# Mental Health Training for Non-Counseling Professionals: An Early Intervention Strategy for First-Year College Students

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## Executive Summary

Anxiety is a growing concern for first-year students at the University of Wisconsin – Stevens Point. According to national data, the onset of mental health concerns also develops during the timeframe in which most students transition to college (Anxiety and Depression Association of America, 2016). Unsurprisingly, this has been noticed at UWSP and has resulted in an increase in reporting.

The Dean of Students Office has seen an increase in the number of student of concern reports for first-year students experiencing anxiety (R. Rogge, personal communication, January 26, 2018). In the last three semesters, the number of reports are as followed:

- Fall 2016: 16 reports submitted
- Spring 2017: 17 reports submitted
- Fall 2017: 74 reports submitted

As one can see, the number of reports over the past three semesters has increased at an alarming rate; in one semester alone, the number of reports was over twice the number of reports for the entire previous year.

Anxiety is a major concern as it affects a student's academics (Bruffaerts et al., 2017). Ultimately anxiety will affect student retention if not addressed in a timely and appropriate fashion. The main factors associated with anxiety in first-year students is ultimately a result of the stress and challenge that comes with the transition to higher education (Burke, Rupple, and Dinsmore, 2016). Students are coming to college and having to learn to take care of themselves and as well as balance their academics. This can cause an increase in the amount of stress a student feels and that itself can lead to mental health concerns.

In addition to having to care for themselves, students need to get involved and develop relationships, all of which can result in mental health concerns and poor academics if these needs are not met (Leppink, Odlaug, Lust, Christenson, and Grant, 2016). Students who do not get involved or make friends tend to keep to themselves which can lead to isolation (Patton, Renn, Guido, & Quaye, 2016). Isolation can lead to depression and anxiety, further causing concern for these first-year students and their academics when mental health concerns present challenges.

In this paper, the following theories are described as imperative for first-year students so that mental health concerns do not lead to a decrease in academic performance:

- Astin's Involvement Theory – students who get involved, make friends, and are engaged in courses will help to increase the chances that they are retained as a student. If these needs are not met, students can experience loneliness and ultimately depression.
- Erickson's Identity Development Theory – students seek to develop relationships and get connected during their first-year of college; if they do not, the result is stress and isolation.
- Strayhorn's Sense of Belonging Theory – students are always trying to find the place where they belong on campus. They are trying to fit in and find their place in the environment; in meeting these needs students are able to feel connected and succeed as a result.

In order to address the issue of anxiety at UWSP, the proposed intervention seeks to implement a mental health training called Pointing Students Toward Success. This training will help equip faculty and staff to identity early warning signs that a student might be in distress.

Early intervention is key in helping first-year students get the resources they need as well as help them to succeed academically.

## Identification of the Problem

Anxiety is a growing issue among college students and that is no exception at the University of Wisconsin – Stevens Point (UWSP). Nationally, anxiety "[affects] 40 million adults in the United States age 18 and older, or 18.1% of the population every year" (Anxiety and Depression Association of America, 2016). As a result of students experiencing anxiety, their academic performance is at risk. Among the various grade levels at the University of Wisconsin – Stevens Point, first-year students struggle with anxiety more than their peers (R. Rogge, personal communication, January 26, 2018). At UWSP, anxiety has been one of the largest categories for students of concern and it continues to grow (Office of the Dean of Students, 2017).

Within the last three semesters, there have been 107 reports regarding anxiety as a concern at UWSP (R. Rogge, personal communication, January 26th, 2018). In the 2016-2017 academic year, UWSP had 33 reported cases of anxiety. In the fall semester of 2017 alone, 74 cases had been reported. Thirteen of the 33 reports about anxiety from 2016 to 2017 were first-year students (R. Rogge, personal communication, January 26th, 2018). Aside from anxiety, students are presenting other issues, such as depression, suicidal ideation, physical health concerns, extreme stress, changes in appearance or behavior, financial stress, family issues, and academic struggles (R. Rogge, personal communication, January 26th, 2018). This suggests that anxiety is concurrent with many other issues that may inhibit student success and persistence.

The UWSP Counseling and Testing Center (2016) reported that anxiety is the primary concern for which students are seen and accounts for 72.8% all their cases. Furthermore, the UWSP Disability and Assistive Technology Center's annual report (2015) showed an increase in psychological disabilities. From 2007 to 2015, the number of students experiencing

psychological disorders increased from 51 students to 105 students (UWSP Disability and Assistive Technology Center, 2015).

Bruffaerts et al. (2017) suggested first-year students are unable to function academically due to the negative effects of mental health. Specifically, grade point averages are lower for students who dealt with mental health concerns than those who did not experience mental health concerns (Bruffaerts et al., 2017). Furthermore, Strahan (2002) suggested that first-year students with social anxiety may have lower grade point averages caused by reluctance to seek assistance from peers or faculty, which limited the connections that students made in their first year. Strahan (2002) goes on to say social anxiety affected the classes and majors students chose. Nordstrom, Swenson Gogeun, and Heister (2014) confirmed that social anxiety can decrease academic performance. However, if first-year students increased their social self-esteem by repeated exposure to social stressors, research suggested they had less anxiety and therefore performed better (Nordstrom, Swenson Gogeun, & Heister, 2014). Additionally, Strack and Esteves (2015) suggested that mindset plays an important factor in student academic achievement. If students perceived that the anxiety they felt as a threat, it inhibited their testing ability; if a student perceived anxiety as a challenge and used it as motivation, it enhanced academic performance. For example, students can effectively utilize anxiety-induced stress to do better because they believe they can perform well in their classes. Furthermore, Hartley (2011) states that students with more resilience are more likely to do better.

The research does not tell us how students can specifically use their anxiety to motivate themselves to do better academically, besides perhaps a change in mindset. Another gap in the data is that there is no research on when anxiety becomes too much for a student to handle. However, this tolerance is different for every person. Additionally, research is lacking in the area

of what interventions are available for students experiencing anxiety; if they do not want to ask for help, we as student affairs professionals need to meet the students where they are.

## Literature Review

In this review, I will examine published literature in the areas of the transition to college, mental health, test anxiety, and social anxiety. I will also review sample institutional practices, as well as literature about training and development of non-counseling staff. The specific focus rests on anxiety in the first year of college and potential interventions.

### Transition to Higher Education

The transition to higher education represents an integral part of student success. During this transition, students face multiple challenges all at once: the transition to living alone, having to care for themselves, all while managing a course load and social life. As one might expect, these experiences bring mental health concerns, stress, and academic impacts.

Shukla and Joshi (2017) studied 200 students who attended the Indian Institutes of Technologies (IIT) to see if there was a relationship between social support and loneliness. Shukla and Joshi (2017) suggested "[first-year students] face a number of developmental changes, such as a separation from parents, maturation, striving for personal autonomy, and the struggle for significance" (p. 400). The authors found students with lower social support had higher rates of loneliness (Shukla & Joshi, 2017). As part of the transition to higher education, it is important first-year students develop a strong social network; failing to do so can result in high levels of loneliness, which can ultimately lead to more stress.

Burke, Ruppel, and Dinsmore (2016) also inferred the transition to college may come with many challenges. Burke et al.'s (2016) study examined first-year students living away from home for the first time and how relational maintenance with their parents served as an indicator

of a student's well-being. Specifically, this study examined "young adults' communication of positivity, openness, and assurances with their parents" (Burke et al., 2016, p. 181). Findings suggest openness and assurances with parents were indeed indicators of a student's well-being; if a student communicated less openly with their parents, they were more likely to experience feelings of loneliness (Burke et al., 2016). Feelings of loneliness can lead to higher levels of stress and cause a student to withdraw socially and fail to build the social connection they need to be successful in their transition to higher education.

Mayers, Wilson, and Potwarka (2017) examined first-year student involvement; specifically, they explored participation in campus recreation and its effects on student engagement. The study is paramount in addressing student involvement as a way to influence engagement beyond the classroom, which helps ease the transition to college. Students with a lower grade point average (GPA) had a higher engagement level. Mayers et al. (2017) suggested "participation in campus recreation activities helped students who are not doing well academically by providing an outlet to involve themselves in campus life" (p. 108). Students with high GPAs had higher levels of engagement, enjoyed their institution, and experienced a sense of belonging. Campus recreation also gives students the opportunity to combat loneliness by being involved.

Dvořaková et al. (2017) studied the effects of mindfulness training and how it helped first-year students transition to college. Firstly, the authors stressed the transition to college could come with many challenges such as: "high rates of mental health concerns, sleep issues, and excessive drinking…radical [shifts] in responsibility, a sudden drop in institutional supports, and an abrupt change of social environment…higher levels of ongoing and chronic stress…unhealthy relationships, and deteriorating academics" (p. 259). Due to all the challenges the first year

brings, the authors wanted to see how a mindfulness training impacted these issues. They found "significant improvements in a students' life satisfaction, depression, anxiety, sleep issues, and alcohol consequences" (Dvořaková et al., 2017, p. 264). Dvořaková et al. (2017) suggested mindfulness training can be chief to a student's ability to deal with all stress-related adversity and this may be a way to improve the first semester of college. These findings create an outlet for the student to develop the skills to manage their stress and be able to persist beyond their first semester of school.

**Test anxiety.** Núñez-Peña, Suárez-Pellicioni, and Bono (2016) examined gender differences in test anxiety and seeked to determine if academic performance was a negative consequence of test anxiety. The study involved 168 undergraduate students at the University of Barcelona. Research suggests, "female students reported higher levels of test, math, and trait anxiety than their male counterparts (Núñez-Peña et al., 2016, p. 158). Núñez-Peña et al. (2016) explained women reported higher anxiety with certain types of questions when it came to test anxiety. Specifically, "open questions, oral presentations, and calculation or math problems" caused the most anxiety for female participants of the study (Núñez-Peña et al., 2016, p. 159). This study suggested that due to social roles, women feel more pressure to do well and therefore they had higher levels of anxiety (Núñez-Peña et al., 2016). Men, on the other hand, might not report much anxiety due to a threat to their masculinity (Núñez-Peña et al., 2016). This study did not report any differences in gender role in terms of the final grade; academic achievement was neither worse nor better for either gender (Núñez-Peña et al., 2016).

**Social anxiety.** Brook and Willoughby (2015) reviewed social anxiety and its effect on academic achievement. This study examined first-year students in various disciplines. Brook and Willoughby (2015) concluded social anxiety has a negative effect on academic achievement and

as well as an indirect effect due to social ties. Data suggested students who deal with social anxiety are less likely to engage in their courses and help them be successful (Brook & Willoughby, 2015). Ultimately, social anxiety leads to lower academic achievement. Social anxiety also can lead to other problems, such as lack of engagement in activities, which, in turn, could lead to more support and persistence (Brook & Willoughby, 2015).

## Mental Health

Mental health is a growing concern across the nation and has adverse effects on students in their first year of college. In *"Are We in Crisis? National Mental Health and Treatment Trends in College Counseling Centers,"* Xiao et al. (2017) examined several counseling centers at institutions across the country. Xiao et al. (2017) found the national trend for depression, anxiety, and self-harm has increased, as has the rate of need for counseling centers (p. 412). Specifically, "on average, demand for [counseling centers] has increased more than [four times] faster than the general student body" (Xiao et al., 2017, p. 412). This data is the reason that many people in higher education advocate for more mental health care in college.

**Depression.** Villatte, Marcotte, and Potvin (2017), conducted a study in Canada with 1,160 students using The Beck-II Depressive Inventory to investigate how various depressive symptoms affect a student, along with which seem to be most severe. In particular, the authors sought to "identify and rank the personal, family-related, social, and academic correlates of depression symptoms in first-year college students" (Villatte et al., 2017, p. 127). The effects from most to least severe were: "absence of personal goals … feeling unable to handle the academic, social and emotional demands of postsecondary education … gender … family problems … being attracted to the same sex" (Villatte et al., 2017, p. 127). Many factors contribute to mental health; the data suggests this is a complicated issue to navigate. Students

come to college with various concerns with the potential to worsen within their first year of college; this supports the argument for early intervention in a student's life in order to ensure their success.

**Stress.** Dusselier, Dunn, Wang, Shelley, and Whalen (2005) examined various influences of stress on students, including "personal, health, academic and environmental variables" (p. 17). Their research suggested gender and citizenship are high indicators of stress (Dusselier et al., 2005). Women have higher levels of stress as well as students who are citizens of the United States compared to men and non-US citizens, respectively (Dusselier et al., 2005). Dusselier et al. (2005) also found students who are in a Liberal Arts and Science college, the workload a student has, conflicts with faculty, residence hall environment factors, sleep difficulties, higher comfort levels in the residence halls (attributed to higher involvement), health concerns, personal behaviors, and relationships were all indicators of stress for these students. This reiterates many different aspects in a student's life affect them, which take a toll on their mental health due to the increased levels of stress they are experiencing.

**Childhood experiences.** New studies suggested childhood experiences might have more of an effect on a student than was originally thought. Adverse Childhood Experiences (ACEs) can be a big indicator whether a student will struggle with their mental health in college (Karatekin, 2018). Karatekin conducted a study and supported this. The students in this study were primarily undergraduate, female, psychology students. Research suggested that not only is the transition to higher education stressful, it can adversely affect academic performance as well as mental health (Karatekin, 2018). In this study, the findings indicated anyone can be exposed to ACEs (Karatekin, 2018). Furthermore, the study also showed "a disturbingly high level of anxiety, depression, and suicidality in students" (Karatekin, 2018, p. 41). Overall, this study

suggested ACEs can predict in a single semester a student's mental health can worsen (Karatekin, 2018). The importance in this case is there may be indicators we can look for ahead of time to know whether early intervention will be beneficial for a student experiencing mental health issues.

**Academics.** Kiekens (2016) conducted a study in Belgium on Non-Suicidal Self-Injury (NSSI) and academic performance. This study indicated first-year students were more likely to experience lower levels of academic performance than their peers who have not had a NSSI (Kiekens, 2016). Specifically, academic performance is affected by a 3.4% to 5.9% decrease in their grade point average as a student (Kiekens, 2016). This study suggests the stress that students were feeling, stemmed from test anxiety, which ultimately caused them to injure themselves (Kiekens, 2016). Based on this data, intervention is needed to ensure NSSI does not continue to occur.

Additionally, Lipson and Eisenberg (2017) conducted a survey available to institutions about mental health; all students who participate in the survey need to be at least 18 years of age. The survey studied "five total modules: 'demographics', 'mental health status' and 'mental health service utilization/help-seeking'" and looks in greater detail at "'sleep' 'eating and body image' and 'campus climate and culture'" (Lipson & Eisenberg, 2017, p. 2). Lipson and Eisenberg (2017) found that "mental health is strongly correlated with satisfaction, self-efficacy, motivation and perceptions of faculty expectations" (p. 6). Students who had two of the following mental health concerns – depression, anxiety, or an eating disorder – were up to two times more likely to be academically dissatisfied (Lipson & Eisenberg, 2017). Furthermore, students with all three concerns were three times more likely to be academically dissatisfied (Lipson & Eisenberg, 2017).

Lipson and Eisenberg (2017) suggested students' satisfaction can predict whether they will graduate and be successful academically; students with mental health do not have as much ambition to do well as students without mental health concerns (Lipson & Eisenberg, 2017). This is an issue to be concerned about because challenges due to mental health are on the rise; if these are not dealt with, institutions should expect decreasing enrollment. Surprisingly, faculty expectations have an impact on whether a student is successful. Lipson and Eisenberg (2017) "found that students' perceptions of faculty expectations differ based on mental health status, with only 25% of those with mental health problems strongly agreeing that professors believe in their academic potential, relative to about 50% of students who are flourishing" (p. 6). This is significant because students with mental health struggles cause "high rates of academic impairment" (Lipson & Eisenberg, 2017, p. 6). This study suggests the need to intervene with students who are experiencing mental health struggles sooner than later to ensure they get then necessary resources to combat academic impairment.

Leppink, Odlaug, Lust, Christenson, and Grant (2016), conducted a survey to look at perceived stress levels of 6000 students at a midwestern university. Major findings included 63.3% students perceived they had moderate to severe stress (Leppink et al., 2016). Due to high levels of stress, "students endorsed numerous negative effects related to physical health, mental health, and academic performance, including lower GPA, less physical activity, poorer physical health, and higher levels of depressive symptoms" (Leppink et al., 2016, p. 933). This is another indicator stress can lead to overall deteriorating health; in particular, GPA can be affected. This is a negative consequence of all these issues. The study went on to show females, non-Caucasians, and non-heterosexual partners experience higher levels of stress suggesting further

exploration with these populations may be needed (Leppink et al., 2016). Overall, this study supported stress leads to mental health challenges.

## Sample Practices

**Gatekeeper training.** Lipson, Speer, Brunwasser, Hahn, and Eisenberg (2014) examined a sample practice known as Gatekeeper Training (GT). "Gatekeeper trainings target individuals who are in frequent contact with others in their communities ('gatekeepers'). The trainings equip nonprofessionals with the skills and knowledge to recognize, intervene with, and link distressed individuals to appropriate mental health resources" (Lipson et al., 2014, p. 613). This widely used practice focuses on suicide, depression, and anxiety (Lipson et al., 2014). In this study, Resident Assistants (RAs) were identified as the gatekeepers. This study helped the RAs to gain more "self-perceived knowledge and self-efficacy" and showed "RAs were more likely to seek professional mental health services for themselves" (Lipson et al., 2014, p. 617). This study did not show any significant changes with the residents; however, this study could help residents to seek mental health services themselves if they see their RA utilizing these services.

**Peer hero training program.** Thombs, Reingle Gonzalez, Osborn, Rossheim, and Suzuki (2014) conducted a study on a mental health first aid program for RAs during fall training. This program provided "three separate RA demonstration episodes … a counseling session segment … and a series of parent and "pro-hero" interviews" (Thombs et al., 2014, p. 511). The RA demonstration videos provided scenarios that deal with mental health, alcohol and other drugs, etc.; they provided an opportunity for the students to decide what they would do in similar situations. These demonstrations ended with an explanation of why the decision the student made was or was not helpful (Thombs et al., 2014). The counseling session equipped the RA with the details a student might need to know if they were referred to counseling (Thombs et

al., 2014). Lastly, this part of the training provided examples of what an RA might encounter in their position, and advice on how to handle those situations (Thombs et al., 2014). This program found positive and significant effects for RAs in dealing with the topics of the program.

**Training and Development of Non-Counseling Professional Staff**

**Workshops.** Shekarabi and Victoria (2018) from the University of California Irvine (UCI), organized three different 60-minute workshops targeted towards faculty and staff; topics included "Dealing with Disruptive or Distressed Students, Suicide Prevention Training; QPR – Question, Persuade, Refer, and Bystander Intervention Training – Step up! UCI". The first session was about distressed students and how to utilize what their campus calls the "Campus Consultation Team" as a resource. Additionally, The UCI Wellness, Health, and Counseling Services (2018) created an initiative called "Red Folders" that many campuses give to faculty and staff. The folders provide campus resources for distressed students, a chart to help identify when a student might be in distress, and tips on how to reach out to the student with the goal of encouraging faculty and staff to report concerning behaviors (UCI Wellness, Health, & Counseling Services, 2018). This is a great early intervention tool because of its easy access and resources for faculty and staff. The next session was about QPR training. The intention was to help faculty and staff identify signs indicating a student might be suicidal, how to intervene, and how to get the student necessary help (Shekarabi & Victoria, 2018). Finally, the last training was a Bystander Intervention Training called "Step Up!". This program helped educate students to report behavior they typically do not because they expect someone else to report it. This program can be effective in ensuring the safety of others.

At the University of Victoria there was a similar sample practice called the "Student Mental Health Literacy Program" (University of Victoria, 2018). This program was comprised of

three different levels of training ranging from the basics of being able to identify a student who is in distress, working through case studies, to advanced training for those who work closely with these students on more than a referral basis.

## Theoretical Framework

### Astin's Involvement Theory

Astin (1984) stressed involvement on campus as a predictor of academic success. This is imperative for first-year students because of the important friends they form; if these connections are not made the student may leave the institution. Astin's theory serves as a tool student affairs professionals can use to determine whether a student may have some mental health concerns. If a student is not getting involved, they are likely to seclude themselves and can experience feelings of loneliness, which can lead to depression. If students are getting involved and making those friendships, however, their mental health can improve. Astin (1984) states that the more time and energy a student puts into their engagement results in increased benefits to the student (Patton, Renn, Guido, & Quaye, 2016). The student is likely to find their sense of belonging amongst the various clubs, organizations, events, as well as with others, which can help to alleviate feelings of loneliness. The significance of this theory is it provides the "what" and further theories build on this to develop the "how" we might encourage this further.

### Erickson's Identity Development Theory

Erickson's Identity Development Theory (1980) includes eight stages; for this paper, I will look specifically at stage six called Intimacy versus Isolation. This theory states "adults work towards establishing committed relationships and friendships, as well as severing unhealthy relationships. Adults need a strong sense of identity to foster strong relationships otherwise they may have difficulty connecting with others, leading to emotional stress or isolation" (Patton et

al., 2016, p. 290). This theory is beneficial in supporting the research; if first-year students are unable to make connections and build friendships, they can feel stressed and eventually isolate themselves which can lead to other issues. This theory is important in recognizing first-year students who may need assistance connecting so that they do not experience negative consequences ultimately leading to more stress.

**Strayhorn's Sense of Belonging Theory**

Strayhorn's Sense of Belonging theory (2012) includes seven elements. The first is "Sense of belonging is a basic human need" (Strayhorn, 2016, p. 42). Everybody wants to feel like they belong and fit in; this is true for first-year students who are transitioning to college. Element two is "Sense of belonging is a fundamental motive, sufficient to drive human behavior" (Strayhorn, 2016, p. 43). This element suggests students will do what they need to satisfy their basic human need of belonging. For example, joining organizations or clubs on campus where others share their same interests. Next Strayhorn proposes, "Sense of belonging takes on heightened importance … in certain contexts … times … among certain populations" (Strayhorn, 2016, p. 43). This element suggests students will sometimes do things they might not want to just to fit in. For example, a student may attend a house party and drink even though they do not usually consume alcohol. Furthermore, "Sense of belonging is related to, and seemingly a consequence of, mattering" (Strayhorn, 2016, p. 43). Students want to feel appreciated and feel like they are important – they want attention. "Social identities intersect and affect college students' sense of belonging" (Strayhorn, 2016, p. 44). This means no two students are alike and that based on a student's identities they may prefer to find their sense of belonging in two different areas because they have different interests and or needs (Strayhorn, 2016). Additionally, "Sense of belonging engenders other positive outcomes" (Strayhorn, 2016, p. 45).

Students who feel like they belong are more likely to do better academically and feel like they "fit" at their institution, which ultimately leads to persistence (Strayhorn, 2016). Lastly, "Sense of belonging must be satisfied on a continual basis and likely changes as circumstances, conditions, and context changes" (Strayhorn, 2016, p. 45). This ongoing process can result in different needs at different times depending on what is going on in a student's life.

## Significance and Purpose

At UWSP, faculty and staff are not required to attend any training regarding mental health. This is alarming as many of the students at UWSP experiencing these issues are first-year students who could benefit from early intervention. The saying "it takes a village to raise a child" is applicable in this case. In higher education, many opportunities exist for faculty and staff to interact with a student: from academic advisors, residence hall directors, to instructors, they all see students on a daily basis and carry the potential to make a positive impact in the life of a student. These professionals are in the best position to notice signs that a student may be struggling early on; whether it be that the student misses class, falls asleep in class, or struggles socially.

The proper mental health training would equip these non-counseling professionals to intervene effectively. For example, faculty see students in a different setting than residence hall directors or academic advisors, which may mean looking for different indicators. A benefit that this training will provide is that a professor could recognize concerning behavior sooner and report to other professionals early on, so the student may receive adequate support. Another benefit of this training is that reporting will increase; this is a positive action as it ensures that students are not slipping through the cracks and receiving appropriate care. When a non-counseling professional is trained in the signs of mental health and distress; non-counseling

professionals are limited in the care they can give in a sense that counseling professionals are trained differently to give treatment through therapy to individuals who need it. Professionals will also have the potential to build stronger relationships with students when they express concern for the student. The fact that someone notices a student struggling can really show that someone is looking out for the them and show that they care about their success. Furthermore, this training will provide knowledge of campus resources so that professionals know who they need to refer students to. Students and faculty who know about campus resources are able to seek out the help they might need and refer others. Utilization of campus resources is a good thing as it increases the connections professionals have with students to ensure they are successful in all areas of their well-being. Faculty and staff will learn about the prevalence of mental health and how it affects a student. This can help professionals to be more understanding and know how to effectively help students.

Not only does early intervention benefit the student, it benefits the institution in the long run. A student experiencing mental health concerns will likely experience academic struggles as well, which may land the student on academic probation or even suspension within their first year. This can be detrimental for a student and an institution. Not only is it difficult for a student to get their grade point average up after this, poor academics can lead to other mental health issues as well, such as depression (Villatte et al., 2017). Ultimately investing in a mental health training can serve as a retention effort to get students connected sooner and alleviate the risk of them leaving the institution for mental health or academic reasons.

This training can inform policies and rules that all faculty and staff are required to participate in an annual mental health training. Faculty and staff will be able to feel comfortable reaching out to students and or referring if needed because they have been equipped with talking

points, resources, and signs to look for when a student might need additional assistance. Students will feel confident in knowing that their mental health concerns are taken seriously and addressed properly while also getting the help that they need.

The purpose of this capstone project is to implement a required mental health training for faculty and staff who work at UWSP. This training will provide faculty and staff with the necessary knowledge and skills to identify a student who is experiencing mental health concerns or a student in distress. Additionally, faculty and staff will be trained on the resources and reporting procedures to ensure early intervention is possible. Furthermore, students will receive the necessary resources in order to be successful and persist at UWSP.

## Proposed Intervention

This capstone paper proposes a mandatory mental health training for non-counseling professionals. This annual training is intended for faculty and staff who work with students in a different capacity than counselors, residence hall directors, or Dean of Students staff. The first year will be all encompassing of faculty and staff and in subsequent years will be provided for new staff only. The training represents a joint effort between the Counseling Center and Dean of Students Office. This training will begin with introductions of the presenters: Counseling Center staff and Dean of Students staff. Then, learning outcomes for the training session will be shared. Next, data will be shared about what trends our campus is facing in terms of mental health and reporting. The Counseling Center will provide data from the students they saw over the past year; Dean of Students will share how many cases have been reported. This is intended to show that mental health is a growing concern; this is the call to action of the faculty and staff.

Furthermore, the Dean of Students Office will present on the Red Folder Project. Each red folder contains information regarding the various types of mental health, resources,

suggestions on when to escalate an issue, and signs to look for when working with students that may indicate distress. Red Folder is specific to the University of Wisconsin-Stevens Point (UWSP) in regard to the resources that a non-counseling professional might refer a student to. This section of the training will provide in-depth information about working with students who are experiencing mental health. Additionally, this will equip staff with the knowledge they need to feel comfortable talking to a student and connecting them with important resources. This information provides a foundation of knowledge from which faculty and staff are encouraged to seek additional professional development.

The next step in this training will provide examples of situations that might occur on UWSP's campus that would allow trainees to identify and describe how they would react to signs that a student may be in distress. This will provide the faculty and staff the opportunity to apply their knowledge in a constructive manner. The goal of this part of the training is to get faculty and staff to be able to identify signs early-on while working with a student, so that early intervention is possible. This helps ensure the best possible outcome for the students. Finally, time will be dedicated to show how to submit student of concern reports. Dean of students will show trainees where and how to report an issue. The reporting form collects all pertinent information needed for a given report to be actionable.

At the end of the training session, there will be time for questions. Additionally, Counseling will share that they have a consultation resource for those who are working with someone and need guidance on what to do and how to best approach a situation. Faculty and staff will then be encouraged to learn more about mental health and attend additional training sessions that might be on campus. Then, a qualitative assessment will be given that will allow

faculty and staff to share what they have learned from the presentation; this will conclude the three-hour training session.

This training is intended to identify students experiencing mental health that might lead to distress, sooner than has been done in the past. This training will help equip faculty and staff with the knowledge and skills they need to refer students appropriately. This intervention will help not only all students dealing with mental health, but more specifically those experiencing anxiety and/or first-year students by addressing the issues before they spiral out of control. This will serve as an early intervention tool that will help our students to stay on track and keep up with their academics while also being able to get any help that they might need to be successful. Long-term, this should lead to less drop-outs due to mental health, less academic struggles, and less mental health issues.

**Pointing Students Toward Success: A Mental Health Training**

The Mental Health Training, called Pointing Students Toward Success, is intended for all faculty and staff at the University of Wisconsin-Stevens Point. In the years to come, this training will be presented to new employees only. This training will be a half-day training, totaling about three hours and will be hosted primarily by the Dean of Students Office (DOS) and Counseling Center (CC) with a brief introduction from the Disability and Assistive Technology Center (DATC). These three offices regularly work with students experiencing mental health concerns, and therefore are key partners in the implementing this training session.

The training will be held next spring during the first full week in February 2019. During the summer and fall semester, DOS and the CC will work diligently to prepare for the upcoming training session (Appendix A). First, DOS and CC staff will reach out via email to the individuals who oversee all faculty and staff; this includes the Provost, Associate Vice

Chancellor for Teaching, Learning, and Strategic Planning, Vice Chancellor for Student Affairs, and Vice Chancellor for Business Affairs. The DOS and CC personnel will request a meeting time with these individuals via email and then schedule a meeting to explain the need and benefits of this mental health training. Given the approval of this needed training, funding will be pursued from the Office of Research and Sponsored Programs.

In order to cover the funding, the presenters will apply for a grant from the Office of Research and Sponsored Programs. The necessary costs of this training is $2,417 (Appendix E). The grant allows up to a $3,000 maximum (Office of Research and Sponsored Programs, 2018). Details for this grant can be found in Appendix F. Funding should be secured before moving forward with this process.

Once funding is secured, the DOS and CC will move forward with room reservations as well as equipment reservations. The presenters will reserve a space online through campus reservations (Appendix I). The UWSP Laird Room will serve as the training location and will require round-table set up for 389 participants. A microphone will be needed in this room as well as the projector so that all training participants can view the material and presenters, this is included in the cost of utilizing the Laird Room. The University Center staff will assist in the set-up and take down of the equipment, this is included in the total cost for implementing the training. Additional printing costs will come from printing the Red Folders for participants and was based on the information from the UWSP Printing and Design's website (Appendix H).

Additionally, DOS and CC will create a R.S.V.P survey for the participants to indicate which session they wish to attend out of the three times offered. After reservations are made, DOS and CC will finish planning the training and revise as necessary before the given date.

The intended training will total about three hours and is laid out in a step-by-step fashion slowly building on the information presented before (Appendix C). When the training begins, introductions will follow a brief pre-test assessment tool that will gauge what the faculty and staff already know about mental health. Then, the CC will provide an overview of the mental health trends they have witnessed on campus and have treated students for. This part of the training will show how high anxiety rates are at UWSP and why the training is taking place.

The next step in the training is the Red Folder Project (Appendix G). This project is exactly what it says it is: a red folder filled with information regarding working with students in distress or otherwise expressing mental health concerns. The Red Folder can be requested from the UWSP DOS Office. The folder provides details on assessment when a student might need help, resources on campus, student conduct information, nondiscrimination information, executive order #54 (mandatory reporting), Title IX, risk management, information about Family Education Rights and Privacy Act (FERPA), indicators of distress, taking care of oneself, resources on and off campus, as well as reporting information. Presenters will go over all the details of this folder, making sure to address all aspects as this will help clarify any questions someone might have in just looking at the folder.

In order to practice real life scenarios, faculty and staff will be given case studies that will allow them to assess the student in the situation and determine if they need help. Additionally, it will allow the faculty or staff member to assess how they might briefly talk with the student to get necessary information, so they can refer to the DOS office via a reporting form. After the case study work, there will be a discussion that allows that various faculty and staff to share their scenarios and how they addressed their situation. This will provide the rest of the group with other topics they might encounter.

The next part of the training will go over reporting. The UWSP DOS website has a link to a reporting form for students of concern. This form asks for information related to the student for which there is concern, details surrounding the concerns, etc. DOS will show faculty and staff how to find and use the aforementioned reporting form.

To end this training, the CC will talk about the consultation service they provide. This consultation service is open to anyone seeking help in addressing a concern they might have with a student or if someone truly does not know how to react and wants someone else's opinion. This consultation service will be helpful to faculty and staff who do not know how to help in a situation, or if they are wondering whether or not to report a concern.

Finally, another brief assessment will be given and will ask participants the same questions that were asked in the pre-test to gauge their learning. Within six months, this survey will be given again electronically to see how well faculty and staff retained the training information. Participants will be thanked for their time and will be given Red Folders for continuous reference.

**Stakeholders**

The stakeholders for this proposal include all faculty/staff (excluding residence hall directors in the training as they have a separate one), Dean of Students personnel (Assistant Dean of Students – Students of Concern), Residence Hall Directors (RHDs), University Police, Counseling Center personnel (1 counselor), Disability and Assistive Technology Center, family members of students, and students themselves.

Dean of Students and Counseling Center personnel will be tasked with leading this training. They are the educators who have a great deal of experience working with students with

mental health as well as they work in conjunction to get students the resources they need in order to be able to take care of themselves and in turn achieve academic success.

**Faculty and staff.** Faculty and staff are the main stakeholders. Faculty and staff (excluding RHDs) will be the participants in the mental health training in order to gain skills and knowledge of talking with students; they will also learn how to refer students to the appropriate resources. Faculty and staff are important in the early intervention step as they see students during the day while they are in classes or seeking other resources, running errands, etc. If faculty/staff receive training on the signs to look for in a student of distress they will be able to report appropriately so that someone can follow up with the student. Faculty and staff will benefit from this training as a professional development opportunity, decreased burnout rates, and they will be able to apply this to other areas of their lives. Perhaps this will help them to identity signs in themselves or family members and be able to get the necessary help.

**Dean of students.** Dean of Students personnel created the Red Folder project on the University of Wisconsin - Stevens Point's campus and provide it as a resource to faculty and staff each year. Part of the proposed training is going over the contents of the Red Folder project and therefore they are a major stakeholder in this proposed project. Additionally, they oversee the reporting form for students of concern and assign the cases to respective parties. Dean of Students are likely to see an influx in students of concern which will increase the demands of their jobs. Increased reporting is not a negative aspect, but a positive one as these personnel are able to provide the resources that students need.

**RHDs.** These professionals are also major stakeholders as many of the students who attend UWSP live on campus. As a RHD, they are required to meet with any students of concern that are within their building. When a report is submitted for a student in one of the thirteen

residence halls on campus, the report goes to the respective RHD. This training will help them to identity and meet with students earlier; RHDs do not see students within the classroom setting so this gives them an advantage with early intervention if faculty are reporting as necessary.

**University police.** Campus security is a crucial stakeholder, especially for students who are in crisis. If a student is in crisis and needs immediate assistance, University Police will often be the ones to respond. They play a key role in the safety of our students and campus community and therefore are an important aspect to consider in the well-being of our students.

**Counseling center.** Counseling Center personnel will be able to share the details of the mental health trends that have been occurring on campus. Mental health trends are important to know as this will help faculty/staff to identify some of the more common mental health concerns and signs of distress in individuals experiencing those trending concerns. The Counseling Center will also be impacted by this training as many students could be referred to their office from other professionals to seek therapy and support.

**Disability and assistive technology center.** The Disability and Assistive Technology center (DATC) is an important stakeholder in this project proposal as they work with students who seek out accommodations for their mental health concerns. They should be a part in the presentation given to faculty and staff about their resources and what they can offer students.

**Students and their families.** Students will benefit from this training as a result of faculty and staff participation. This proposal will allow them grow and learn holistically, while also being able to take care of themselves and their mental health so that the other aspects of their life do not suffer. Students will be able to seek therapy if needed and learn how to properly manage their mental health concerns.

Family members have an interest in their student's success. They put a lot of trust in the institution to care for and protect their student while they are at school. This training will benefit them because their students might need to lean on them for support.

**Collaboration**

Much collaborative effort is needed in order for this project to be implemented. Collaborating with the office of Academic Affairs will be crucial in getting faculty and staff to attend this mandatory mental health training. The Provost oversees the faculty and has the authority to get as many faculty and staff to participate as possible. Moreover, the Division of Student Affairs as well as Business Affairs will be crucial in getting staff within the institution to attend this training.

These collaborations will be initiated by scheduling meetings via email with the respective personnel. When the Assistant Dean of Students and Counselor meet with these offices, they will explain the idea of the project as well as some of the research behind why this is needed at the institution.

**Resources**

This training requires funds to cover the cost of the Red Folder project as well as any handouts that might be needed. SGA will receive a proposal from the Dean of Students office to ask for the necessary costs to be covered. The presenters will also work with campus reservations to reserve space to host these trainings – this is free of cost. The training should be held in the Dreyfus University Center (Laird or Alumni rooms) as the building includes gender-inclusive and accessible rooms. For the presentation itself, a projector, projector screen, microphone, round tables with chairs, and potential interpreters if requested to be inclusive of all populations. Additionally, counselors for participants in this training will be available if someone is triggered

and needs to process emotions. Information about the Employee Assistance Program will be provided.

In order for DOS and CC staff to present this training, time will be requested from their supervisors to allow for them to prepare and deliver the presentation. The educating of faculty and staff is part of their responsibility to do outreach and education and is built into their schedules. A time allocation request will be for three full days – specifically a Monday, Wednesday, and Friday to allow for any changes that need to be made from a presentation perspective. If planned correctly, it should not be necessary for any offices to close since each of the requested days contains the full training (i.e. each person is only required to attend one of the three days that are offered).

**Ethics**

Several ethical issues come to mind when considering the implementation of this project. First, this training seeks to empower faculty and staff to have conversations with their students and refer them when necessary, this training might make faculty and staff feel like they are counselors and do more helping than referring. This is unethical as these professionals are not counseling professionals and do not have the training to support students in this way. Likewise, this might confuse the student as to what the role of the faculty or staff member is. Students might only seek out faculty members for assistance versus the appropriate campus resources with professionals who are trained to deal with mental health concerns. The faculty or staff are not meant to counsel students; supporting and referring a student should be their only tasks.

Another aspect to consider is that faculty and staff are not able to provide confidentiality and a student might misinterpret that. If a student is sharing information with a faculty member, that faculty member cannot promise that they will not tell anyone (e.g., campus resource

personnel) about what the student is dealing with. Students could share experiences that a faculty member is required to report, and this could break the trust with the student. Moreover, students might put faculty in a difficult position telling them they must not tell anyone about what their experience was – this could be an ethical and legal issue if the faculty member does not report.

During the training presenters should mention that the training does not prepare the participants to be counselors; the main goal of the training is to educate on resources, prepare them for minor conversations with students, and ultimately refer to the appropriate professional to assist the student.

Furthermore, while the main goal of this project is to focus on and address anxiety in first-year students, focusing solely on anxiety could create an ethical concern as faculty and staff will not necessarily know how to identify any other mental health concerns in students and then not refer a student when needed. This could be detrimental to the student as a student will continue to experience mental health concerns, while not getting the help that they need, and risk their academics as a result.

Still more, presenters and participants must consider students' intersecting identities. Not only is a student experiencing mental health concerns, they have many other identities that will shape who they are and what they experience. If a student is referred to a counseling center with a staff that does not encompass their same identities, and/or is culturally incompetent, the mental or emotional health of the student may be harmed further. While referring students to on-campus resources is expected, faculty and staff should know about any community resources that might better serve the students from various marginalized identity groups. This poses another ethical issue of whether faculty and staff have a responsibility to support and utilize campus partners in their referrals. One way to mitigate these ethical issues to present both types and/or resources to

the student – campus and community – and let the student decide what is best for them versus assuming for them.

One last ethical issue to consider is that in providing learning opportunities for faculty and staff to role play, it could bring up some past experiences in their life that could affect how they are able to participate in this mandatory training. It will be important to provide a warning that personal stories might be shared as participants practice during the training session. The mandatory nature of the training might be considered unethical as a result.

**Equity**

This project is intended to provide support for all students experiencing mental health concerns at the institution; not just students experiencing anxiety. An equity issue that the presenters should address is that everyone needs to be aware of their biases; when meeting with a student it is easy to allow one's biases to interfere. In addition, a cultural competency training will be suggested as another way to further their professional development. This will help faculty and staff to feel more confident in working with all populations of students as well as learn about themselves and how that might influence how they interact with others.

It is easy to label someone of a certain culture/identity and can influence how we "read" that individual. Biases might influence faculty/staff, for example, to think of a student of color as aggressive or unsafe to be around. In order to be equitable, one must recognize the biases they have and not let that affect the conversation with the student. Each student deserves to be heard and believed that they are experiencing mental health concerns.

Another equity issue is that faculty often think that mental health concerns are an excuse. It is important for the presenters to address this issue; DATC should be present to share how

mental health is a valid reason for students to seek accommodations. DATC should share examples of mental health concerns and what are reasonable accommodations for such.

**Assessment**

Before the mental health training, a paper pre-test will be given that will ask participants to answer the following:

- Please identify three campus resources to which you might refer a student who is experiencing mental health concerns to.
- Please list three indicators that a student might be in distress.
- Using the provided case studies, identify which situations require professional assistance outside your realm of help.

Learning outcomes for the mental health training will be as followed:

- Learning Outcome 1: Faculty and staff will be able to describe three campus resources and their services that help students experiencing mental health concerns.
- Learning Outcome 2: Faculty and staff will be able to differentiate which situations require a referral to a mental health professional.
- Learning Outcome 3: Faculty and staff will be able to describe three early indicators that a student might be in distress.
- Learning Outcome 4: Faculty and staff will be able to locate the Dean of Students Office reporting forms.
- Learning Outcome 5: Faculty and staff will be able to describe in detail the information needed to successfully fill out a reporting form.
- Learning Outcome 6: Faculty and staff will be able to differentiate between the different types of reporting forms.

- Learning Outcome 7: Faculty and staff will be able to intervene early in a student's life who is experiencing distress.

In order to assess the learning outcomes and the success of this training, Dean of Students staff will be able to examine the submitted reports by faculty and staff and see the following:

- Did the type of concern match the report?
- Did the report contain the necessary information?
- Did faculty and staff submit a report in a timely manner?
- Are the numbers of reports increasing?
- Are students with mental health concerns seeking out resources to help themselves (e.g., are counseling center numbers increasing)?
- Are students with mental health concerns persisting versus leaving the institution?
- Are GPA levels of students with mental health concerns comparable to students without mental health concerns?

## Conclusion

As a result of the Pointing Students Toward Success training, faculty and staff will be equipped with the necessary knowledge and skills to assist students experiencing mental health concerns. This intervention seeks to identify concerns early on so that retention of students with mental health does not become a concern. In doing so, UWSP will be able to better assist students from a holistic standpoint and show that mental health is a concern that is being dealt with effectively as well as with care.

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Appendix A

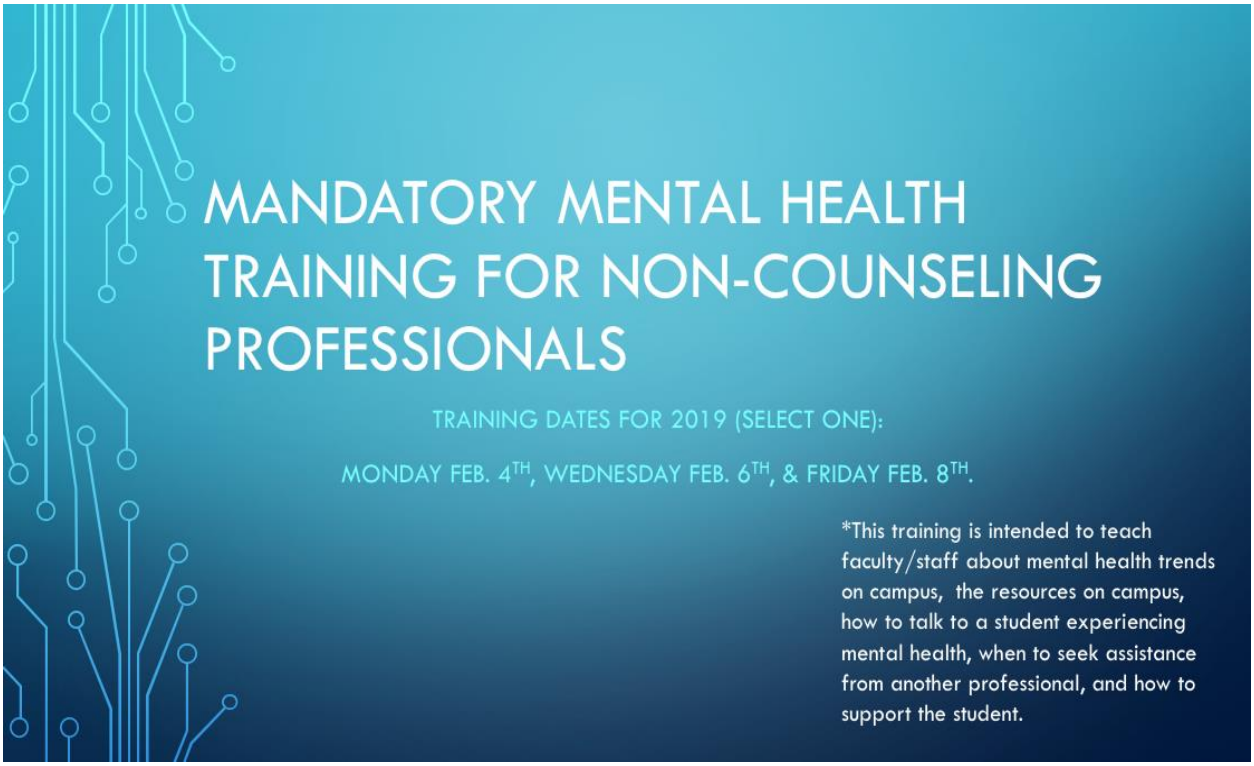
Timeline of tasks to be completed in order to implement the training.

| Task | Complete By | Who |
|---|---|---|
| Contact Counseling Center, Disability and Assistive Technology Staff to get a presenter and receive response by September 10th, 2018. | September 4th, 2018 | Assistant Dean of Students |
| Reach out via email to Provost, Vice Chancellor Business Affairs, and Vice Chancellor for Student Affairs to schedule in person meetings | September 11th, 2018 | Assistant Dean of Students / 1 Counseling Center Representative |
| Meeting with Provost, Vice Chancellor Business Affairs, and Vice Chancellor for Student Affairs to schedule in person meetings to get approval for mandatory training | September 17th-21st, 2018 | Assistant Dean of Students /Counseling Center Representative |
| Get Funding through the Office of Research and Sponsored Programs. This qualifies as a UWSP University Personnel Development Committee Grant | September 24th, 2018 | Assistant Dean of Students /Counseling Center Representative |
| Schedule training days (3) for the week of February 4th- 8th, 2018 | September 24th, 2018 | Assistant Dean of Students /Counseling Center Representative |
| Create an RSVP form with all three training days to ensure that everyone signs up for a training and ensure enough seats available. Include a space to request additional accommodations. | September 24th, 2018 | Assistant Dean of Students /Counseling Center Representative |
| Reserve Rooms and request equipment needed | September 24th, 2018 | Assistant Dean of Students /Counseling Center Representative |

| Task | Complete By | Who |
|---|---|---|
| Send email to Provost, Vice Chancellor Business Affairs, and Vice Chancellor for Student Affairs with training details to be dispersed to faculty/staff | September 24th, 2018 | Assistant Dean of Students /Counseling Center Representative |
| Faculty/staff reserve spots for training (only 1) | October 1st- February 1st. | Faculty/staff |
| Plan training | September 24th- January 18th, 2018. | Assistant Dean of Students /Counseling Center Representative |
| Review/revise/perfect training if needed | January 21st-January 25th, 2018. | Assistant Dean of Students /Counseling Center Representative |
| Host mandatory training | February 4th- 8th, 2018 9:00am-12:00pm | Assistant Dean of Students /Counseling Center Representative |
| Administer post-test again in an online format | 6 months after training | Assistant Dean of Students /Counseling Center Representative |

Appendix B

This is a sample advertisement for the mental health training.



Appendix C

This table is a schedule for the training day and outlines each subject that will be covered.

| Time | Subject | Presenter | Location | Audience |
|---|---|---|---|---|
| 9:00am-9:15am | Introductions from each presenter. Each presenter will share what their office does to assist students | DOS, CC, DATC | UWSP Laird Room | All Faculty/Staff; in subsequent years, only new faculty/staff |
| 9:15am-9:30am | Assessment Pre-Test | DOS | UWSP Laird Room | All Faculty/Staff; in subsequent years, only new faculty/staff |
| 9:30am-9:45am | Mental Health Trends | CC | UWSP Laird Room | All Faculty/Staff; in subsequent years, only new faculty/staff |
| 9:45am-10:15am | Red Folder Project (Address all Aspects) | DOS | UWSP Laird Room | All Faculty/Staff; in subsequent years, only new faculty/staff |
| 10:15am-10:45am | Case Studies | CC | UWSP Laird Room | All Faculty/Staff; in subsequent years, only new faculty/staff |
| 10:45am-11:00am | Case Studies Discussion | DOS | UWSP Laird Room | All Faculty/Staff; in subsequent years, only new faculty/staff |
| 11:00am-11:20am | Reporting a Concern | DOS | UWSP Laird Room | All Faculty/Staff; in subsequent years, only new faculty/staff |
| 11:20am-11:30am | Consultation Service Available | CC | UWSP Laird Room | All Faculty/Staff; in subsequent years, only new faculty/staff |
| 11:30-11:45am | Thank you for attending – give out Red Folder Resources, Assessment Post-Test | DOS | UWSP Laird Room | All Faculty/Staff; in subsequent years, only new faculty/staff |

# Appendix D

The following are examples of case studies that could be used to facilitate discussion for the activity for faculty/staff to think how they might react in the following scenarios.

**Case Study 1**: Joann is a 2nd year student with a significant history of trauma pre-college. She has a strained relationship with her family and has shared that some of the trauma stems from them. She is involved on campus, has a work-study job, and has found several good friends here on campus. Joann has difficulty opening up to people but has connected with you and shares a lot of information. Each conversation you have, you listen and encourage her to start working with a therapist. Joann does not seem very interested in talking with a therapist and continues to tell you she will go, but never does. She regularly mentions she struggles with trust and you can recognize a visceral response every time you talk about bringing someone in to help. Recently, Joann has finally started to go to therapy, but you can tell in your conversations that she is not happy about it. Joann's friends start to come to you with concerns for Joann. Joann has started drinking excessively, skipping classes, and having a bad attitude at work.

**Case Study 2**: Joey is a 4th year student who seems to have a bit of a chip on his shoulder. He has a job on campus that has recently increased his stress levels. He recently lost his aunt, a close family member and support person to him. Joey got very sick recently as well. All of this has caused Joey to feel depressed and lacking motivation. He is struggling in his classes and has missed several of them lately. This week he had a heated interaction with one of his faculty members and decided he wants to drop the course (it is after the drop deadline).

**Case Study 3**: Jade is in her last semester and is slated to graduate. She has been on the students of concern radar in the past, but not this year. Jade meets with you and you notice she is excessively chatty, going from one topic to the next without any breaks in conversation or thought. She is quite emotional and spends much of the time crying or fighting back years. She tells you she has not slept in days and has not been eating because she is constantly nauseous. When asked when the last time she attended classes was, Jade says "two weeks ago." Jade has a strained relationship with her family and does not view them as a positive support system. Jade tells you she is scared to be alone and that she is afraid to be with her friends because she "is afraid something bad will happen" when she is with them.

**Case Study 4**: Tiffany is a 2nd year student who has been skipping classes for weeks. She has told you she suffers from depression and anxiety when she leaves her residence hall room and it is hard for her to attend class. Tiffany has not been to class for weeks because she "has a panic attack" every time she leaves the room. In the past week, Tiffany was hospitalized for mental health concerns. Today Tiffany appears different from your previous meetings. During your meeting she tells you she took a handful of her anxiety medication (far more than prescribed) so she could attend her meeting with you.

**Case Study 5:** Lana is on academic probation and is currently meeting with you to discuss her plan to turn around her grades this semester. You tried scheduling this meeting with Lana a couple months ago and finally, with the end of the semester two weeks away, Lana responds and wants to meet with you. In your conversation with Lana, she tells you she is trying to transfer to

another school next year, but she is worried about her grades and is afraid she will be academically suspended. You pull up Lana's schedule and see she has four courses. Lana states that she is not exactly sure where she stands in each of these classes but mentions one specific class that she has missed a lot and is afraid she will fail because of the "unfair attendance policy."

# Appendix E

The following tables indicate the number of participants as well as the cost of reserving the Laird Room at UWSP for the three days of training (University Communications and Marketing, 2018). Room reservations come from Campus Reservations. Additionally, this appendix outlines the cost of printing the Red Folders based on the information from UWSP's printing and design website.

| Type of Expense | Description | Cost | Total |
|---|---|---|---|
| Presentation Space | Laird Room – General use (3 days) | $160 | $480.00 |
| | Laird Room – Round table setup (3 days) | 389 participants per day @ $1/person | $1,167.00 |
| Printing | "Red folders" for each participant (1200 12x18" 28# Text Digital Premium Paper folders) | $0.07 per sheet, $0.55 double-sided printing, $0.02 folding each sheet $2.00 setup (one-time fee) | $770.00 |
| | | | $2,417.00 |

# Appendix F

The following link will bring you to a website that has the link to guidelines for a professional development grant (Office of Research and Sponsored Programs, 2018). This grant will help fund the project.

https://www.uwsp.edu/acadaff/orsp/Pages/updc.aspx

# Appendix G

The following link will bring you to a website that has the link to guidelines to request a Red Folder from the UWSP Dean of Students Office (Dean of Students, 2018).

https://www.uwsp.edu/dos/Pages/redfolder.aspx

# Appendix H

The following link is to the UWSP Printing and Design website that has additional links to general and paper pricing (Printing and Design, 2018).

https://www.uwsp.edu/printdesign/Pages/default.aspx

# Appendix I

This link is for reserving spaces from Campus Reservations. First, select a room. Then, you will need to select a date and time as well as how many people are attending.

http://campusreservations.uwsp.edu