

Behavioral Team Case Management of Non-traditional Aged College Students (>25)

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Abstract

As the number of college students over age 25 is expected to rise, it becomes important to understand their unique characteristics. This paper focuses on four students over age 25 attending a public college in western NY referred to the Student Behavioral Team. The referrals were for issues including classroom disruption, mental and physical health challenges, and legal concerns. Strategies and techniques used to address these matters are discussed.

Introduction

Students over age 25 have been an increasing presence on university and college campuses during recent decades and in many institutions these “non-traditional” students make up a growing proportion of undergraduates. Data from the National Center for Education Statistics of the U.S. Department of Education (NCES) indicate that within the past five years, nearly 40 percent of the approximately eighteen million undergraduates were over the age of 25 and that number is expected to grow (NCES, 2011). The population of learners over age 25 will likely increase due to changing workplace demands, returning veterans from Iraq and Afghanistan, personal accomplishments, role modeling for their children, finishing a degree started earlier, and seeking a new career (Kennamer & Campbell, 2011; Taniguchi & Kaufman, 2005).

Adult learners, unlike traditional aged students under age 25, may present with a range of situational barriers including dependent children and/or family members and employment. Nontraditional college students also tend to live off campus and have less healthful nutrition and physical activity behaviors compared to traditional students (Quintiliani, Bishop, Greaney, & Whiteley, 2012). They are more likely to have chronic health conditions including mental health challenges. In addition, with the recent authorization of the GI bill and the continued

military presence in Iraq and Afghanistan, institutions of higher education in the United States are expected to experience an influx of returning student-veterans, many of whom may suffer from the symptoms of post-traumatic stress disorder (PTSD) (Barnard-Brak, Bagby, Jones, & Sulak, 2011).

A major quality differentiating adult learners from traditional-aged students is the strong likelihood they are managing other life roles while attending classes, including those of parent, caregiver, worker, and spouse or partner. These diverse roles often present challenges in the ability of the adult learner to find time to study, attend classes, engage in campus-based functions, internships, and other activities. Many adult students also report considerable stress associated with these multiple roles (Burriss, Brechting, Salsman, & Carlson, 2009). They report feeling guilty about not “being there” for their children, childcare concerns, making compromises in careers due to family considerations, and minimal individual free time. Adults are also less likely to complete a degree in six years or less (Ross-Gordon, 2011). While they may take longer to complete their education, older students tend to earn higher grades and endorse learning goals more than traditional-aged students (Hoyert & O’Dell, 2009). While, as a group, students over age 25 tend to maintain higher grade point averages, they face considerable barriers as they return to college, especially low-income students. Geographic location, personal and family commitments, financial concerns, past experiences in college, and a fear of returning to college and the potential for failure are all barriers many returning students face (Kimmel, Gaylor, Grubbs, and Hayes, 2012). Low income returning adult students face particular concerns and report more frequent usage of university provided financial and other assistance services than students from higher income levels. Adult students in general, however, find it difficult to access some current support services, such as counseling, because these offices are not always available when needed (Tones, Fraser, Elder & White, 2009). Adjustment difficulties constitute a major barrier for returning adult students who report uncertainty about college expectations, feeling out of place, limited social acceptance, and not knowing where to go for help. They may also have limited personal resources in the form of financial assets, health, study skills and access to a home computer and/or Internet services.

Uncertainty about what is expected of them at college and financial worries also have a stronger impact on their studies.

Mature-aged students over the age of 45 years appear to require greater support with adjusting to university life than those aged 25-44. Access to current support services was reported to be inadequate by this group, who indicate that several services were not available when they needed or wanted to use them. This included counseling, health services, tutoring and computer labs. Students over the age of 45 years who had limited computer skills and lacked the knowledge about where to access help saw these problems as a major impediment to their academic success (Deutsch & Schmertz, 2011).

Regardless of age or income level, overall more than 25 percent of college students have been diagnosed or treated by a professional for a mental health condition within the past year (American College Health Association, 2012). In addition, 31 percent of college students have felt so depressed in the past year that it was difficult to function and more than half have felt overwhelming anxiety, making it hard to succeed academically (Salzer, 2012). Additional data from a study supported by the American College Counseling Association found that 37.4 percent of college students seeking help have severe psychological problems, up from 16 percent in 2000 (Keyes, Eisenberg, Perry, et al. 2012; Watkins, Hunt & Eisenberg, 2012). Of the 228 counselors surveyed, more than three out of four reported an increase in crisis visits in the past five years requiring an immediate response. This places an increased demand for mental health and counseling services on college campuses that may or may not be adequately staffed.

This paper presents case studies of four adult students who were referred to the Student Behavioral Consultant Team at a public institution in western New York State during 2010-2012. Of the approximately 8,500 undergraduate and graduate students at this institution, 25% are over age 25. Among part-time students, 70% are of a non-traditional age.

Student Behavioral Consultant Team (SBCT)

The College's Team consists of representatives from Student Conduct, Student Health and Counseling Services, University Police, Academic Affairs, and Student Affairs. The purpose of the team is to provide a confidential means for early intervention of students of concern through

collaboration with campus departments, faculty and staff. The team reviews all information on the student's behavior and background, determines an action plan and monitors the student on a case-by-case basis.

Case Studies: Four de-identified case studies involving students over age 25 that were referred to the Student Behavioral Team are presented. Of the four, three are non-residential commuters. The students were referred for a variety of concerns and unlike most non-traditional aged students, three of four experienced major academic difficulties. The four students presented with issues ranging from mental health challenges, anger management concerns, substance abuse, violence, and legal concerns.

Case Study: "A"

Overview: "A" is a 32-year-old female, full time residential student estranged from her family. At the time of the referral to the Team, she was a junior studying business administration experiencing poor academic performance. "A" also had significant monetary concerns and had depleted all options for continued financial aid. "A" attempted to socially integrate with traditional-aged students in the residence halls and in interpersonal relationships. A series of events led to her referral to the Behavioral Team, where she presented with alcohol and relationship problems and was medically diagnosed with a major mental illness.

Events: Under the influence of alcohol, "A" physically assaulted her (perceived) much younger boyfriend when he attempted to end their relationship. During the event, "A" was arrested by University Police. Throughout the arrest procedure, she was verbally abusive to the police and threatened to physically harm one of the officers. In addition to this event, "A" also displayed argumentative and combative behaviors at the College's tutoring center. Despite her attempts to work with a tutor, toward the end of the semester, her academic difficulties escalated. Her assignments either were late or not submitted and, by the tenth week of the 15-week semester, she stopped attending her classes. "A" was referred to the Student Behavioral Team by the Office of Residential Life.

Team's Response and resolution: Two Team members met with "A" and developed a behavioral contract, along with a referral to the campus Counseling Center. During counseling sessions, she did not cooperate and denied any problem with mental health issues or alcohol abuse. Ultimately, "A" was removed from the residence halls and put on conduct probation, issued 'no contact' orders for her former boyfriend, required community service, and eventually she withdrew from the College. Her current whereabouts are not known.

Case Study: "B"

Overview: "B" is a 55-year-old male English major living off campus with a goal of becoming a high school English teacher. He has a mobility disability and uses a cane. "B" also has anger management issues that resulted in a classroom disruption and a physical altercation with his instructor.

Events: "B" was in class when mid-semester exams were handed back and discussed. According to the instructor and many students in the class, when "B" saw his grade, he started turning over chairs and verbally expressed his anger over his low mark. As several students were leaving the classroom, they witnessed "B" hitting the professor with his cane.

Team's Response and resolution: The Team met with the shaken, though physically unharmed, faculty member and university police for crisis management. Team members also met with the faculty member's academic department and students in the class for support and debriefing. Faculty and students were very upset and scared by the incident. "B" was referred to the Counseling Center and was reported to be uncooperative. He was also referred to Student Conduct and was initially placed on conduct probation pending the outcome of a hearing. Ultimately, "B" was conduct dismissed and his current whereabouts are not known.

Case Study: "C"

Overview: "C" is a 48-year-old female full-time student who attempted to major in Dance Performance. She was denied admittance to the department after an unsuccessful audition (required of all students for acceptance to the program). Despite denial of acceptance, "C"

continued to sign up for elective dance performance courses in the department, while majoring in Communication Studies.

Events: “C” caused disruptions in the classroom, dance studios, and dance performances. She refused to wear appropriate dance attire during performances and threatened to file an age discrimination suit if forced to wear dance attire. In addition, she had difficult interactions with other students and staff.

Team’s Response and resolution: Team members worked with the department chair to strategize ways to support the students, faculty and staff. “C” was informed of department policies on performance and the Code of Student Conduct rules. She remained a student and continues to take courses in the department. She appears to be more cooperative and accepting of the department’s policies.

Case Study: “D”

Overview: “D” is a 42-year-old female full time student who changed majors frequently. At the time of the referral to the Behavioral Team, she was majoring in Psychology. “D” presented with a hearing impairment disability (though she refused to provide medical documentation of the disability). She was absent frequently from class due to other undocumented health issues. “D” also had a legal history including a criminal record for child abuse and was a registered sex offender.

Events: “D” frequently challenged faculty and the department chair and claimed they were not following American for Disabilities Act guidelines though the College provided her with a variety of accommodations for her disability. “D” had a history of disrupting the College’s theater performances if she felt adequate interpretation for the hearing impaired was not provided by the institution.

Team’s Response and resolution: The Team, in conjunction with the Office for Students with Disabilities, assisted in outreach to the student, faculty and staff. Despite the outreach, the student ultimately withdrew from the College without graduating and her current whereabouts are not known.

Case Management Challenges-Students Over 25

Overall, the management of students over age 25 with multiple and complicated mental, physical, and legal challenges can be a challenge. Adult students may lack support systems, have financial problems, may suffer mental health issues, and must commute a distance from campus. Almost all are non-residential students, though “A” was the exception. As observed in “B”, academic issues can surface and trigger anger and other negative behaviors. Ross-Gordon (2011) stated non-traditional aged students face challenges and stressors that tend to differ from traditional aged students. In particular, adult students tend to have stressful multiple responsibilities and may find it difficult to manage them all. Many adult students need various services including counseling, tutorial support, and disability assistance, possibly during non-traditional times such as evenings and weekends or early morning. Behavioral teams may find it challenging to work with older students since options available when working with traditional-aged students, such as notifying parents of behavioral concerns or removal from the residence halls, are typically not feasible.

Summary and Conclusions

The cases presented demonstrate that the individuals highlighted are not simply ‘cases’ of ‘mature students’ rather individuals with broader health, behavioral, legal, and social histories who happen to be over age 25. According to Waller (2006), the category ‘mature student’ may be useful for helping institutions or policy-makers to count numbers of people studying, but does not necessarily lead to clear policy guidelines for attracting or aiding the learning or support of non-traditional aged students. The College’s BIT found it beneficial to reference the literature on adult students in order to gain a better understanding of the needs and complexities of adult learners. The team, utilizing a case management model, worked closely with departments on campus such as residential life, counseling, retention services, office of students with disabilities, and the respective academic department, to employ an optimal intervention and establish ongoing efforts to best support the student. As BITs will likely encounter a greater number of adult students of concern, more attention and research is needed to determine best practices. Overall, the willingness of institutions to adjust current

programs and develop new services geared to students over age 25 will have a positive effect on their ability to attract and serve the needs of adult learners.

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