Work in collaboration with faculty and staff from across campus, is an award winning web-based, research-informed toolkit developed to encourage student wellness by helping them learn strategies to manage stress and increase their sense of belonging. The website features videos, testimonials, skill-building activities, and resources and information about campus services. Members of our team met with the implementation staff during a visit to Florida State and were able to view the modules included and believe this would be a tremendous asset to our students. With support from a grant, FSU created a customizable toolkit that institutions can implement on their own campuses highlighting their own resources. This online module would provide students with important information prior to their arrival on campus, and continued support throughout their transition to college and beyond.

Action Steps for Implementation: Review the pricing and requirements of the toolkit and charge a team with facilitating implementation. Team members should include representatives from Counseling Services, Student Life, First-Year Initiatives, Wellness, and others.

Current Progress: We have been in communication with Dr. Karen Ohome at Florida State and have received a quote for the customizable online toolkit as well as contract requirements for implementation. Please see Appendix C – Recommendation 3 for additional information.

RECOMMENDATION 4 – Creation of a Student Union: We recommend the creation of a true Student Union/Student Center facility for students. This prominent and central space could help address issues of student stress, loneliness, and isolation, and bring a wide variety of student services under one roof to help reduce student anxiety and frustration. Student Centers are considered the heart and soul of campuses and provide social, recreational, and cultural activities to enrich the social, emotional, and mental well-being of students.

Rationale: With the addition of each new administrative office or department, space has had to be carved out to house offices without new structures being built. Perhaps without realizing it, the central student ‘hang-out’ and gathering spaces have been bit-by-bit turned into spaces for individual Centers and other offices. While we have gained wonderful individual spaces that support specific groups, we have lost a sense of central gather space for everyone. Efforts have been made to renovate a few spaces such as the Ground Floor in the Alumni Building, but a true Student Union facility could bring together many important student support services, wellness resources, meeting spaces for clubs and organizations, as well as general recreational spaces such as lounges, a snack bar, and perhaps a theater.

Action Steps for Implementation: Identify a space on campus (preferably a building) to dedicate as a Student Union. While we recognize that there are plans to tear down the old science building, such a building would provide the perfect size and location for such a space.

RECOMMENDATION 5 – Ongoing Oversight and Coordination: Identify an ongoing team/committee to provide continued attention to issues related to student wellbeing (responding to trauma and increasing resilience), as well as oversight and accountability for the recommendations explored by the Task Force.

Rationale: While the Task Force on Trauma and Resilience made considerable progress exploring strategies for responding to student trauma and increasing resilience on campus, the group acknowledged from the beginning that they would only be able to barely scratch the surface in the relatively brief time of one academic term. Identifying a group to continue exploring literature, national best practice, and current institutional data, along with providing oversight to the continued evolution of the recommendations made by the Task Force, would help the institution continue its focus on identifying ways to continue serving our students. Without such a group, we run the risk of losing the momentum that has been created and potentially missing out on the opportunity to implement new initiatives that can positively influence our student’s wellbeing.

Action Steps for Implementation: We believe that this ongoing oversight and coordination could be accomplished in one of three different ways: 1) Charge the current Students of Concern Team with continuing the work of the Task Force, and implementing some of the programmatic initiatives included. The positive is that this places the responsibility on an already existing group, but a group that is already somewhat overloaded with the responsibility of responding to

those students who are in crisis. 2) Create a new team, perhaps called a Student Resilience & Wellbeing Committee, which would take up the work beyond the Task Force moving forward. This group would certainly include several of the current Task Force members, but would also add or remove various members to meet the implementation focus. 3) If the recommendation of creating a new Student Care Network is acted on, charge that team with the continued development of this work and oversight of the included recommendations.

RECOMMENDATION 6 – A Review of Required/Allowable First-Term Student Credits:

Review the number of credits first-year students are required/allowed to be enrolled in during their first-term. Consider reducing the standard number of credits first-term students are required to take to 4.0, with the exception of adding music ensemble or support course such as GST 101: Strategies for Academic Success.

Rationale: As mentioned previously, first-year college students are particularly susceptible to feelings of stress, anxiety, and psychological distress, and their ability to cope with those stresses have important implications on their success. Since the implementation of the WEL 101 & WEL 102 sequence, which requires all first-year students to enroll in a .5 credit course in each of their first two terms, many first-year students are enrolled in a minimum of 4.5 credits (equivalent to 18-credit hours), which is 5 academic courses. And those who enroll in an ensemble or GST 101 may end up in 4.75 credits (19-credit hours). In a small informal survey of some fellow institutions, we learned that most schools ask their first-term students to enroll in closer to 14 – 16 credit hours or 4 academic courses, with the exception of ensembles or extended orientation courses which do not carry the same academic load. The Task Force acknowledges the link between the new Wellness course sequence and our current Quality Enhancement Plan, as well as the work of the Wellness instructors to revamp the curriculum. We also recognize the efforts of the Dean of Curriculum and Student Success who works schedules for first-term students that appropriately balanced. With that being said, we believe it would be beneficial for a group to take a comprehensive look at the requirements on first-year student schedules, and the impacts of incremental changes over the years.

Action Steps for Implementation: Charge a College committee or team with a review of first-term student course loads. This could be conducted by the Enrollment Policies Committee, the Enrollment Management Team, or another group, and work closely with the Dean of Curriculum and Student Success.

RECOMMENDATION 7 – Conduct an Assessment of Current Block Scheduling Model:

When the new Block Scheduling model was approved by the faculty, it was done so with the understanding that the model would be assessed. We are asking that this assessment be conducted by the Institutional Research and Assessment during the 2019-2020 academic year.

Rationale: Throughout our conversations with faculty, staff, and students, the Block Scheduling model has been brought up consistently as a possible reason for some of the additional stress placed on students and their schedules.

RECOMMENDATIONS FROM THE SUBGROUP ON STRATEGIES FOR POSITIVELY INFLUENCING STUDENT RESILIENCE

Channell Barbour, Keith Bullock, Rick Childers, Jill Gurtatowski, Monica Kennison, Willow Rodriguez

RECOMMENDATION 8 – An Online Clearinghouse for Resilience Information: Create a clearinghouse and/or online calendar of campus activities focused on resilience and student wellbeing, including a hotline number or important contacts for students. This clearinghouse would serve as a one-stop hub for all information concerning campus and community events related to resilience.

Rationale: An online clearinghouse would provide students with an easy access to helpful resources that promote self-resilience, self-soothing techniques, healthy coping skills, and stress relief, as well as resources for group resilience, such as community support groups or counseling services. The clearinghouse can also provide information on crisis hotlines and other resources that may be helpful to students in an emergency situation.

Action Steps for Implementation: A department or office would need to be appointed and responsible for collecting and maintaining the information. This could be an area within Student Life, Wellness, or a new Student Care Network responsibility.

RECOMMENDATION 9 – Implement Evidence Based Strategies for Improving Resilience: We recommend the continued research and implementation of evidence based strategies for improving resilience in adults.

Rationale: While many factors have been discussed in the literature related to increasing resilience, only some have been scientifically validated as being true measures of resilience. See Appendix D – Recommendation 9 for a more detailed examination of, a) Evidence based modifiable resilience factors, b) Examples of training methods to address resilience factors, c) Potential instruments for the measurement of psychological resilience.

Action Steps for Implementation: Analyze the strategies to develop a comprehensive resilience training including how to assess students' resilience, potentially upon admission to Berea. For an in depth review of these evidence based strategies, see Appendix D – Recommendation 9.

RECOMMENDATION 10 – Increased Training for Labor Supervisors: Our taskforce subgroup recommends a continued examination of how Berea College can best equip Labor Supervisors to effectively build resilience and navigate trauma with their first-year students, while also reframing the way we advertise a sense of dignity and purpose in our labor program.

Rationale: One of the concerns this task force has faced is at what point do we cross a threshold from helping our students build resiliency and manage their trauma, to unraveling an adverse experience and possibly causing them even more harm. Victoria Banyard and Elise Cantor state, *“The current study also suggests that not all students with a trauma history may need to focus on this experience, particularly in the difficult first semester of transition to college. Many are*

dealing with the same issues as other college students making this transition and they will likely be helped and supported by broad campus programs that foster a sense of community and interpersonal connections.” Our Labor Program is arguably the most beneficial and empowering component of the Berea College education. It is a shared experience among all students in which they are able to build resiliency and make social connections with their peers, staff, faculty, or ideally all of the above. For many students it also sets the tone for how their Berea experience plays out. We as an institution should take advantage of what we already have in place to help students build up resiliency. With an intentional effort we can also work to highlight transferable skills students develop through their labor position, strengthen their self-worth, and show students how this experience benefits them throughout their college and career path.

Action Steps for Implementation: 1. Create a study group to create a plan for labor supervisors of first-year students, perhaps partnering with the work already taking place in recommendation # below. Review existing trainings, develop new modules to help students build resilience, and assess the effectiveness. 2. Reconsider how we are advertising/promoting Berea College’s Labor Program to incoming students. 3. Examine updated student labor surveys, SSI, and other data available to assess the relationship between retention and positive labor experiences. 4. Produce a labor video to share the experience and valuable skills that student’s develop through the labor program regardless of their position.

RECOMMENDATION 11 – Increased Data Sharing: Share the trended institutional data comparing our students with national counterparts on mental and physical health outcomes and healthy/detrimental lifestyle behaviors.

Rationale: Social norms marketing is popular on college campus. It is used widely in alcohol norming with success. While mental health interventions are not as frequent as substance related ones, in a 2018 study, undergrad students were assigned to a 15 min theory-driven social norms intervention correcting misperceived distress, stigma, and help-seeking norms; a general education intervention increasing mental health awareness; and a stress management active control condition. The norms intervention instilled more accurate perceptions of mental health norms and temporarily reduced perceived public stigma compared to other conditions (Turetsky, Sanderson, 2018). Based on a literature review summarized above, a combined approach of sharing institutional data in an organized academic or co-curricular education setting will yield the best results.

Action Steps for Implementation: Infuse data received from the Student Health Wellness Needs Assessment, Alcohol-wise, NCHA and SSI into Wellness 101 courses and Resident Hall programming.

RECOMMENDATION 12 – Create a Social Worker and Case Management Model for Student Care: Invest in a position to manage multifaceted student care needs, coordinating services that impact student wellbeing.

Rationale: Berea College is not unique with regards to expanding services due to mental health and personal issues that college students experience. The role of social work on college campuses typically involved two primary roles: mental health practitioner and case management. Counseling Services at Berea College utilizes the role of mental health practitioner in its current design. The implementation of case management would allow a social worker to play a role in the health and wellbeing of college students outside of the counseling center. Case management provides an avenue to “connect the dots” to ensure students work across departments to ensure all resources are accessible. Case management provides a preventative approach to students who may need support across multiple areas of their lives (academic, mental health, personal, etc.).

Action Steps for Implementation: Develop funding for a position and assess the best department to manage and house the position. **Note – The recommendation of a Student Care Coordinator position is similar to the language in Recommendation 2 regarding the creation of a Student Care Coordinator position and Student Care Network model. While using different language, the two recommendations are addressing the same need and should be considered together.*

**RECOMMENDATIONS FROM THE SUBGROUP ON
STRATEGIES FOR EDUCATING FACULTY AND STAFF ABOUT
TRAUMA AND RESILIENCE**

Jill Bouma, Kathy Bullock, Judith Weckman, Stephanie Woodie, Amanda Wyrick

RECOMMENDATION 13 – Summer Professional Learning Opportunities: Provide summer workshops aimed at educating College employees (labor supervisors and faculty, in particular) about the relationship of Adverse Childhood Experiences (ACEs) to emotional and physical issues, with a focus on appropriate ways to support and help students.

Rationale: Research has shown that helping teachers and medical professionals understand the link between students who have experienced childhood trauma and their ability to be successful in school has led to more positive outcomes for students. Educating professionals who work in academic settings about ACEs improves the effectiveness of helping those students in need. We believe that educating our campus about ACEs will provide a much needed background and relevant information to those interested in meeting the needs of students who struggle with these issues.

Action Steps for Implementation: Coordinate with campus professionals who are responsible for organizing faculty and staff training and development (e.g. Scott Steele, Leslie Ortquist-Ahrens, Rosanna Napoleon, etc.), request staff development funds, and secure a campus speaker (such as Karen Newton) for a 2-day workshop.

In Progress: Dr. Karen Newton will be presenting a workshop on Thursday, June 13 focusing on identifying and supporting students with a history of trauma that may be negatively influencing their emotional and physical status. Additionally, a small group from the Task Force will be convening for a two-day retreat on July 11 & 12 to create a two-hour training module for faculty and/or staff focused on identifying and responding to students experiencing emotional distress.

RECOMMENDATION 14 – Visual Campaign to Increase Awareness: In order to raise consciousness and educate the campus community, construct informational posters to be placed throughout campus that describe Adverse Childhood Experiences (ACEs) and illustrates their relationship to common health issues. The posters may also describe how to get help or take action for a student. Placement of posters should come after providing some professional learning opportunities for the campus community throughout the academic year.

Rationale: Research has shown a strong correlation between ACEs and serious health problems, including behavioral, mental, and physical issues. The importance of understanding what ACEs are and how they are related to common health problems is necessary in order to take steps to reduce the negative effects they may have on students. We believe that raising awareness on our campus about ACEs will provide a much needed background and relevant information to those interested in meeting the needs to students who struggle with these issues.

Action Steps for Implementation: Under the auspices of the Counseling Center and Wellness, develop and use educational materials (e.g., posters) to introduce the idea of ACEs to campus and help community members know how to take appropriate action to strengthen resilience. The subgroup created a mockup of what a poster might look like, which can be found in Appendix E – Recommendation 14.

RECOMMENDATION 15 – Increase Calm Classroom Trainings: Create a series of Calm Classroom trainings for faculty members and labor supervisors, coordinated by the Director of Counseling Services and other KORU trained individuals on campus. These practices could be demonstrated at Staff Forum meetings and in General Faculty meetings to expose campus constituents to these practices. This programming would augment the work that KORU instructors are already doing on campus, bringing brief mindfulness activities into the classroom.

Rationale: Calm classroom techniques consist of a very brief “time out” (3-5 minutes in which students engage in a mindfulness exercise (a mini focused meditation exercise). Research in secondary school settings has shown that students learn better and have fewer behavioral issues when these techniques are utilized.

Action Steps for Implementation: Berea College KORU trained instructors can demonstrate these techniques to various groups on campus and also send informational emails describing and

promoting this practice. Messages should be timed to coincide with high stress periods during the academic term.

RECOMMENDATION 16 – Increase KORU Trainings: Increase the number of College employees trained in KORU mindfulness meditation practices which promote resilience and are linked to reduced anxiety/depression.

Rationale: According to recent research, Koru Mindfulness trained students are less-stressed, sleep better, and live with greater mindfulness and self-compassion. This evidence-based curriculum and teacher certification program was specifically developed for teaching mindfulness meditation and stress management to college students and other young adults. Additional College employees trained in these practices would provide more opportunities for programming that could benefit students, faculty, and staff across campus.

Action Steps for Implementation: Provide financial support for four additional employees to be trained in KORU. These certified instructors will be expected to provide KORU classes (3-5 per year) open to students and employees of the College. The cost to have one faculty or staff member trained is \$1700.

RECOMMENDATION 17 – Faculty Reading Groups & Film Review: As part of the College’s ongoing faculty and staff development, provide reading groups to review selected books and films related to issues of resilience. These efforts should be provided as a collaboration by Human Resources, the Dean’s Office, Faculty Development/Center for Teaching and Learning, and the Student Life Team.

Rationale: Books and films offer a space for faculty and staff to learn together, and opportunities such as the Dean’s Reading Group have existed for several years. Given the concerns about increasing resilience on campus, reading books together focused on this topic offer faculty and staff an opportunity to learn about current research and best practices in a collaborative manner. These collective learning moments will not only benefit those faculty and staff who participate, but can contribute to conversations and increased awareness throughout departments and divisions across campus.

Action Steps for Implementation: The Task Force has created an initial list of books and films to suggest to the Dean’s Reading Group selection team for the upcoming academic year (See Appendix E – Recommendation 17).

RECOMMENDATION 18 – Invite Nationally Recognized Speakers to Campus: Invite nationally recognized leaders with expertise in the areas of trauma and resilience to our campus as part of our Convocation series or for special events such as Martin Luther King Day. The Task Force has identified and recommends three particular individuals for this invitation: Dr.

Nadine Burke Harris, Founder and CEO of the Center for Youth Wellness who has done extensive research on the impacts of ACEs; Dr. Kelly McGonigal, Health Psychologist at Stanford University who has researched mindfulness and stress-coping strategies and their impacts on community; and Daniel Beaty, an actor and writer whose inspirational personal story speaks to focusing on resilience to overcome early trauma. Full speaker bios included in Appendix E – Recommendation 18.

Rationale: Physicians, natural and social scientists, and others are addressing issues of stress, belonging, and resilience from multiple perspectives. We want to share this work with our community by bringing some of the top researchers, speakers, and activists to teach us the most current research, share best practices about interventions, and help and inspire us as a community to develop strategies to become more resilient. Guests could be invited to provide a presentation for the entire Berea community (such as Convocations and special events) as well as meet with specialized groups in their areas of expertise during their time on campus.

Action Steps for Implementation: Coordinate with the Convocation Committee and other special event coordinators to consider identifying speakers who could engage in these kind of presentations.

In Progress: Dr. Thomas Ahrens has been contacted about the work of the Task Force and will be pursuing the possibility of engaging these speakers or others in the field.

RECOMMENDATION 19 – Sabbatical Leave Research: We recommend that Task Force members Dr. Jill Bouma and Dr. Amanda Wyrick be asked to explore the possibility of creating a learning community focused on faculty/staff resilience as part of their sabbatical time in the academic year 2019-2020.

Rationale: College Learning Communities have a great potential to inform and create meaningful learning opportunities for educators and students.

Action Steps for Implementation: Drs. Bouma and Wyrick will explore the possibility of creating a sabbatical plan that includes researching and implementing a Berea College learning community focused on the theme of resilience.

RECOMMENDATION 20 – Inclusion of ACEs Awareness in New Employee Orientation: All new employees (faculty and staff) should be given an appropriate orientation to ACEs research and its relationship to Berea College students to increase understanding, awareness, and improve the campus response to students.

Rationale: Berea College institutional research, counseling census data, and many other experiences with Berea students show that there is a need to recognize that ACEs may play a role in serious health risks for our students. The goal is to help new employees understand how to recognize when students and others may need to be referred to medical/psychological services.

Employee understanding is the first step to providing appropriate intervention. This orientation may take place over several months and should be mindful about not leaving the impression that Berea students are defective/broken. It must honor the resiliency in students but also help employees understand when help is needed.

Action Steps for Implementation: Work with Dr. Sue Reimondo, ask Dr. Leslie Ortquist-Ahrens and Mr. Mark Nigro and other related professional colleagues to create opportunities for presentation and discussion related to ACEs and how to cultivate resiliency at appropriate times during the first year of orientation for new faculty and new staff employees.

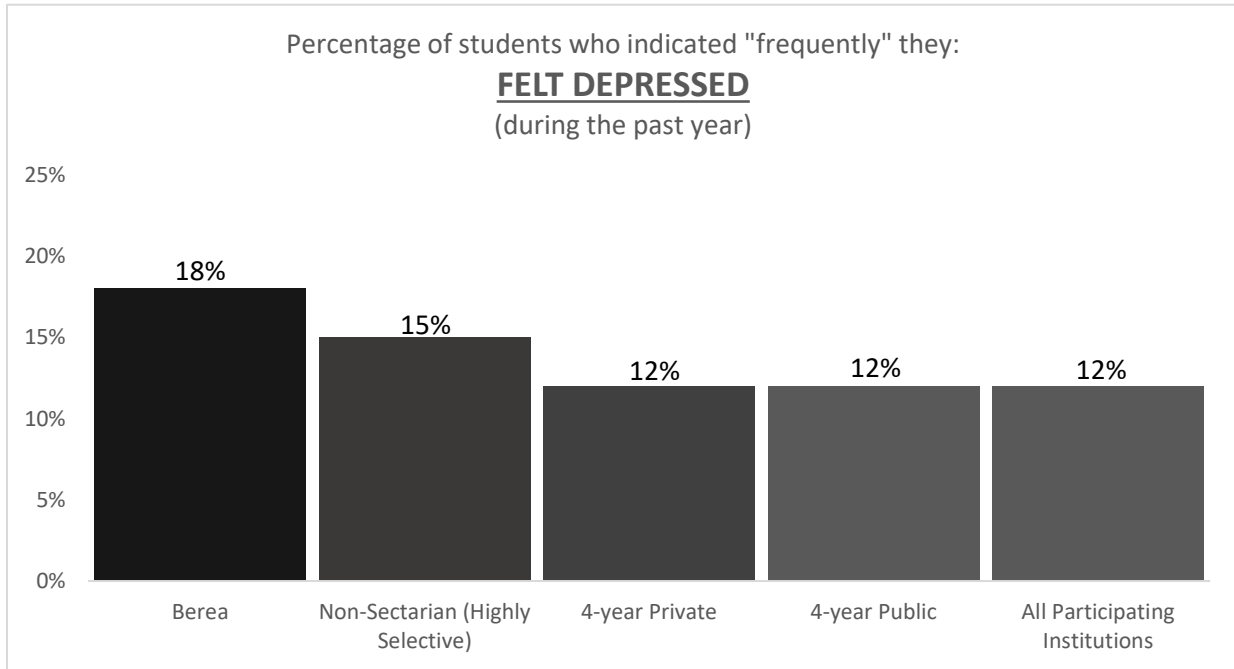
RECOMMENDATION 21 – Increased Wellness Programming for Faculty & Staff: Charge campus administrators with evaluating the *Wellness Wants and Needs of the Campus Community* report (2013) and implementing strategies to address faculty and staff requests such as: time built into the day for physical activity and health, exercise classes that fit staff schedules, and free professional on-campus trainers and fitness coaches. In addition, we recommend trainings and resources to decrease faculty and staff feelings of being overwhelmed and burnout.

Rationale: Faculty members indicate feelings of emotional distress as a result of interacting with student mental health issues. These stresses may lead to feelings of compassion fatigue (Figley, 1995) and burnout (Maslach, 1982), which can have an overall negative impact on organizations (Derenne, 2018). To have a positive work environment, faculty and staff should feel as though they are being heard in their requests for health interventions. This increases trust in the organization, which is a major step in decreasing emotional exhaustion (Karapinar, Comgoz, & Ekmekci, 2016). On a personal level, adaptive coping skills and self-efficacy are protective factors. This has heightened importance as research suggests that the ability to support and care for others, including traumatized students, is lower when an individual has high levels of compassion fatigue and burnout (Cohen, & Collens, 2013).

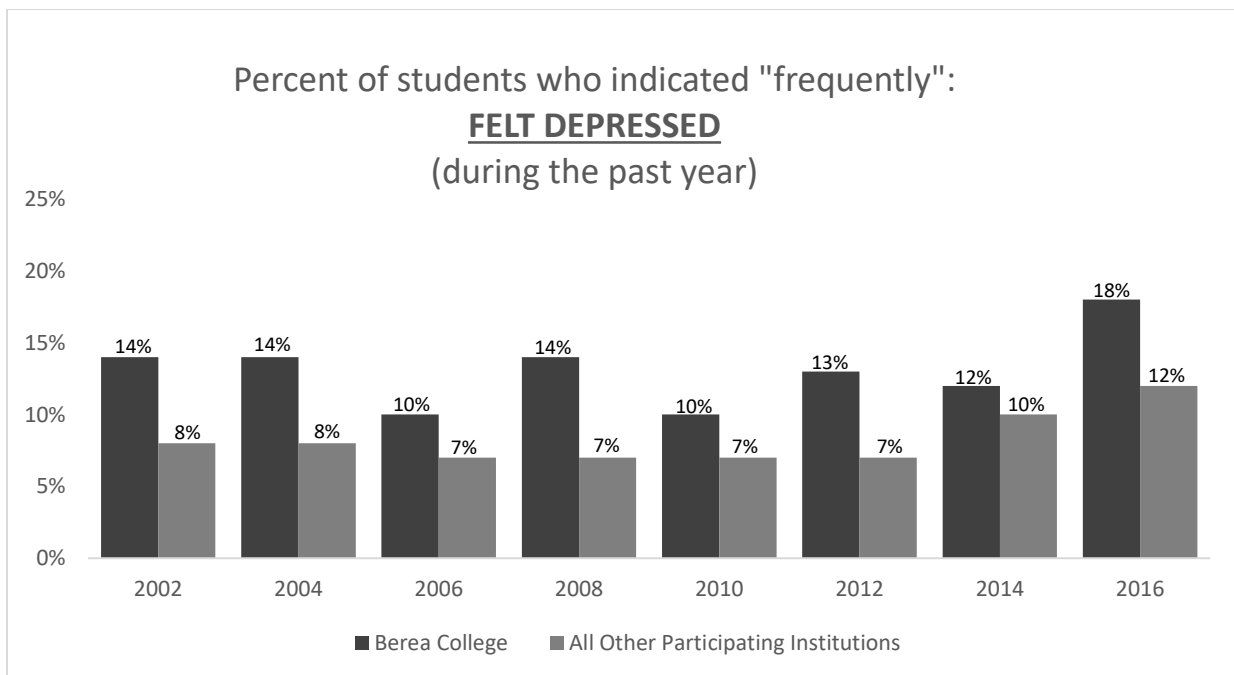
Action Steps for Implementation: Campus administrators such as the Provost, Dean of Faculty, and Director of Wellness evaluate the results of the *Wellness Wants and Needs of the Campus Community* report and other supporting documentation and create a plan for enhanced faculty and staff wellness support.

APPENDIX A

HIGHER EDUCATION RESEARCH INSTITUTE'S CIRP FRESHMEN SURVEY (2016)



Percentage of students who indicated frequently they felt depressed during the last year.



Percentage of students who indicated frequently they felt depressed during the last year over the last eight study cycle.

APPENDIX B

INFORMATION GATHERING TRIPS & INTERVIEWS

As part of the data gathering process, members of the Task Force conducted interviews, attended conferences, and consulted with experts in various fields. Below is a brief collection of these learning opportunities:

Jon C. Dalton Institute on Student Values: On January 31 – February 2 three members of the Task Force attended the Dalton Institute at Florida State University along with other administrators for Berea. It was during this institute that members of the Berea College team were introduced to the Student Care Network model at Vanderbilt University, and also met with professional staff responsible for the implementation of the Florida State University Resilience Project.

Dr. Valeria Watkins – On March 19 the full Task Force met with Dr. Valeria Watkins to discuss her experience working with students struggling with the impacts of Adverse Childhood Experiences, and discuss potential strategies for working with these students.

Dr. Julie Cerel – On March 19 members of the Systems and Structures subgroup conducted a Skype interview with Dr. Julie Cerel, President, American Association of Suicidology, Director of Doctoral Programs, College of Social Work, University of Kentucky to discuss models for training faculty and staff to identify and respond to students who are experiencing emotional distress.

Berea College Admissions: On March 26 the full Task Force met with Luke Hodson, Director of Admissions, and Jessica Pena, Assistant Director of Admissions, to discuss the College's admissions procedures, what information is gathered from students prior to enrollment, and discuss strategies for better identifying and serving students.

Mental Health First-Aid: On April 6 Dr. Amanda Wyrick attended a Mental Health First Aid training presented by Mental Health First Aid USA and brought to Berea by InterVarsity to assess its viability for presentation to a wider group of Berea College faculty, staff, and students.

Karen Newton – Stephanie Woodie conducted a series of conversations and interviews with Dr. Karen Newton, Wellbeing and Resilience Integrator and adjunct faculty at the University of Louisville, to discuss bringing resilience and KORU training to Berea College faculty and staff.

White House Clinic – On April 9 the full Task Force met with Stephanie Moore, CEO of White House Clinics, and Colleen Ambrose, White House Clinics Liaison to Berea College, to discuss the relationships between the College and WHC and strategies for improving communication and coordinated response to students of concern.

Vanderbilt University Campus Visit: On May 20 members of the Systems and Structures subgroup and Faculty Education subgroup traveled to Vanderbilt University to meet with Rachel Eskridge, Director of the Center for Student Wellbeing and colleagues in the Vanderbilt Student Care Network.

APPENDIX C

Full Recommendations from the Subgroup on Institutional Systems & Structures that Impact Student Resilience

Chris Lakes, Rick Meadows, Sue Reimondo, Loretta Reynolds

Recommendation 1 – Gatekeeper Training for Natural Helpers

Gatekeeper training is proven to be effective in the early identification of persons struggling with severe depression and/or contemplating suicide. The more people across campus trained in suicide prevention, the more likely it is that someone in the early stages of contemplating suicide will be detected and connected to helpful resources.

Background

According to Dr. Cerel, 50% of the US population knows someone who has died by suicide. Her research indicates that for every single death by suicide, an average of 135 people are effected. Unfortunately, Berea College has experienced the heartache of losing a student by suicidal death and the devastating ripple effects this has had on the campus community and beyond.

Rationale

Research consistently supports the efficacy of training “natural helpers” in “gatekeeper training”, which includes recognizing the symptoms of suicide, directly asking about suicidal intent, and connecting a suicidal person to appropriate resources. Dr. Julie Cerel, a Professor and a licensed psychologist in the University of Kentucky College of Social Work and past president of the [American Association of Suicidology](#) spoke with members of the Task Force about her work as a suicidologist – a title for those who have made their area of expertise the study of suicide and suicide prevention. Dr. Cerel did not recommend any specific model for this training but rather stated, “Any kind of legitimate model is effective.” Berea College has developed *The 4 R’s – React, Refer, Report, and Release* – which contains the necessary components of noticing symptoms, asking directly about suicidal intent, and connecting the person with appropriate resources while protecting the privacy of the person as much as possible. The 4 R’s model has worked well in training Berea College faculty, students, and staff about suicide prevention.

Action Steps and Implementation Strategies

Include gatekeeper training in new faculty and staff orientations and labor supervisor training. Counseling Services has developed a training based on the 4 R’s that takes less than an hour to complete. Becoming comfortable asking directly about suicidal intention is the most important of this training and very challenging for many people. Actually, practicing asking this question and knowing ways to connect suicidal students to the appropriate resources provides participants with a set of skills they can use to help a severely depressed and/or suicidal student. Others become aware that they may panic if expected to directly ask a student about suicidal intentions so this training includes knowing when to bring someone who is able to ask the question into a situation where asking this question is warranted. All Resident Hall Assistants, Student Chaplains, and Community Assistants are trained in the 4 R’s before the start of every Fall term. This could be expanded to include other student groups.

Recommendation 2 – Create a Student Care Network and Student Care Coordinator Position

A Student Care Coordinator will serve as the access point for students seeking assistance with a variety of issues and ensure the coordination of care between resources such as White House Clinic, Emerging Scholars, Academic Coaching, Counseling Services, Disability & Accessibility Services, the Campus Christian Center, Wellness Programming, the Black Cultural Center, the Center for International Education, and other campus partners. These offices would form a Student Care Network able to respond more efficiently and effectively to identify students who are struggling as well as those who self-identify as needing assistance.

Background

Students often struggle to identify the underlying problem that prevents them from performing successfully at Berea College. In turn, this confusion often results in minimizing or misidentifying the problem, a reluctance to seek assistance and/or not knowing the campus resources available to assist with the problem. By having a centralized hub for many of the services the campus currently provides, students may be less reluctant to seek services, and when they do, they will be quickly directed to the campus resource that can best meet their needs. The model proposed is based on a student care network created by Vanderbilt University which includes a Center for Student Wellbeing, Office of Student Care Coordination, University Counseling Center, and the Common Center/First Year Living Learning Community. Member of the Task Force spent a day at Vanderbilt meeting with members of each of these offices. We were excited to discover that we have the equivalent of these resources on our campus and would only need to create a way to centralize these services.

Rationale

Research indicates that first generation college students struggle more with the transition to college. Given the background of the students Berea College serves, this transition is compounded by the “imposter syndrome” where students question whether they are truly “college material” and belong at Berea College or not. Creating a “neutral” access point for assistance would make it easier for struggling students to find the resources they need in a timely manner before a small problem becomes one much more difficult to resolve without a significant impact to a student’s GPA, self-confidence, and/or mental and physical health.

Additionally, creating a Student Care Network will increase collaboration among various departments, offer more opportunities for collaborative programming, and increase awareness on how resources can be combined to best support a student.

A stronger partnership with College Health Services at White House Clinic will make it much easier to quickly address health-related issues that often require the support and/or intervention of campus the campus resources listed above.

Action Steps and Implementation Strategy

Create a Student Care Network which reports to the Provost and is composed of all the Centers (BCC, CIE) Director of Health & Wellness, Student Life, Counseling Services, Academic Coaching, along with representatives from White House Clinic, Career Services, Student Academic Success, and Disability & Accessibility Services. A representative of the Campus Christian Center would also attend regular meetings of the network members. By housing all of these centers under one unit, a cohort of Centers and student support services is created allowing for greater coordination of services, collaborative programming, and more interaction and support among the professionals working in these offices.

Create a Student Care Coordinator Position. This person would serve as the access point for students seeking services when they are unable to identify the exact nature of their problem and/or do not know where to go for appropriate resources. This person would serve, in part, as a “case manager” to ensure the student follows through with the plan and the student’s situation is improving. If not, the Student Care Coordinator is able to meet with the student to revise the plan until it proves effective. This person would

also relieve the Director of Counseling Services of administration duties that pose a conflict of interest between clinical services and administrative decisions such as those required as a member of the Behavioral Disturbance Administration Committee and the point of contact for students requesting to return after a leave of absence for psychological reasons. Finally, this position can assist the Student of Concern Team by serving as a collection point for reports and, again, serving as a case manager to ensure students are receiving and responding well to the resources provided by the appropriate office(s).

House the Student Care Network together for ease of regular meetings and collaboration.

RECOMMENDATION 3 – An Online Resilience Module for Incoming Students: Provide students with a customized Berea College version of the online toolkit “Student Resilience Project” originated at Florida State University. First-Year students would be required to engage with portions of the online toolkit prior to their arrival, and all students would have access to the module to provide continued support for students on issues related to college stress, burnout, homesickness, decisions about drugs and alcohol, and other topics.

Rationale: The Florida State University Resilience Project, created by professional staff in the College of Social Work in collaboration with faculty and staff from across campus, is an award winning web-based, research-informed toolkit developed to encourage student wellness by helping them learn strategies to manage stress and increase their sense of belonging. The website features videos, testimonials, skill-building activities, and resources and information about campus services. Members of our team met with the implementation staff during a visit to Florida State and were able to view the modules included and believe this would be a tremendous asset to our students. With support from a grant, FSU created a customizable toolkit that institutions can implement on their own campuses highlighting their own resources. This online module would provide students with important information prior to their arrival on campus, and continued support throughout their transition to college and beyond.

Action Steps for Implementation: Review the pricing and requirements of the toolkit (below) and charge a team with facilitating implementation. Team members should include representatives from Counseling Services, Student Life, First-Year Initiatives, Wellness, and others.

Subject: FSU Licensing and Technical Assistance to Berea College
For the Berea Student Resilience Project
To: Chris Lakes, Director, First Year Initiatives
From: Karen Oehme
Date: April 16, 2019

Dear Director Lakes,

As you know, FSU has developed a customizable Student Resilience Project, based on our successful launch of the FSU-branded version. The project has cost FSU over \$500,000 to build.

We are now able to adapt it for Berea College’s use on the Berea website. It would have a “look and feel” for Berea (see attached screen shot example). We know you and your colleagues are ready for a resilience campaign and see the benefit of the toolkit. These include building student self-efficacy, developing new

skills, and using restorative narratives to help student gain a sense of mastery over common developmental issues.

Although we will be marketing the licensing to other colleges at market price, we are offering the **licensing** to Berea for \$5,000 for two years, with a one year technical assistance contract (\$19,000) to help your staff and faculty build the campaign and launch the project.

Requirements:

* Presidential-level support for the project, because the project is a top-down success. (This is regulated exclusively by Berea, but we will suggest a number of avenues, lines for your presidential speechwriter, etc.)

* Berea designation of one .50 fte (or two .25 ftes) for one year of Berea employees to oversee the first year of the project. (This is regulated exclusively by Berea but is required for the license.) This person will run the resilience project at Berea and work with FSU technical assistance providers to create the Berea resource directory, plan and launch campaign, message to student groups, track usage, create (from FSU templates) the faculty and staff guide, and be the point person at Berea for the project.

* Berea's commitment to spend at least \$5,000 on ordering your own multi-media material (buttons, stickers, posters, etc.) to disseminate the campaign on your campus. FSU will provide you with examples of media that you can design for your own needs. (This is a separate contract between Berea and your choice of vendors.)

* Berea contract with Karey Johnson, Programmer, to facilitate Berea's adaptation of the program with your IT team. (Separate contract with programmer. Anticipated to take fewer than 15 hours @\$100 per hour (\$1,500).

* Berea's IT team designs the manner in which you want to track student onboarding and usage. (This is a Berea decision. Programmer can assist.) Berea's team needs to understand Wordpress, Vimeo, After Effects, and common programming language.

* FSU delivery of technical assistance

- At least one site visit,
- At least four meetings on how to use the toolkit to full advantage of Berea students
- Assistance at building a Program Ambassador program of student volunteers
- Social media samples, delivery of marketing material examples for you to customize (Berea will design and disseminate)
- Draft faculty and staff guide for Berea to adapt and disseminate
- FSU will also assist with the research design (and will apply for human subjects approval for design) if Berea wants to collect student responses to the toolkit for program evaluation (optional). We invite Berea administration to participate.
- Phone conferences, webinars, and training on the use of the project
- Planning and implementation of Resilience Campaign around the use of the project.

Summary Cost: **\$19,000 for one year of technical assistance, \$5,000 license for two years = \$24,000**

Separate contract with programmer (\$1,500), separate contract for your own multimedia materials (\$5,000) = \$6,500

Separate designation of a Berea Resilience supervisor (.50 fte one year) = ?

We look forward to your team’s response. As the lead researcher on the project, I am happy to present it to any group of funders you convene. As always, please let me know if you or your team members have any other questions.

Many thanks,

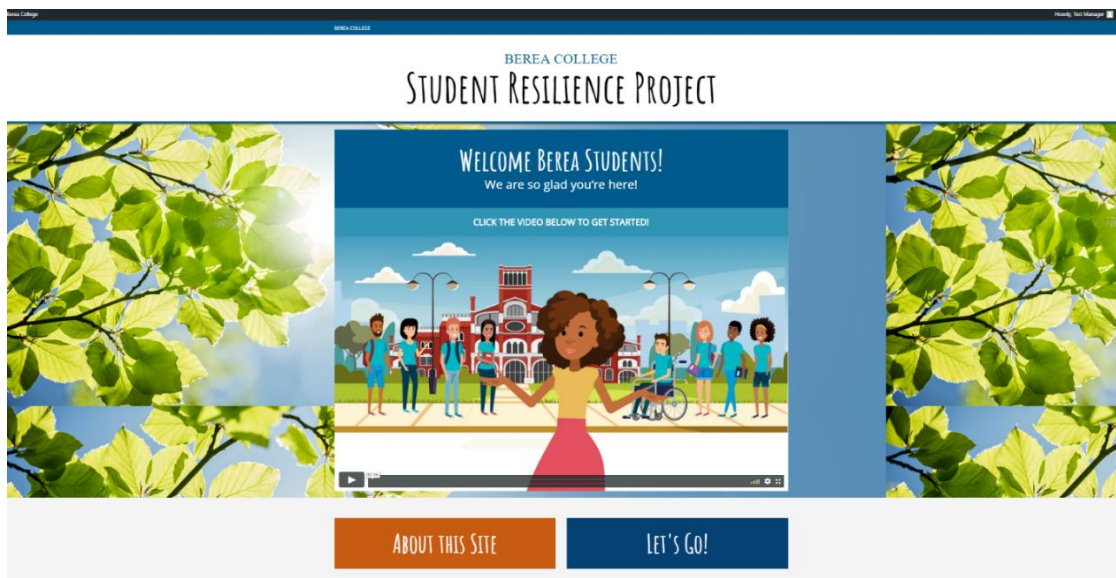
Karen

Karen Oehme, Director Institute for Family Violence Studies

Florida State University

College of Social Work

koehme@fsu.edu



Recommendation 4—Creation of a Student Union

We recommend the creation of a true Student Union facility for students. Berea College provides many helpful resources for our students, however, these resources are scattered all over campus. A Student Center provides one place that can address a wide range of student needs. Student Centers provide a hub and a gathering spot where students may seek answers to financial questions, receive help from an academic tutor, get a late night snack, play a game of ping-pong or just hang out and relax with friends. Student Centers are considered the heart and soul of the campus and provide social, recreational, and cultural activities to enrich the social, emotional and mental well-being of students.

Background and Rationale

Twenty plus years ago, there was a Student Lounge in the area that is now the Carter G. Woodson Center. It housed a Grill, a lounge area with comfortable chairs and a fire pit, and the post office boxes were also in the vicinity. This was a gathering place for all students. Slowly, new Centers and offices were created. With each new addition, space had to be carved out to house offices without new structures being built. There was a space crunch. Perhaps without realizing it, the central student hang-out spaces were bit by bit turned into space for individual Centers and other offices. We gained wonderful individual spaces that support specific groups; what we lost was a sense of a central gathering space for everyone. We have tried to address this through renovating the Ground Floor in the Alumni Building. While this addresses a gathering place for games and study, it does not provide the one-stop kind of facility provided by most college student centers. A central gathering place could help address issues of student stress, loneliness, and isolation. By bringing a wide variety of student services under one roof, a Student Center can also reduce student anxiety and frustration.

Action Steps and Implementation Strategy

A college Student Center is more than a building; it is the community center or gathering place of the campus. The SU provides services and conveniences, but more importantly, it complements the academic experience through an extensive variety of cultural, educational, social, and recreational programs.

We recommend a space (preferably a building) dedicated as a Student Union. While we recognize that there are plans to tear down the old science building, we suggest that it would be the perfect size and location for the Mountaineer Student Center. It could be renovated to house various Centers, lounges, meeting rooms, a snack bar, a student wellness resource hub, offices for Student Life, meeting places for student clubs and organizations, and perhaps a theater.

Recommendation 5 – Ongoing Oversight and Coordination:

Identify an ongoing team/committee to provide continued attention to issues related to student wellbeing (responding to trauma and increasing resilience), as well as oversight and accountability for the recommendations explored by the Task Force.

Rationale: While the Task Force on Trauma and Resilience made considerable progress exploring strategies for responding to student trauma and increasing resilience on campus, the group acknowledged from the beginning that they would only be able to barely scratch the surface in the relatively brief time of one academic term. Identifying a group to continue exploring literature, national best practice, and current institutional data, along with providing oversight to the continued evolution of the recommendations made by the Task Force, would help the institution continue its focus on identifying ways to continue serving our students. Without such a group, we run the risk of losing the momentum that has been created and potentially missing out on the opportunity to implement new initiatives that can positively influence our student's wellbeing.

Action Steps for Implementation: We believe that this ongoing oversight and coordination could be accomplished in one of three different ways: 1) Charge the current Students of Concern Team with continuing the work of the Task Force, and implementing some of the programmatic initiatives included. The positive is that this places the responsibility on an already existing group, but a group that is already somewhat overloaded with the responsibility of responding to those students who are in crisis. 2) Create a new team, perhaps called a Student Resilience & Wellbeing Committee, which would take up the work beyond the Task Force moving forward. This group would certainly include several of the current Task Force members, but would also add or remove various members to meet the implementation focus. 3) If the recommendation of creating a new Student Care Network is acted on, charge that team with the continued development of this work and oversight of the included recommendations.

Recommendation 6

A Review of Required/Allowable First-Term Student Credits: Review the number of credits first-year students are required/allowed to be enrolled in during their first-term. Consider reducing the standard number of credits first-term students are required to take to 4.0, with the exception of adding music ensemble or support course such as GST 101: Strategies for Academic Success.

Rationale: As mentioned previously, first-year college students are particularly susceptible to feelings of stress, anxiety, and psychological distress, and their ability to cope with the stresses of their first-year have important implications for everything from their emotional wellbeing to their academic success. Since the implementation of the WEL 101 & WEL 102 sequence, which requires all first-year students to enroll in a .5 credit course in each of their first two terms, many first-year students are enrolled in a minimum of 4.5 credits (equivalent to 18-credit hours), which is 5 academic courses. And those who enroll in an ensemble or GST 101 may end up in 4.75 credits (19-credit hours). In a small informal survey of some fellow institutions, we learned that most schools ask their first-term students to enroll in closer to 14 – 16 credit hours or 4 academic courses, with the exception of ensembles or extended orientation courses which do not carry the same academic load. The Task Force acknowledges the link between the new Wellness course sequence and our current Quality Enhancement Plan, as well as the work of the Wellness instructors to revamp the curriculum. We also recognize the efforts of the Dean of Curriculum and Student Success who works schedules for first-term students that appropriately balanced. With that being said, we believe it would be beneficial for a group to take a comprehensive look at the requirements on first-year student schedules, and the impacts of incremental changes over the years.

Action Steps for Implementation: Charge a College committee or team with a review of first-term student scheduling. This could be conducted by the Enrollment Policies Committee, the Enrollment Management Team, or another group.

APPENDIX D

Full Recommendations from Subgroup on Strategies for Positively Influencing Student Resilience

Channell Barbour, Keith Bullock, Rick Childers, Jill Gurtatowski, Monica Kennison, Willow Rodriguez

Recommendation 8 – Create a clearinghouse/online calendar of campus activities focused on resilience including hotline numbers/contacts.

Background/Rationale – The Clearinghouse would serve as an online one-stop hub for all information concerning campus and community events including events surrounding and encompassing resiliency, such as the Koru Mindfulness program, Yogalates,

This Clearinghouse will provide students with

1. an easy access to helpful resources that promote self-resilience, self-soothing techniques, healthy coping skills, and stress relief, as well as resources for group resilience, such as community support groups or counseling services. The Clearinghouse will
2. also provide crisis hotlines and other resources that may be helpful to students in a crisis situation. **The Clearinghouse will also utilize an online forum/discussion board for students to openly discuss and have intimate conversations surrounding mental health and mental health awareness. See “Each Mind Matters” as a reference.
<https://www.eachmindmatters.org/mental-health/>

Action Steps - Appoint a department to be responsible for collecting and keeping updated information. Additionally, a website and or presence is needed to host the information.

Recommendation 9 – Implement evidence based strategies for improving resilience in adults.

Background – Any literature, data, or best practices examples that support the recommendation. Below are 3 condensed appendices from a Cochran Review of Psychological interventions for resilience enhancement in adults as follows:

- a. Evidence based modifiable resilience factors
- b. Examples of training methods to address resilience factors
- c. Potential instruments for the measurement of psychological resilience

The full Cochran Review of Psychological Interventions for Resilience Enhancement in Adults can be found at:

<https://www.cochranlibrary.com/cdsr/doi/10.1002/14651858.CD012527/appendices#CD012527-sec2-0008>

Rationale – Some examination of why the recommendation is right for Berea College specifically. The literature represents best evidence known on improving resilience in adults.

Action Steps – What are the specific steps that should be taken to further the conversation on this recommendation.

- a. Analyze the strategies to develop a comprehensive resilience training including how to assess students’ resilience.
- b. Consider assessing students’ resilience on admission – best tools are included in attachment 3 following.
- c. Decide how to implement and when and with whom
- d. Determine how to evaluate effectiveness of the intervention

Implementation Strategy – To be determined by those implementing and evaluating the resilience training.

Psychological interventions for resilience enhancement in adults

Attachment 1. Evidence rating of modifiable resilience factors

Although an immense number of factors have been discussed in the literature, only a set of psychosocial factors has been scientifically validated as being appropriate determinants of resilience by cross-sectional and longitudinal (frequently observational) studies in different populations. Upon closer examination, only some of the discussed resilience factors may be viewed as well-evidenced factors that have also been found to be protective factors in systematic reviews and meta-analyses (level 1). These factors are most likely to be related to adult resilience. However the chosen factors represent the current state of knowledge on psychosocial resilience-promoting factors, and that other factors, which are not yet well researched, could also contribute to resilience.

| Level of evidence and criteria | Resilience factors |
|---|--------------------|
| <p>Level 1: strong evidence (SRs and MAs)</p> <ul style="list-style-type: none"> • Factor has been studied with regard to its association to resilience (i.e. mental health or well-being or psychological adaptation despite (acute or chronic) stressors, life events or traumas) in observational (cross-sectional or longitudinal) studies in adults • There is evidence from Systematic Reviews (SRs) AND Meta-Analyses (MAs) | |

| | |
|--|--|
| <p>Level 1a: there is evidence for this factor from several SRs AND several MAs</p> | <ul style="list-style-type: none"> • Active coping (e.g. problem-solving, planning) • Self-efficacy • Optimism or positive attributional style • Social support • Cognitive flexibility (e.g. positive reappraisal, acceptance of negative situations and emotions)¹ • Religiosity or spirituality or religious coping (e.g. frequent religious attendance)¹ |
| <p>Level 1b: there is evidence for this factor from several SRs AND a single MA</p> | <ul style="list-style-type: none"> • Positive emotions or positive affect • Hardiness • Self-esteem |
| <p>Level 1c: there is evidence for this factor from several SRs (across different populations) AND a single MA (in the same population)</p> | <ul style="list-style-type: none"> • Meaning in life or purpose in life • Sense of coherence |
| <p>Level 2: moderate evidence (only SRs or single MA)</p> <ul style="list-style-type: none"> • Factor has been studied with regard to its association to resilience (i.e. mental health or well-being or psychological adaptation despite (acute or chronic) stressors, life events or traumas) in observational (cross-sectional or longitudinal) studies in adults • There is evidence from SR OR a single MA | |
| <p>Level 2a: there is evidence for this factor from several SRs</p> | <ul style="list-style-type: none"> • (Internal) Locus of control • Coping flexibility |
| <p>Level 2b: there is evidence for this factor from several SRs</p> | <ul style="list-style-type: none"> • Hope |
| <p>Level 2c: there is evidence for this factor from a single SR</p> | <ul style="list-style-type: none"> • Humour |

Footnotes

Results on systematic reviews and meta-analyses based on a literature search for potentially modifiable resilience factors in MEDLINE (search strategy: respective resilience factor.tw. AND (review or meta-analy).tw.; search limited to “All adults (19 plus years)” and 1990-2016).

¹Cognitive flexibility and religiosity or spirituality are multidimensional concepts resulting in highly ambiguous operationalisations. Cognitive flexibility comprises several concepts, such as positive reappraisal and acceptance ([Southwick 2005](#)). Religiosity or spirituality combines affective, behavioural and cognitive dimensions, each measured differently ([Ano, 2005](#); [Pargament 2000](#); [Salsman 2015](#)).

Attachment 2. Examples of training methods to address resilience factors

| Evidence-based resilience factor | Examples of training methods to address the resilience factor |
|--|---|
| Meaning in life or purpose in life | Introduce the benefits of purpose in life; support individuals in identifying important sources of meaning (e.g. social relationships, work) as well as in setting priorities and guiding values for their life (e.g. Sood 2011) |
| Sense of coherence (comprehensibility, meaningfulness, manageability) | Promote the understanding of external life challenges, personal beliefs and emotions; encourage participants to reflect on personal (internal or external) resources and to use them more frequently (e.g. Tan 2016) |
| Positive emotions or positive affect | Psychoeducation on emotions; mindfulness techniques; support individuals in identifying pleasant activities to enhance positive emotions (e.g. Jennings 2013) |
| Hardiness (challenge, commitment, control) | Situational reconstruction (i.e. imagination of stressful circumstances); focusing (i.e. reflection on bodily sensations of emotional upset) (Maddi 1998 ; Maddi 2009) |
| Self-esteem | Support participants in identifying personal strengths |
| Active coping (e.g. problem-solving, planning) | Introduce the problem-solving model and familiarise participants with the use of active coping strategies in stressful situations (e.g. making action plans) (e.g. Abbott 2009 ; Bekki 2013 ; Sahler 2013) |
| Self-efficacy | Support participants in identifying personal strengths and other sources of self-efficacy (e.g. social connections); support individuals in realising previous successes (e.g. coping of negative situations) |
| Optimism or positive attributional style | Teach participants to adapt a more positive attributional style for stressful (i.e. external, unstable, specific) and pleasant events (i.e. internal, stable, global); encourage individuals to gain a brighter outlook for the future by enhancing their attention for and the discovery of positive aspects in their lives (e.g. Carver 2010 ; Sadow 1993) |
| Social support | Encourage the individual’s reflection on his or her current network (i.e. magnitude of social network, positive or negative aspects in social relationships); enhance the |

| | |
|--|--|
| | individual’s support network by providing them with communication techniques (e.g. Kent 2011 ; Schachman 2004 ; Sood 2011 ; Steinhardt 2008) |
| Cognitive flexibility (e.g. positive reappraisal, acceptance of negative situations and emotions) | Positive reappraisal: introduction of ABC (Activating Event, Belief, Consequence) Technique of Irrational Beliefs (Ellis 1957) of cognitive therapy; train participants in identifying and challenging maladaptive thoughts and replacing them by more positive ones (e.g. Abbott 2009 ; Farchi 2010 ; Songprakun 2012 ; Steinhardt 2008) Acceptance: relaxation or mindfulness techniques |
| Religiosity or spirituality or religious coping (e.g. frequent religious attendance) | Spiritual exercises like meditation or yoga; psychoeducation on coping strategies like regular praying or participating in religious community activities (e.g. worship) (e.g. Sood 2011) |

Attachment 3. Potential instruments for the measurement of psychological resilience based on previous reviews (Leppin 2014; Macedo 2014; Robertson 2015) and additional literature searches. The measures below received the highest ratings out of 29 resilience scales.

| N° | Measure | Theory and item selection | Internal consistency | Validity | Rating |
|----|---|---------------------------|----------------------|----------|--------|
| 1 | Resilience Scale (RS-25) (Wagnild 1993) ⁴ | + | +++ | +++ | 6♦ |
| 2 | Brief Resilience Scale (BRS) (Smith 2008) | + | +++ | +++ | 6♦ |
| 3 | Ego Resiliency (Klohn 1996) ⁴ | + | ++ | +++ | 5♦ |
| 4 | Connor - Davidson Resilience Scale (CD-RISC) (Connor 2003) | + | ++ | +++ | 5♦ |
| 5 | Resilience Scale for Adults (RSA ₃₃) (Friborg 2005) | + | ++ | +++ | 5♦ |
| 6 | Trauma Resilience Scale (TRS ₃₇) (Madsen 2010) | + | +++ | ++ | 5♦ |

| | | | | | |
|---|--|---|----|-----|----|
| 7 | Ego - Resiliency Scale (ER89) (Block 1996) ⁴ | - | ++ | +++ | 5✧ |
|---|--|---|----|-----|----|

Footnotes

The resilience scales are specified hierarchically according to psychometric quality criteria.

Theory & item selection: - (✧): no description of theory or item selection process available; and + (◆): description of theory or item selection process available.

Internal consistency (Cronbach’s alpha): - (0): no information; + (1): $\alpha < 0.70$; ++ (2): $\alpha \geq 0.70$; and +++ (3): $\alpha > 0.90$.

Validity (convergent/divergent or criterion validity): - (0): no information; + (1): correlations (r) with construct-related measures or criteria available, all correlations < 0.50 or resilience measure only correlated with original instrument/long-form or no correlations but alternative results reported (e.g. odds ratio); ++ (2): correlations (r) with construct-related measures or criteria available, $\leq 50\%$ of correlations ≥ 0.50 ; and +++ (3): correlations (r) with construct-related measures or criteria available, $> 50\%$ of correlations ≥ 0.50 .

⁴Scales assessing resilience as personality characteristic.

⁵Scale assessing post-traumatic growth.

Recommendation 10:

Reframe how we are advertising the dignity of labor. Emphasize the essential and transferable skills fostered by the Labor Program regardless of position.

Our taskforce subgroup recommends a continued examination of how Berea College can best equip labor supervisors to effectively build resilience and navigate trauma with their first year students, while also reframing the way that we advertise a sense of dignity and purpose in our Labor Program.

Background/Rationale:

One of the concerns this task force has faced is at what point do we cross a threshold from helping our students build resiliency and manage their trauma, to unraveling an adverse experience and possibly causing them even more harm. In *Adjustment to College Among Trauma Survivors* Victoria Banyard and Elise Cantor state;

“The current study also suggests that not all students with a trauma history may need to focus on this experience, particularly in the difficult first semester of transition to college. Many are dealing with the same issues as other college students making this transition and they will likely be helped and supported by broad campus programs that foster a sense of community and interpersonal connections.”

Banyard and Cantor go on to mention factors that influence student resiliency such as social engagement, self-worth, and the development of life goals. Our Labor Program is arguably the most beneficial and empowering component of the Berea College education. It is a shared experience among all students in which they are able to build resiliency and make social connections with their peers, staff, faculty, or ideally all of the above. For many students it also sets the tone for how their Berea experience plays out. We as an institution should take advantage of what we already have in place to help students build up resiliency. We already plug incoming students into the social support network of the Labor Program, but we should also begin considering how we may better equip our first year labor supervisors with ways to assess and reinforce student resiliency. With an intentional effort we can also work to highlight transferable skills students develop through their labor position, strengthen their self-worth, and show students how this experience benefits them throughout their college and career path. Listed below are action steps to pursue this recommendation.

Action steps:

1. Create a study group to work towards an intentional plan for labor supervisors of first year students. What kind of assessment tools do first year labor supervisors have to track their students' resiliency? What kind of training for first year labor supervisors could we implement to help students build resiliency? Once implemented, how can we track and study the effectiveness of this approach? Judith Weckman and Richard Childers are willing to help facilitate this effort.
2. Reconsider how we are advertising/promoting Berea College's Labor Program to incoming students.
3. Examine updated student labor surveys, SSI, and other data available to determine if there is any correlation between students who retain better and students with a positive labor experience.
4. Produce labor videos to share the experience and valuable skills that students develop through the labor program regardless of position. (Brushy Fork Institute has some footage of students talking about their labor position from videos they shot for the Work College Consortium.)

“Dignify and glorify common labor. It is at the bottom of life that we must begin, not the top.”

–Booker T. Washington

Recommendation 11:

Share the trended institutional data comparing our students with national counterparts on mental and physical health outcomes and healthy/detrimental lifestyle behaviors.

Background/Rationale:

Social norms marketing is popular on college campus. It is used widely in alcohol norming with success. A 2017 study found that campaign readership was associated with more accurate perceptions of peer alcohol use, which, in turn, was associated with self-reported lower number of drinks per sitting and experiencing fewer blackouts (Su, Hancock, Wattenmaker, et. al. 2017). This approach has the advantage of reaching a large segment of students at low cost. However,

this approach is limited by being relatively impersonal and by assuming that students will both see and carefully process the information (Lewis, Neighbors, 2006).

Mental Health interventions are not as frequent as substance related ones however. In a 2018 study, undergrad students were assigned to a 15 min theory-driven social norms intervention correcting misperceived distress, stigma, and help-seeking norms; a general education intervention increasing mental health awareness; and a stress management active control condition. The norms intervention instilled more accurate perceptions of mental health norms and temporarily reduced perceived public stigma compared to other conditions (Turetsky, Sanderson, 2018).

Based on a literature review summarized above, a combined approach of sharing institutional data in an organized academic or co-curricular education setting will yield the best results.

References:

1. Su, J., Hancock, L., Wattenmaker McGann, A., Alshagra, M., Ericson, R., Niazi, Z., ... Adkins, A. (2017). Evaluating the effect of a campus-wide social norms marketing intervention on alcohol-use perceptions, consumption, and blackouts. *Journal of American college health : J of ACH*, 66(3), 219–224. doi:10.1080/07448481.2017.1382500
2. Lewis, M. A., & Neighbors, C. (2006). Social norms approaches using descriptive drinking norms education: a review of the research on personalized normative feedback. *Journal of American college health : J of ACH*, 54(4), 213–218. doi:10.3200/JACH.54.4.213-218
3. Turetsky, K. M., & Sanderson, C. A. (2018). Comparing educational interventions: Correcting misperceived norms improves college students' mental health attitudes. *Journal of Applied Social Psychology*, 48(1), 46–55. <https://doi.org/10.1111/jasp.12489>

Action steps:

Infuse data received from the Student Health Wellness Needs Assessment, Alcohol-wise, NCHA and SSI into Wellness 101 courses and Resident Hall programming.

Implementation Strategy:

Work with the Office of Institutional Research to analyze data between surveys as measurement tools are different.

Distribute analyzed surveys to a team (suggested members: Well 101 instructors, OIRA staff, Director of Health and Wellness, Counseling Services, Student Life Team members) to develop into suggested interventions (lesson plans).

Distribute stats with educational framework to Wellness 101 instructors/Student Life Team Members to incorporate into course/Hall curriculums.

Attachment 1

Examples of data from student surveys

Noel- Levitz Student Satisfaction Survey

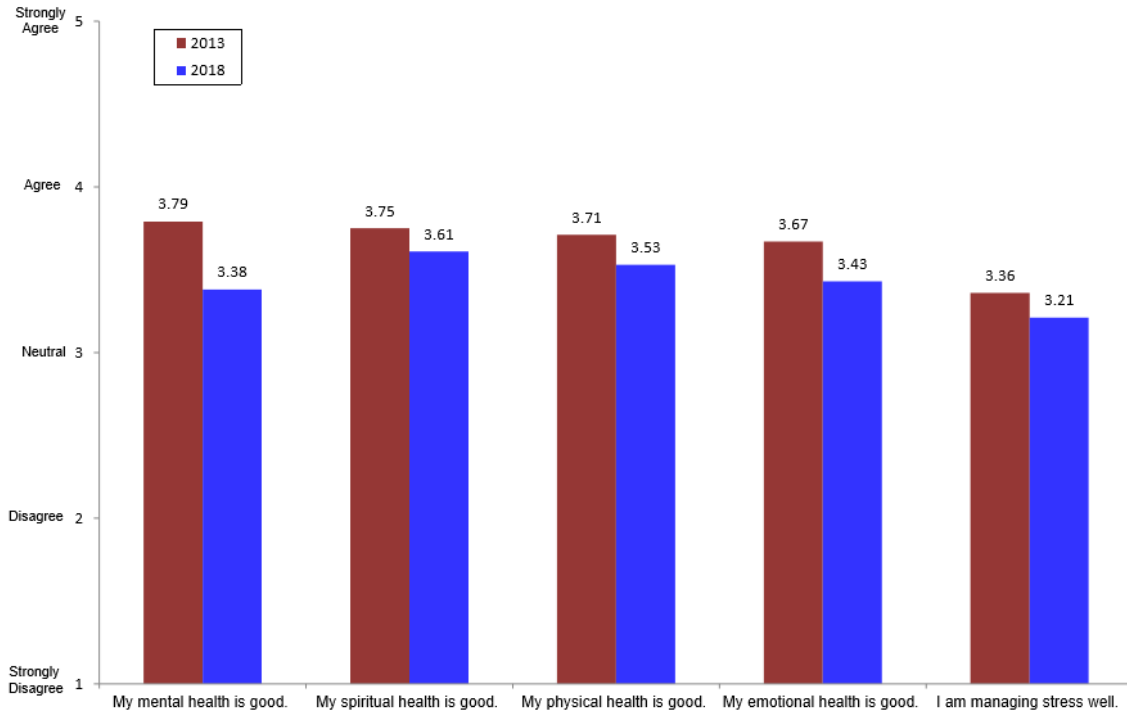
Rate your level of agreement with the following statements.

| MEAN | | | | | | Missing Info | |
|-------------|-----------------------|--------------|-------------|-----------|--------------------|--------------|--|
| | 1 - strongly disagree | 2 - disagree | 3 - neutral | 4 - agree | 5 - strongly agree | | |
| 2.70 | 19.4 | 24.7 | 26.0 | 19.2 | 7.5 | 3.2 | 1. I spend too much time using technology for entertainment (Netflix, social media, gaming, etc.). |
| 1.90 | 40.1 | 36.0 | 13.0 | 5.4 | 2.3 | 3.1 | 2. Technology activities for entertainment are interfering with my relationships with others. |
| 2.14 | 35.7 | 30.8 | 14.7 | 11.3 | 3.8 | 3.6 | 3. I have trouble forming relationships with peers. |
| 2.31 | 23.3 | 37.9 | 21.4 | 9.9 | 3.9 | 3.6 | 4. I have trouble forming relationships with faculty. |
| 3.21 | 9.3 | 15.9 | 29.5 | 29.1 | 12.6 | 3.6 | 5. I am managing stress well. |
| 3.53 | 3.9 | 12.9 | 26.0 | 35.3 | 18.5 | 3.3 | 6. My physical health is good. |
| 3.38 | 7.1 | 14.9 | 24.8 | 34.0 | 16.1 | 3.0 | 7. My mental health is good. |
| 3.61 | 4.2 | 8.8 | 28.4 | 34.1 | 21.2 | 3.2 | 8. My spiritual health is good. |
| 3.43 | 6.0 | 15.1 | 24.5 | 33.5 | 17.7 | 3.2 | 9. My emotional health is good. |

All Students

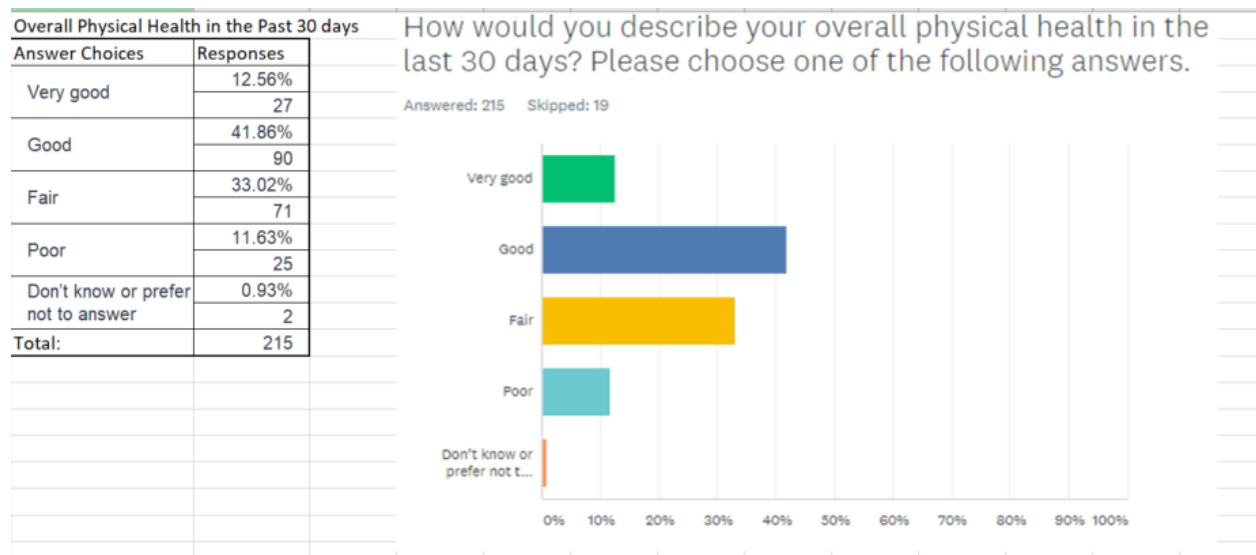
Berea-Specific Satisfaction Survey

Rate your level of agreement with the following statements:

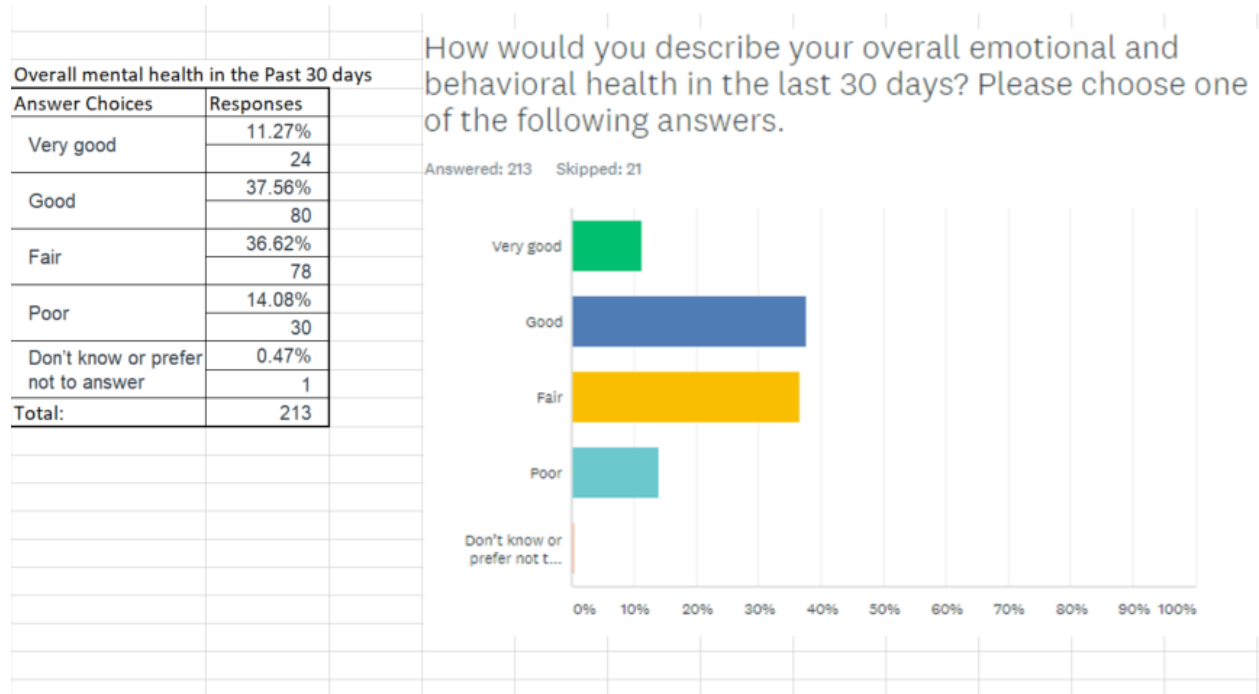


Response rates: 2013: 90%; 2018: 89%

Examples of data from Student Health 101 Wellness Needs Assessment



Task Force on Trauma & Resilience – Final Report



ACHA-NCHA data on alcohol:

Within the last 30 days, on how many days did you use...

| Response Rates: | ALL STUDENTS | | | | | | | |
|-------------------------------------|------------------------|----------|----------------------|----------|------------------------|----------|------------------------|----------|
| | Spring 2006 (36.3%) | | Fall 2008 (35.2%) | | Spring 2010 (43.0%) | | Spring 2016 (35.8%) | |
| | Berea | National | Berea | National | Berea | National | Berea | National |
| Alcohol (beer, wine, liquor) | | | | | | | | |
| Never used | 36.2% | 17.2% | 36.4% | 23.1% | 32.9% | 20.9% | 35.5% | 22.7% |
| Have used, but not in last 30 days | 24.9% | 13.2% | 22.6% | 13.8% | 25.9% | 13.9% | 18.1% | 14.7% |
| 1 - 2 days | 15.3% | 18.8% | 17.2% | 17.3% | 17.9% | 17.3% | 17.9% | 17.5% |
| 3 - 5 days | 12.3% | 19.0% | 10.5% | 16.6% | 10.3% | 17.1% | 12.6% | 17.2% |
| 6 - 9 days | 5.3% | 16.3% | 8.0% | 15.1% | 6.5% | 15.3% | 6.2% | 14.3% |
| 10 - 19 days | 4.3% | 12.2% | 4.2% | 10.6% | 4.9% | 11.3% | 6.4% | 10.2% |
| 20 - 29 days | 1.4% | 2.9% | 0.8% | 2.6% | 1.4% | 3.0% | 2.6% | 2.5% |
| Used daily | 0.4% | 0.5% | 0.2% | 0.9% | 0.2% | 1.1% | 0.9% | 0.8% |

Within the last 30 days, how often do you think the typical student at your school used...

| Response Rates: | ALL STUDENTS | | | | | | | |
|--|------------------------|----------|----------------------|----------|------------------------|----------|------------------------|----------|
| | Spring 2006 (36.3%) | | Fall 2008 (35.2%) | | Spring 2010 (43.0%) | | Spring 2016 (35.8%) | |
| | Berea | National | Berea | National | Berea | National | Berea | National |
| Alcohol (beer, wine, liquor) | | | | | | | | |
| Never used | 6.3% | 3.6% | 3.9% | 3.1% | 2.8% | 3.5% | 7.2% | 4.8% |
| Have used, but not in last 30 days | <i>not an option</i> | | 3.9% | 2.6% | 2.0% | 2.0% | 3.4% | 2.1% |
| 1 - 2 days (in 2006, "1 or more days") | 65.4% | 62.1% | 8.7% | 6.5% | 10.0% | 5.9% | 11.0% | 7.0% |
| 3 - 5 days | <i>not an option</i> | | 12.8% | 9.3% | 14.8% | 9.3% | 13.3% | 11.1% |
| 6 - 9 days | | | 23.3% | 20.0% | 21.4% | 19.8% | 19.1% | 19.8% |
| 10 - 19 days | | | 23.7% | 31.4% | 23.7% | 30.7% | 22.5% | 28.7% |
| 20 - 29 days | | | 11.1% | 13.3% | 9.8% | 13.7% | 10.7% | 13.2% |
| Used daily | 28.3% | 34.4% | 12.6% | 13.7% | 15.7% | 15.1% | 12.7% | 13.2% |

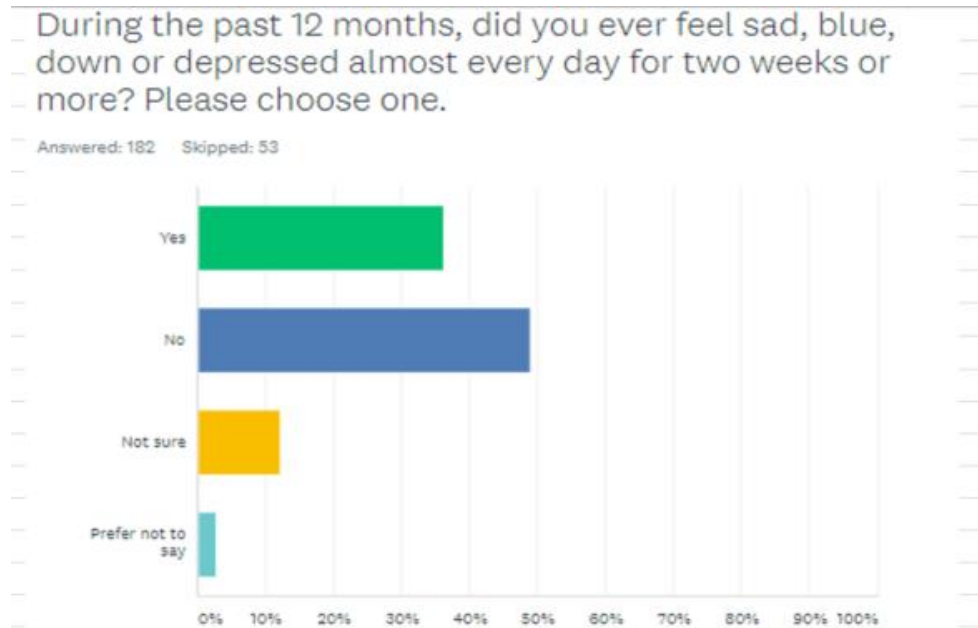
Data from Student Health 101 Wellness Needs Assessment

| Behaviors Engaged in the Past 30 Days | | | | | | | |
|--|---------|----------|----------|----------|------------|---------|-------|
| Answer Choices | 0 Days | 1-2 Days | 3-5 Days | 6-9 Days | 10-19 Days | 30 Days | Total |
| Smoke cigarettes | 95.48% | 1.01% | 0.50% | 1.01% | 0.50% | 1.51% | |
| | 190 | 2 | 1 | 2 | 1 | 3 | 199 |
| Smoke cigars | 97.00% | 2.50% | 0.00% | 0.00% | 0.00% | 0.50% | |
| | 194 | 5 | 0 | 0 | 0 | 1 | 200 |
| Use chewing tobacco, snuff, or other smokeless tobacco products | 99.00% | 0.50% | 0.00% | 0.50% | 0.00% | 0.00% | |
| | 198 | 1 | 0 | 1 | 0 | 0 | 200 |
| Smoking tobacco using a hookah | 99.00% | 1.00% | 0.00% | 0.00% | 0.00% | 0.00% | |
| | 198 | 2 | 0 | 0 | 0 | 0 | 200 |
| Use marijuana/synthetic marijuana | 92.46% | 4.52% | 1.01% | 1.01% | 0.50% | 0.00% | |
| | 184 | 9 | 2 | 2 | 1 | 0 | 199 |
| Consume alcohol | 85.50% | 11.00% | 1.00% | 1.50% | 0.50% | 0.50% | |
| | 171 | 22 | 2 | 3 | 1 | 1 | 200 |
| Consume 5 or more alcoholic drinks in one session (if you're a man) or 4 or more (if you're a woman) | 95.48% | 3.52% | 0.00% | 0.50% | 0.50% | 0.00% | |
| | 190 | 7 | 0 | 1 | 1 | 0 | 199 |
| Use a prescription medication not prescribed for you | 100.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | |

Behaviors Your Peers Participate in Once a Week or More

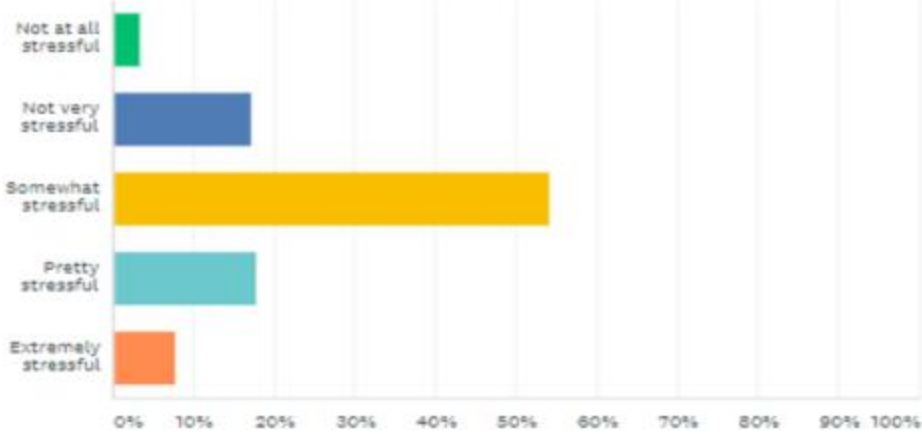
| | VERY FEW OF THEM (0-19%) | A MINORITY OF THEM (20%-39%) | SOME OF THEM (40%-59%) | MOST OF THEM (60%-80%) | ALMOST ALL OF THEM (81-100%) |
|---|--------------------------|------------------------------|------------------------|------------------------|------------------------------|
| Smoking cigarettes | 31.61% 61 | 39.38% 76 | 25.39% 49 | 3.63% 7 | 0.00% 0 |
| Smoking cigars | 67.02% 128 | 23.56% 45 | 8.38% 16 | 1.05% 2 | 0.00% 0 |
| Using chewing tobacco, snuff, or other smokeless tobacco products | 46.35% 89 | 36.46% 70 | 14.58% 28 | 2.60% 5 | 0.00% 0 |
| Smoking tobacco using a hookah | 61.66% 119 | 22.28% 43 | 14.51% 28 | 1.55% 3 | 0.00% 0 |
| Using marijuana/synthetic marijuana | 31.94% 61 | 35.08% 67 | 28.80% 55 | 4.19% 8 | 0.00% 0 |
| Consuming alcohol | 19.69% 38 | 24.35% 47 | 38.86% 75 | 16.58% 32 | 0.52% 1 |
| Consuming 5 or more alcoholic drinks in one session (men) or 4 in one session (women) | 35.23% 68 | 39.90% 77 | 19.69% 38 | 4.66% 9 | 0.52% 1 |

Mental health questions (Student Health 101 survey)



Think about the amount of stress in your life. Currently, most days are...Please choose one of the following answers.

Answered: 181 Skipped: 54



| Experienced in The Past 12 Months | | | | | | |
|-----------------------------------|-----------|--------|-------------------------|------------------------|------------|-----------|
| Answer Choices | Responses | | | | | |
| | NEVER | ONCE | A FEW TIMES IN THE YEAR | A FEW TIMES IN A MONTH | MOST WEEKS | MOST DAYS |
| Relationship problems | 38.07% | 9.66% | 31.82% | 13.64% | 4.55% | 2.27% |
| | 67 | 17 | 56 | 24 | 8 | 4 |
| Friendship problems | 27.12% | 16.95% | 37.29% | 12.43% | 2.82% | 3.39% |
| | 48 | 30 | 66 | 22 | 5 | 6 |
| Stress | 4.60% | 2.87% | 12.64% | 17.24% | 32.76% | 29.89% |
| | 8 | 5 | 22 | 30 | 57 | 52 |
| Depression or anxiety | 18.75% | 5.68% | 19.32% | 16.48% | 20.45% | 19.32% |
| | 33 | 10 | 34 | 29 | 36 | 34 |
| Sleep problems | 17.82% | 4.60% | 24.71% | 24.71% | 13.22% | 14.94% |
| | 31 | 8 | 43 | 43 | 23 | 26 |
| Family problems | 27.27% | 11.93% | 30.68% | 14.77% | 8.52% | 6.82% |
| | 48 | 21 | 54 | 26 | 15 | 12 |

Recommendation 12: Invest in a position/office/department to develop, implement and evaluate campus resilience.

Rationale for social worker at Berea College: Berea College is not unique with regards to expanding services due to mental health and personal issues that college students experience. A social worker may fill different roles within the college setting including a traditional counselor position, a student affairs position, or a special type of social work oriented program housed in

student life. Identifying issues that Affect college students can be categorized in the following areas: stressors on college students (roommate conflicts, termination of a personal relationship, death of a family member); mental health challenges (depression, anxiety, hopelessness); and changing demographics (with the expansion of growth minority populations the staff providing services must reflect the diversified population). The role of social work on college campuses typically involved two primary roles: mental health practitioner and case management. Counseling Services at Berea College utilizes the role of mental health practitioner in its current design. The implementation of case management would allow a social worker to play in the health and wellbeing of college students outside of the counseling center. Case management provides an avenue to “connect the dots” to ensure students work across departments to ensure all resources are accessible. Case management provides a preventative approach to students who may need support across multiple areas of their lives (academic, mental health, personal, etc.).

The two positions recommended are:

Case Management Coordinator

A. Case Management Coordinator

Berea College is recruiting an individual with exceptional verbal, written, and interpersonal communication skills, and hands-on experience with a student services and/or mental health setting to serve as a Case Management Coordinator to support the college’s Student Life Office. The Case Management Coordinator position within the Student Life Office serves as a central, internal network, focused on assessment and early intervention for students experiencing severe distress, or displaying disruptive or possibly threatening behavior.

The Case Management Coordinator will receive training in the administration of various threat assessment tools, enabling them to serve as an initial point of contact for receiving reports of potential threats or concerns, evaluate the level of threat, and ensure the appropriate response is carried out. In addition, they will oversee the tracking of all active cases, acquire and complete necessary documentation as required by team actions, and provide general administrative support to the team.

The ideal candidate will possess solid ability to deal effectively with crisis situations: exceptional decision making skills; awareness of issues faced by former foster youth, parenting students, undocumented students, members of the LGBTQIA community, and students with a range of permanent and temporary disabilities; excellent organizational skills, ability to produce accurate and professional written documentation, and the ability to maintain focus and emotional control in stressful interpersonal situations.

The essential functions include, but are not limited to:

Contribute to the management and coordination of the Student Life Team and Counseling Services with students to ensure that students are appropriately assessed, successfully referred, and compliant with treatment recommendations.

Collaborate with staff, community providers and other campus constituencies in the planning, implementation, and coordination of care of high-risk students.

Assist students with mental health services coordination and needs including referral to community resources and facilitate access to medical and/or psychiatric care. This includes coordination and the facilitation of hospitalization and mental health treatment through and post discharge, as well as, maintenance of a hospitalization database.

Maintenance and expansion of a database of referral resources and community services.

Initiates and maintains ongoing liaison relationships with community health providers, services, hospitals, and other resources.

Provides daytime on-call triage and crisis services (may involve providing ongoing counseling and/or after hours on-call triage and crisis services).

Entry into the applicant pool requires a Master's degree from an accredited institution in Counseling, Social Work, or a relevant field (e.g. Psychology, Education); two (2) year's counseling experience that has been supervised by licensed mental health professionals; and Licensed (or license-eligible) as a Social Worker, Counselor or Psychologist within one (1) year of employment date. Employer will consider advanced degrees in lieu of experience.

Qualifications:

Master's degree in Psychology, Social Work, Counseling or other directly related field from an accredited institution. **Required**

Current licensure for National Certified Counselor (NCC), Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT). **Preferred; Certification within 3 years of employment date.**

At least two (2) years of counseling or advising experience within area of mental health or education. **Required**

Experience facilitating small-group treatment and instructional sessions, and developing workshops and/or trainings.

Knowledge of and ability to incorporate Trauma-Informed models for service delivery and organizational structure.

Demonstrated sensitivity and experiences working with students from diverse social, economic, academic and cultural backgrounds.

Action steps: Develop funding for a position and assess the best department to manage and house the position.

APPENDIX E

Recommendations from the subgroup Strategies for Educating Faculty/Staff about Resilience (*Stephanie Woodie, Jill Bouma, Amanda Wyrick, Judith Weckman*)

In order to create a community of informed faculty and staff regarding the traumas that a significant number of our students face (and have faced), to heighten sensitivity to these issues, and to help employees (faculty and staff) take appropriate action when warranted, we make the following recommendations.

Recommendation 13

Provide summer workshops aimed at educating College employees (labor supervisors and faculty, in particular) about the relationship of Adverse Childhood Experiences (ACEs) to emotional and physical problems (with a focus on appropriate ways to support and help students).

Background: Ms. Karen Newton, MPH, Wellbeing Integrator, University of Louisville Adjunct Faculty, SPHIS and CEHD/HSS, has extensive knowledge and experience in teaching and organizing mindfulness meditation workshops to a variety of entities on the U of L Campus. She has also sponsored workshops called Koru in a mindfulness and stress reduction for “emerging adults.” Several faculty from Berea College participated in a Koru Teacher Training workshop and have since held many Koru classes on campus. Karen also has done extensive work regarding ACEs and has served as a resource to Berea College to help us be more educated about this work.

Rationale: Research has shown that helping teachers and medical professionals understand the link between students who have experienced childhood trauma and their ability to be successful in school has led to more positive outcomes for students. Educating professionals who work in academic settings about ACEs improves the effectiveness of helping those students in need. We believe that educating our campus about ACEs will provide a much needed background and relevant information to those interested in meeting the needs of students who struggle with these issues.

Action Steps and Implementation Strategy

- Request money from faculty and development funds to support the workshop.
- Work with Karen Newton on creating a 2-day workshop that involves education for a group of faculty and staff about ACEs and resilience.
- Contact Scott Steele about including several hour-long workshops led by Karen N. on Launch Day at the beginning on the fall 2020 semester.
- Schedule and advertise the workshop.
- Collect names of participants and send out reminders.

Recommendation 14

In order to raise consciousness and educate the campus community, construct informational posters to be placed around campus that describe Adverse Childhood Experiences (ACEs) and illustrates their relationship to common health issues. The posters will also describe how to get help or take action for a student. Placement of this poster should come after providing some educational opportunities for the campus community (GFA and Staff Forum meetings and professional development opportunities (during summer workshops and Launch Week).

The following sample poster has been created as an illustration:

ACES

Adverse Childhood Experiences

Have you experienced any of the following ACEs?

| | | |
|--|--|--|
| <p><u>ABUSE</u></p> <ul style="list-style-type: none"> Physical Emotional Social | <p><u>HOUSEHOLD DYSFUNCTION</u></p> <ul style="list-style-type: none"> Mental Illness Mother Treated Violently Divorce Incarcerated Relative Substance Abuse | <p><u>NEGLECT</u></p> <ul style="list-style-type: none"> Physical Emotional |
|--|--|--|

What impact do ACEs have?

RISK →

0 ACEs 4+ ACEs

As the number of ACEs increases, so does the risk for negative health outcomes.

MESSAGE TO ALL

If you are a student and would like to speak with a counselor, walk in or call Counseling Services at **859-985-3212** to schedule a confidential meeting. If you need to refer a student to Counseling Services or would like more information about ACEs, please call Counseling Services at **859-985-3212** to speak one of the counselors on staff.

POSSIBLE RISK OUTCOMES

Behavioral

- Lack of physical activity
- Smoking
- Alcoholism
- Missed work
- Drug use

Physical and Mental Health

- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

YOU ARE

NOT

ALONE.

Remember:

Background and Rationale: Research has shown a strong correlation between Adverse Childhood Experiences (ACEs) and serious health problems, including behavioral, mental, and physical issues. The importance of understanding what ACEs are and how they are related to common health problems is necessary in order to take steps to reduce the negative effects they may have on students.

Action Steps and Implementation Strategy: Under the auspices of the Counseling Center, develop and use educational materials (e.g., posters) to introduce the idea of ACEs to campus and help community members know how to take appropriate action to strengthen resilience.

Recommendation 15

The Director of Counseling Services and other KORU trained individuals on the Berea Campus will work to create a series of emails using infographics to advertise the use of some version of **Calm Classroom** for faculty members and labor supervisors. This practice could be demonstrated at Staff Forum meetings and in General Faculty Meetings to get people exposed to the idea. Also, this would augment the work that KORU instructors are doing on campus bringing brief mindfulness activities right into the classroom. See the following for a fuller description of this technique: <https://calmclassroom.com/pages/research>

Background and Rationale: Calm classroom techniques consist of a very brief “time out” (3-5 minutes) in which students engage in a mindfulness exercise (a mini focused meditation exercise). Research in elementary and secondary schools has shown that students learn better and have fewer behavioral problems when these techniques are used.

Action Steps and Implementation Strategy: Berea College KORU trained instructors can demonstrate these techniques to various groups on campus and also send some informational emails describing and promoting the practice. Messages should be timed to coincide with high stress periods during the academic terms.

Recommendation 16

Provide financial support to have four more College employees trained in KORU (mindful meditation practice to promote resilience and reduce anxiety/depression). There are five currently trained teachers on campus and one currently pursuing training. The College should cover the cost of certification and subsequent fees for employees willing to become certified. These certified instructors will be expected to provide KORU classes (3-5 per year) open to students and employees of the College.

Background and Rationale: According to recent research, Koru Mindfulness trained students are less-stressed, sleep better, and live with greater mindfulness and self-compassion. This evidence-based curriculum and teacher certification program was specifically developed for teaching mindfulness meditation and stress management to college students and other young adults.

Action Steps and Implementation Strategy: The Dean of the Faculty in collaboration with the Director of Human Resources should communicate to employees the opportunity to become trained in KORU, choose candidates for the training, and support through appropriate funding.

Recommendation 17

For faculty and staff development, provide reading groups to view selected books and films related to issues of resilience. These efforts should be provided as a collaboration by Human Resources, the Dean’s Office (in collaboration with Center for Transformative Learning), and the Student Life Team.

Background: The College has sponsored the Dean’s Reading Groups for several years, offering faculty and staff the opportunity to come together for conversation about various books throughout the term. Books titles are typically solicited by Linda Leek late spring. Typically three to four groups convene every semester.

Rationale: Books groups offer a space for faculty and staff to learn together. Given the concerns about increasing resilience on our campus, reading books together on this topic offers faculty and staff an opportunity to learn about current research and best practices in a collaborative manner.

Action Steps: We will offer a list of possible books to the Dean of the Faculty for next year.

Implementation Strategy: Suggested options include:

- 1) *The Upside of Stress* by Kelly McGonigal: intended for young adult audience and offers practical suggestions for how to work with stress and increase resilience
- 2) *The Deepest Well* – Nadine Burke Harris: introduces the reader to ACEs and explains the research linking childhood trauma and health effects.
- 3) *The Nature Fix: Why Nature Makes Us Happier, Healthier, and More Creative* – Florence Williams. An investigation into nature’s restorative benefits by a prize-winning author
- 4) *Option B* by Adam Grant and Sheryl Sandberg. Note that there are a couple problematic issues with Sheryl Sandberg being an author. One is the issue of her role in Facebook privacy breach. She also wrote the controversial book *Lean In*.
- 5) *First, we make the beast beautiful: a new story about anxiety* by Sarah Wilson. Note some concerns that this book might actually produce feelings of anxiety for some readers

Recommendation 18

In order to educate about trauma and create models for resiliency, we recommend that Mr. Daniel Beaty (see description below) be asked to speak to the Berea community. One possibility is asking him to speak to the entire Berea community at next year’s (2020) Martin Luther King Day. We believe he would be an inspirational speaker for students who have experienced trauma in their lives, focusing on the resilience that has helped him go on to achieve his dreams. We

should encourage Wellness course instructors to ask their students to attend his talk as part of their class assignments. Because Mr. Beatty is an actor, the Theatre Department may also want to host him in some of their classes during his stay on campus for the benefit of Theatre students.

We also recommend that a speaker whose work focuses on the research associated with Trauma and Resiliency be included in the 2020-2021 Convocation program. We have provided two recommendations here including Dr. Nadine Burke Harris and Dr. Kelly McGonigal (our first choice). Descriptions of both are included below. We understand that having these speakers will depend on cost and scheduling. We have discussed their participation with Dr. Tomas Ahrens, Director of Convocations, who will contact them to evaluate the possibilities.

1) Daniel Beatty. <https://www.danielbeatty.com/contact> Raised in Dayton, Ohio, a child of a heroin addicted incarcerated father in and out prison 60 times and an older brother addicted to crack cocaine also in and out prison, Daniel Beatty is a passionate advocate for criminal justice reform as well as a voice for the impact of mass incarceration on children and families. For years, Daniel battled low self-esteem and depression rooted in his childhood trauma even as he graduated from Yale University and American Conservatory Theater. Early in his professional career as Daniel began to explore his creative voice, he also taught the performing arts in some of NYC's most challenged schools. He soon discovered the power of the arts to help heal childhood trauma, transform that pain into power, and inspire a new generation of change agents to dismantle the systematic racism and oppression at the core of the challenges Daniel, his father, brother, students and so many Americans face. Daniel's work as an actor, singer, writer, and activist is deeply rooted in a desire to tell stories that illuminate our shared humanity by giving voice to the voiceless and often overlooked in our society. He believes story is at the heart of every challenge and every possibility, and we individually and collectively have the power to write a story that creates opportunity and access for all. Daniel believes a core strategy to accomplish this goal is to create complex, layered portrayals of the most overlooked in our society through his plays, music, films, television shows, and books as well as to empower our nation's most vulnerable and disenfranchised young people to heal and become social justice leaders in their communities through his program *I Dream*. Despite the challenges and confusion that currently plague our nation, together we can frame a narrative of deep humanity and create an America that provides equal opportunity for all of her citizens.

2) Nadine Burke Harris: https://www.ted.com/speakers/nadine_burke_harris_1 Pediatrician Nadine Burke Harris noticed a disturbing trend as she treated children in an underserved neighborhood in San Francisco: that many of the kids who came to see her had experienced childhood trauma. She began studying how childhood exposure to adverse events affects brain development, as well as a person's health as an adult. Understanding this powerful correlation, Burke Harris became the founder and CEO of the [Center for Youth Wellness](#), an initiative at the [California Pacific Medical Center Bayview Child Health Center](#) that seeks to create a clinical model that recognizes and effectively treats toxic stress in children. Her work pushes the health establishment to reexamine its relationship to social risk factors, and advocates for medical interventions to counteract the damaging impact of stress. Her goal: to change the standard of pediatric practice, across demographics.

3) Kelly McGonigal <http://kellymcgonigal.com/about/> Dr. Kelly McGonigal is a health psychologist and lecturer at Stanford University. As a pioneer in the field of "science-help," her mission is to translate insights from psychology and neuroscience into practical strategies that support personal well-being and strengthen communities. She is the author of several books, including the international bestseller "[The Willpower Instinct](#)" and her latest book "[The Upside of Stress](#)." Her 2013 TED talk, "How to Make Stress Your Friend," is one of the Most Viewed TED talks of all time, with over 18 million views. Through the [Stanford Center for Compassion and Altruism](#), she co-authored the Stanford Compassion Cultivation Training and studies how social connection can promote health, happiness, and resilience. Dr. McGonigal has consulted for a wide range of non-profit organizations and industries to bring evidence-based strategies for well-being into the workplace, healthcare, education, technology, and community outreach.

Background and Rationale: Because physicians, natural and social scientists, and others are addressing issues of stress, belonging, and resilience from multiple perspectives, we want to share this work with our students by bringing some of the top researchers, speakers, and activists to teach us the most current research, share best practices about interventions, and help and inspire us as a community to develop strategies to become more resilient.

Action Steps and Implementation Strategy: We have discussed this initiative with Thomas Ahrens and he will be pursuing the possibility of engaging these speakers or others in the field.

He has also agreed to talk with Dr. Alicestyne Turley, Director of the Woodson Center about the possibility of next year's MLK speaker.

Recommendation 19

We recommend that Taskforce members, Dr. Jill Bouma and Dr. Amanda Wyrick explore the possibility of creating a learning community focused on faculty/staff resilience. If they are interested in and agreeable to pursuing this recommendation collaboratively during their shared sabbatical time (academic year 2019-2020), we ask that the College support their sabbatical plans and provide support for incidental costs (e.g., travel, conferences, etc.) in order to successfully launch a Resilience Learning Community in the Fall Term of 2021.

Background and Rationale: College Learning Communities have a great potential to inform and create meaningful learning opportunities for educators and students.

Action Steps: Drs. Bouma and Wyrick will explore the possibility of creating a sabbatical plan that includes researching and implementing a Berea College learning community focused on the theme of resiliency.

Implementation Strategy: The implementation of this recommendation will depend on the professors' willingness to complete the initiative and the support of the College.

Recommendation 20

We recommend that new employees are given appropriate orientation to ACEs research and its relationship to Berea students. The goal is to help new employees understand how to recognize when students and others may need to be referred to medical/psychological services. This orientation may take place over several months and should be mindful about not leaving the impression that Berea students are defective/broken. It must honor the resiliency in students but also help employees understand when help is needed.

Background and Rationale: Berea College institutional research, counseling census data, and many other experiences with Berea students show that there is a need to recognize that ACEs may play a role in serious health risks for our students. Employee understanding is the first step to providing appropriate intervention.

Action Steps and Implementation Strategy: Working with Dr. Sue Reimondo, ask Dr. Leslie Ortquist-Ahrens and Mr. Mark Nigro to create opportunities for presentation and discussion related to ACEs and how to cultivate resiliency at appropriate times during the first year of orientation for new faculty (Leslie) and new staff employees (Mark).

Recommendation 21

The Office of Institutional Research and Assessment prepared a report entitled *Wellness Wants and Needs of the Campus Community* (2013). We recommend campus administrators such as the Dean of Faculty and Jill Gurtatowski (Director of Wellness) evaluate the report and implement strategies to address faculty and staff health requests such as: time built into the day for physical activity and health, exercise classes that fit staff schedules, and free professional on-campus trainers and fitness coaches. In addition, we recommend trainings and resources to decrease faculty and staff feelings of being overwhelmed and burnout.

Background: In February of 2013 a survey was sent to faculty and staff and included the following email text: **We want your ideas for improving health and wellness for the campus community!** The Co-Curricular Health and Wellness Planning Team is comprised of faculty, staff and student representatives, and is gathering ideas for possible health and wellness programming, activities, and opportunities. The Planning Team is especially interested in learning what areas of health and wellness are of greatest priority for you and requests that you complete a survey that assesses your wellness needs and solicits ideas. We ask you to think about wellness as encompassing the following dimensions: physical, social, intellectual, spiritual, environmental, and emotional. *Please note that the prompts and suggestions listed on the survey are ideas only and there are currently no specific plans to provide new programs or facilities to the Berea College community.*

As part of the Trauma and Resilience Task Force, Dr. Amanda Wyrick (Assistant Professor of Psychology) informally assessed faculty and staff colleagues about possible campus improvements to support their health. Colleagues mentioned things such as: separate spaces in Seabury for faculty and staff, access to professional trainer and health coaches, more equitable time off for faculty and staff, and strategies to reduce the culture of overworking.

Rationale: Faculty members indicate feeling emotional distress as a result of interacting with student mental health problems. This can be especially true given that students are more

vulnerable for trauma-related experiences during college (Matlow & Carrion, 2018). The stress may lead to compassion fatigue, the negative emotional and physical outcomes of exposure to the trauma narratives of individuals (Figley, 1995). More specifically, compassion fatigue “is defined as a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders, persistent arousal (e.g., anxiety) associated with the patient. It is a function of bearing witness to the suffering of others” (Figley 2002, p. 1435). Research suggests that an individual’s lack of work and personal resources serve as primary predictors of compassion fatigue (Coetzee & Laschinger, 2017).

In addition to compassion fatigue, burnout (1982) is “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment” (Maslach, 1982, p.3). Feelings of burnout have a more gradual onset and can be associated with perception of workload and support (Derenne, 2018; Stamm, 2010). Burnout can be thought of as a depletion of emotional reserves or even having a negative approach toward others (Watt & Robertson, 2011). Burnout deserves serious attention as it can impact an organization as a whole (Derenne, 2018).

When thinking of correcting the negative effects of compassion fatigue and burnout a positive work environment is important (Thompson, Amatea, & Thompson, 2014; Turgoose, & Maddox, 2017). To have a positive work environment, faculty and staff MUST feel as though they are being heard in their requests for health interventions. This increases trust in the organization, which is a major step in decreasing emotional exhaustion (Karapinar, Comgoz, & Ekmekci, 2016). On a personal level, adaptive coping skills and self-efficacy are protective factors (Karapinar, Comgoz, & Ekmekci, 2016; Shoji et al., 2016). This has heightened importance as research suggests that the ability to support and care for others, including traumatized students, is lower when an individual has high levels of compassion fatigue and burnout (Cohen, & Collens, 2013).

Action Steps: Present evidence to the Dean of Faculty and Jill Gurtatowski (Director of Wellness) about faculty/staff requests and research about the importance of employee health for student’s well-being.

Implementation Strategy: The specifics of implementation are not known at this time. Implementation depends on the conversation with the Dean of Faculty and Jill Gurtatowski, Director of Wellness.

REFERENCES

- Andrews, B., & Wilding, J. M. (2004). The relation of depression and anxiety to life-stress and achievement in students. *British Journal of Psychology*, *95*(4), 509-521.
- Annual Report from the Center for Collegiate Mental Health (2017). Penn State University Counseling & Psychological Services, University Park, PA.
- Bayram, N., & Bilgel, N. (2008). The prevalence and socio-demographic correlations of depression, anxiety and stress among a group of university students. *Social Psychiatry and Psychiatric Epidemiology*, *43*(8), 667-672.
- Horan, J. M., & Widom, C. S. (2014). Cumulative childhood risk and adult functioning in abused and neglected children grown up. *Development and Psychopathology*, *27*(3), 927-941.
- Leary, K. A., & Derosier, M. E. (2012). Factors Promoting Positive Adaptation and Resilience during the Transition to College. *Psychology*, *03*(12), 1215-1222.
- Lipson, S., Gaddis, M., Heinze, J., Beck, K., & Eisenberg, D. (2015). Variations in Student Mental Health and Treatment Utilization Across US Colleges and Universities. *Journal of American College Health*, *63*(6), 388 – 396.
- Mersky, J., Topitzes, J., & Reynolds, A. (2013). Impacts of adverse childhood experiences on health, mental health, and substance use in early adulthood: A cohort study of an urban, minority sample in the U.S. *Child Abuse & Neglect*, *37*(11), 917-925.
- Pritchard, M. E., & Wilson, G. S. (2003). Using Emotional and Social Factors to Predict Student Success. *Journal of College Student Development*, *44*(1), 18-28.
- Shonk, S. M., & Cicchetti, D. (2001). Maltreatment, competency deficits, and risk for academic and behavioral maladjustment. *Developmental Psychology*, *37*(1), 3-17.
- Simon, K., Beder, M., & Manseau, M. (2018). Addressing Poverty and Mental Illness. *Psychiatric Times* *35*(6). Retrieved from: <https://www.psychiatristimes.com/special-reports/addressing-poverty-and-mental-illness>
- Smyth, J., Hockemeyer, J., Heron, K., Wonderlich, S., PEnnebaker, J. (2008). Prevalence, type, disclosure, and severity of adverse life events in college students, *Journal of American College Health*, *57*, 69-76.
- Stebleton, M. J., Soria, K. M., & Huesman, R. L. (2014). First-Generation Students Sense of Belonging, Mental Health, and Use of Counseling Services at Public Research Universities. *Journal of College Counseling*, *17*(1), 6-20.
- Wellness, Health, and Fitness (2016). Berea College Office of Institutional Research. Retrieved from: <https://www.berea.edu/ira/wp-content/uploads/sites/27/2018/02/WellnessHealthFitness.pdf>

World Health Organization and Calouste Gulbenkian Foundation (2014). *Social Determinants of Mental Health*. Geneva.

Yorgason, J., Linville, D., & Zitzman, B. (2008). Mental Health Among College Students: Do those who need services know about and use them? *Journal of American College Health*, 57(2), 173 – 181.

Zajacova, A., Lynch, S.M., & Espenshade, T.J. (2005). Self-efficacy, stress, and academic success in college. *Research in Higher Education*, 46, 677-706.